

**EFFECTS OF DYSFUNCTIONAL UTERINE BLEEDING AMONG WOMEN IN THE
SELECTED PRIMARY HEALTH CARE FACILITY AT EHLANZENI DISTRICT,
MPUMALANGA PROVINCE**

By

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DISSERTATION

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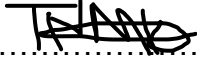
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August 2023

DECLARATION

I, Thandeka Ntombizonke Mkhathshwa, affirm that this dissertation is submitted to the University of Limpopo for the degree of Master of Nursing (MNurs) titled "Effects of dysfunctional uterine bleeding among women at the selected primary health care facility at Ehlanzeni District, Mpumalanga Province," has not been previously submitted by me for a degree at any other university, that it is my work in design and implementation, and that all the material contained herein has been duly acknowledged.

Signature:  Date: 20/11/2023

DEDICATION

This dissertation is dedicated to my beloved family, whose unwavering support has been instrumental throughout my academic journey.

To my partner, Mr Matimba Machave, thank you for your continuous support and assistance during my travels to the University and Conferences. Your understanding and encouragement during my study commitments have been invaluable.

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I am truly blessed to have such a loving and supportive family. Your presence in my life has made this academic achievement possible. This dissertation stands as a testament to our collective dedication and commitment.

With all my love and gratitude, Thandeka

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ABSTRACT

Dysfunctional uterine bleeding is a worldwide health problem marked by irregular menstrual cycles and excessive bleeding. It affects women all over the world. It affects between 10% and 30% of women in the United States. It is a major public health issue in Sub-Saharan Africa, particularly in South Africa, and is a leading cause of iron deficiency anaemia and gynaecological referrals. According to studies, dysfunctional uterine bleeding has an impact on women's physical, social, and mental well-being, as well as their quality of life. However, there is a lack of awareness among women about the importance of seeking medical and psychological help.

This study investigated the effects of Dysfunctional Uterine Bleeding (DUB) through qualitative research. The researcher conducted interviews with 12 women at Nkwalini clinic and analyzed the data using Tesch's Open Coding method. The study employed both exploratory and descriptive designs to gather in-depth information about the experiences of the participants. Measures such as credibility, dependability, confirmability, and transferability were implemented to ensure the trustworthiness of the study. Overall, the research aimed to provide a comprehensive understanding of the effects of DUB and contribute to the existing knowledge in this area.

Four main themes emerged from this study: The impact on physical and daily productivity, economic impact, psycho-social well-being, and marital and relationship instability. DUB was found to have a negative influence on women's quality of life in these areas. The study emphasized the importance of prioritizing health to enhance productivity, reduce absenteeism, and promote overall well-being. It also highlighted the need for effective utilization of healthcare services by referring patients to appropriate stakeholders. Ultimately, the study aimed to raise awareness of the challenges faced by women with DUB and advocate for comprehensive support and treatment.

Keywords: Dysfunctional Uterine Bleeding, qualitative research, quality of life, well-being.

DEFINITION OF CONCEPTS

This section provides the operationalized definitions of the key concepts used in this proposal. These key terminologies were further clarified in the section on the review of related literature. The authors whose reports have been adopted are also cited below.

Dysfunctional Uterine Bleeding

Dysfunctional Uterine Bleeding (DUB) is a gynaecological condition in which there are irregularities in the frequency of menstrual cycles. The length of menstrual cycles or abnormally heavy and excessive Bleeding (Yao, Xu, Liu, Yang, Li, Zhazo, & Liu, 2021; Li, Luo, Liu, Zhang, Zhou, Guo & Wu, 2020; Afrin, Dempsey, Rosenthal, & Dorff, 2019). In this study, DUB was defined as a condition associated with irregular bleeding that affects women, and the researcher explored its effects on women at selected primary healthcare facility Ehlanzeni District, Mpumalanga Province.

Effects

Effects are the results of a change (Huntington-Klein, 2021). This study conceptualizes effects as the consequences or results of dysfunctional uterine bleeding in women in a selected primary health care facility in Ehlanzeni District, Mpumalanga Province.

Women

Women are adult human beings of distinctively feminine anatomy (Dembroff, 2021). In this study, women referred to females from 18 years of age to geriatrics who experienced abnormal vaginal bleeding from the uterus.

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CHAPTER ONE

OVERVIEW OF THE STUDY

1.1. INTRODUCTION AND BACKGROUND

Dysfunctional Uterine Bleeding (DUB) is one of the leading public health problems worldwide. It is a gynaecological condition in which there are irregularities in the frequency of menstrual cycles, the length of menstrual cycles, or abnormally heavy or excessive bleeding (Yao, Xu, Liu, Yang, Li, Zhazo, & Liu, 2021; Li, Luo, Liu, Zhang, Zhou, Guo & Wu, 2020; Afrin, Dempsey, Rosenthal, & Dorff, 2019). It is one of the most common reproductive health disorders encountered in women during the productive age (Singh, Best, Dunn, Leyland & Wolfman., 2018). It manifests as alternating periods that are heavy and light, spotting, or unpredictable menstrual cycles (Anderson, Sinha & Stewart, 2022). Unfortunately, it affects women from all parts of the world. Therefore, there is a need for public health care practitioners to understand the effects of this condition, especially in the context of women in developing countries.

According to Lawton, Filoche, Stanley, Garrett, Robson, Brown & Sykes (2014), in New Zealand, approximately 37% of women who identify as Māori, and 23% of Non-Māori were unaware that postmenopausal bleeding was abnormal, and around the same proportion were unaware that they needed to seek a medical investigation. In a related study conducted in Japan by Tanaka, Momoeda, Osuga, Rossi, Nomoto, Hayakawa, Kokubo Wang (2014), only 20 percent of the 19,254 women surveyed who had experienced DUB sought specialist consultation. In a European patient survey conducted among women (aged 18-57 years) in five European countries in 2012, Fraser, Mansour, Breyman, Hoffman, Mezzacasa, and Petraglia (2015), found that of 4,056 premenopausal women, 27.2% experienced heavy menstrual bleeding in their lifetime.

DUB affects about 10-30% of women in the United States and is the most common cause of iron deficiency and gynaecological referrals (Sujatha, 2019).

Iron depletion is inimical to body growth and development (National Institutes of Health, 2022). Dysfunctional Uterine Bleeding has been associated with negative physical, social, emotional, and mental impacts on the quality of life of women suffering from it (Vitale, Ferrero, Ciebiera, Barra, Török, Tesarik & Cianci, 2020; Selvanathan, Acharya & Singhal, 2019). Along with the direct impact on the woman and family, the effects also include costs on both the economy and health services (Sujatha, 2019; Munro, Critchley, Fraser, FIGO Menstrual Disorders Committee, Haththotuwa, Kriplani, Bahamondes, Füchtner, Tonye, Archer & Abbott, 2018). This is because the treatment of DUB could lead to resource strain in the health sector (because it may increase health care costs), reduced disposable income, and diminished economic activities for the sufferers (Marnach & Laughlin-Tommaso 2019). Female or women in Sub-Saharan Africa, DUB is a concerning health condition that the health system has grappled with (Manga, Ye, Szychowski, Nulah, Ngalla, Kincaid, Boitano, Tita, Scarinci, Huh & Sando, 2021; Aka, Horo, Fomba, Kouyate, Koffi, Konan, Fanny, Effi & Kone, 2017).

In South Africa, DUB is one of the leading health conditions confronting women (He, Jacobson, Zhang, Setzen & Zhang, 2018). It causes many gynaecological complaints in South Africa (Lindeque, 2007). For example, about one-quarter of post-pubertal girls who experience excessive uterine bleeding, mostly they do not regain a regular cycle and flow (Lindeque, 2007). Between March 2020 and December 2021, more than 540 women were captured on record at health facilities in Ehlanzeni District, Mpumalanga Province (Ehlanzeni District Health Statistics, 2021). If a district could report such a number in less than twelve months, DUB is common in South Africa.

Dysfunctional Uterine Bleeding could produce low self-esteem among sufferers (Vitale et al., 2020; Selvanathan et al., 2019). This is because of the possible social anxiety resulting from the fear of blood stains on clothes in public because of the irregularity of the DUB. In addition, Dysfunctional Uterine Bleeding may be a symptom of an underlining or worsening health condition. For example, Fraser et al (2015) found that over 1 in 3 women in Cameroon with Dysfunctional Uterine Bleeding had endometrial hyperplasia or

cancer. Similarly, approximately 39.9% of the women surveyed had experienced anaemic symptoms due to dysfunctional uterine Bleeding (Fraser et al., 2015). This makes early diagnosis and treatment of this condition essential. There is, however, the challenge of a lack of awareness of the need to seek medical assistance in DUB. Fraser et al (2015) found that of 4,056, premenopausal women, 27.2% experienced heavy menstrual bleeding in their lifetime, and 46% had never sought medical consultation. DUB requires more awareness and research inquiry to expand the frontiers of knowledge that may be available about this gynaecological condition.

1.2. PROBLEM STATEMENT

DUB is a disturbing condition that occurs when the bleeding exceeds the normal number of days expected or becomes less than expected. In postmenopausal women, DUB is a sign of abnormal hormone functioning, which might indicate a more severe condition such as cancer (Gerema, Kene, Abera, Adugna, Nigussie, Dereje & Mulugeta, 2022). Although the condition is treatable, women experience it differently, with others avoiding seeking medical help and talking about it, especially older women.

This study has noted that at the selected primary healthcare facilities, a day does not pass without one or two women with dysfunctional uterine bleeding reporting. From January 2021 to March 2022, 540 women were treated for DUB (Ehlanzeni District Statistics 2021 and 2022). The condition was mainly observed among married women and women with at least one pregnancy. DUB negatively affects sexual health and could strain their relationships with their husbands or male partners (Tan, Haththotuwa & Fraser, 2017). This could result if the male partner is not supportive or empathetic to the woman's plight, the traditional belief of not having sexual intercourse with a woman when bleeding could also affect marriage relationships. Furthermore, because of the social anxiety that DUB portends, teenagers and young adults suffering from it sometimes avoid going to school and work (Anderson et al., 2022).

As such, this research study was conducted to explore DUB's effects on women at the selected primary healthcare facility in Ehlanzeni District, Mpumalanga Province.

1.3. AIM OF THE STUDY

- The study investigated and described the effects of DUB among women at a selected primary health care facility in Ehlanzeni District, Mpumalanga Province.

1.4. RESEARCH OBJECTIVES

The following objectives drove the study:

- The study explored and described the effects of DUB on the affected women at a selected primary health care facility in Ehlanzeni District, Mpumalanga Province.

1.4. RESEARCH QUESTION

- What effects does DUB have on women in a selected primary health care facility in Ehlanzeni District, Mpumalanga Province?

1.5. RESEARCH METHODS AND DESIGN

A qualitative research method was used in this study. Qualitative methods involve collecting and analysing non-numerical data to understand concepts, opinions, or experiences (Bhandari, 2022). This research methodology was selected because it enabled the researcher to understand the collected data through individual interviews, which were audio taped to avoid misinterpretation or misrepresentation of the provided information. The study adopted qualitative, explorative, and a descriptive research design methods for data collection and analysis. Aditiawarman, Kartika and Rahmat (2022) concurred and defined the design as a research method that collects and works with non-numerical data and seeks to interpret meaning from those data that helps us understand

social life through the study of targeted populations or places. The reason the researcher chose a qualitative research design was to explore the issues in a much more profound way and to allow the potential respondents the opportunity to provide as much information as they felt like sharing.

1.6.1. Study Setting

This study was conducted at a primary healthcare facility (Nkwalini clinic) in Ehlanzeni District, Mpumalanga Province. It is approximately 30 kilometers from Nelspruit City. The clinic and district were selected because the researcher identified that many women suffer from DUB. The clinic has six consulting rooms, a short-stay room, an operation manager's office, an emergency room, a screening room, a kitchen, a pharmacy, a reception, a stock room, a nurses' home, and bathrooms inside and outside the building.

1.6.2. Population of the study

"Research population" refers to the group or community from which certain information is required or is to be collected (Banerjee & Chaudhury, 2010). It refers to the fundamental elements that meet specific predetermined criteria to be selected in a study (Burns & Grove, 2010). Women who suffer from dysfunctional uterine bleeding in the study setting were the population for this study.

1.6.3. Sampling technique and sampling size

A non-probability convenience sampling method was used in this study (Creswell, 2014). The researcher selected participants with characteristics that fulfilled the inclusion criteria to participate in the study. The researcher sampled young adults and women from 18 to 60 years of age who accessed the clinic during data collection. It ought to be mentioned that 20 women with DUB were consulted during data collection, and only twelve (12) women participated in the study because data saturation had been reached.

1.6.4. Data collection

The data were collected face-to-face with each participant using a semi-structured interview with a guide. According to Magaldi & Berler (2020), the semi-structured interview is an exploratory interview that is commonly used in the social sciences for qualitative research or to collect clinical data. While the semi-structured interview generally follows a guide or protocol that is devised prior to the interview and is focused on a core topic to provide general structure, it also allows for discovery, with space to follow topical trajectories as the conversation unfolds. All interview sessions were recorded using a voice recorder, and field notes were taken by the researcher during the interview for record-keeping.

1.6.5. Data analysis

Data was analysed using Tesch's open coding method of qualitative data analysis, popularized by Tesch (2013), was used in this study. The researcher listened to the recorded audio, transcribed what the participants said during the interview, and grouped similar information into themes and categories.

1.6. SIGNIFICANCE OF THE STUDY

The findings of this study are highly likely to be beneficial to the following:

1.7.1. Community

The study aims to bring awareness of the condition to the community and expand their knowledge on where to go in case they experience DUB. The study might help women in the community deal with DUB's effects and reveal the adaptive or coping mechanisms of the sufferers of DUB in Ehlanzeni District, Mpumalanga Province. This is important because coping mechanisms differ from individual to individual and from place to place.

1.7.2. Nursing practice

This study might expand health care workers' knowledge about the phenomenon and how to deal with women experiencing the effects of DUB. They might be able to identify women who are in distress caused by the effects of DUB as such counselling might be offered. The study's findings might also be helpful to healthcare workers in terms of the management of DUB. Healthcare workers would be able to refer women experiencing DUB to other multidisciplinary team members to avoid complications of DUB.

1.7.3. Government

The study might assist the government, represented by the health department, to formulate and review policies and protocols aimed at managing women suffering from DUB. This study might help the department of health to facilitate workshops aimed at empowering healthcare workers.

1.7. BIAS

Bias is an influence that produces an error or distortion, which can affect the quality of evidence in research (Brink & Van Rensburg, 2018). In research, bias occurs when a systemic error is introduced into sampling or testing by selecting or encouraging one outcome or answer over others. This research avoided bias by not putting personal experiences or emotions aside and not taking sides during the study. The researcher used the participants' first language and was neutral throughout the interview. The researcher maintained neutrality throughout the survey to avoid influencing the participants' responses.

1.8. CONCLUSION

In this study, the researcher presented information about the study overview which had an introduction and background, where the researcher introduced the survey and gave

the reader insight into the study. The researcher also mentioned the problem statement, which is the root cause of this study. It also included the research question, the study's objectives, and the significance of the study, which were highlighted as to who might benefit from the study, introduction and background, where the researcher introduced the survey and gave the reader insight into the study.

1.10 ARRANGEMENT OF CHAPTERS

Chapter 1: Overview of the study

Chapter One presented an overview of the study. First, the researcher introduced the study under "introduction and background."

Chapter 2: Literature review and theoretical framework

Chapter two presented a literature review of the effects of DUB among women and the theoretical framework on which the study is based. Several data sources were used to review the literature related to the problem studied.

Chapter 3: Research methods and design

This chapter discussed the details of the methodology used in collecting data for the study. It also discusses research design, sampling, and data collection techniques and methods of analyzing data used.

Chapter 4: Presentation of research findings

Chapter four presented research findings and a discussion of the results supported by the literature and theoretical framework.

Chapter 5: Discussion of the research findings

Chapter five presents a summary of research findings followed by a discussion.

Chapter 6: Summary, limitations, recommendations, and conclusion

Chapter six covers the summary, limitations, recommendations, and conclusion of the study about the effects of DUB among women at Nkwalini clinic and Ehlanzeni Clinic, Mpumalanga Province.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. INTRODUCTION

A literature review is a critical summary of research on a topic, often prepared to put a research problem in context or summarise existing evidence. The purpose of the review is to convey to the reader what is currently known regarding the topic of interest (Polit & Beck, 2020). This section focused on three broad aspects: the causes, symptoms, and effects of DUB.

2.1.1. Causes of Dysfunctional Uterine Bleeding

The literature on reproductive and women's health is replete with causative factors for DUB, which are discussed below.

2.1.1.1. Hormonal imbalance

There is substantial evidence in the literature that DUB may occur due to an existing hormonal imbalance, which tends to alter the menstruation cycle (Farhan, Akhtar & Abid, 2020; Allshouse, Pavlovic & Santoro, 2018). DUB may result when a woman has higher than normal levels of prolactin in her blood or when she has thyroid disorders that may result in thyroid dysfunction that is inimical to women's reproductive systems (Serret-Montaya, Zurita-Cruz, Villasís-Keever, Aguilar-Kitsu, Zepeda-Martinez, Cruz-Anleu, Hernández-Hernández, Alonso-Flores, Manuel-Apolinar, Damasio-Santana & Hernandez-Cabezza, 2020; Shawl & Naz, 2020). Both hypothyroidism (decreased production of thyroid hormones) and hyperthyroidism (increased production of thyroid hormones) are associated with a variety of changes, including delayed onset of puberty, anovulatory cycles, and polycystic ovary syndrome (Yasa & Ugurlucan, 2019). DUB may also result from adolescent pregnancies because of hormonal changes in the

adolescent's body (Hernandez & Dietrich, 2020). Adolescents or markedly young women may experience dysfunctional uterine bleeding during the first few months of pregnancy because hormonal imbalance may cause the uterine lining not to be shed, thus leading to irregular periods (Ilavarasi, Jyothi & Alva, 2019). The severity or otherwise of DUB resulting from hormonal changes may depend on the amount and period of bleeding.

2.1.1.2. Structural abnormalities of the uterus

Some scholars have posited that structural abnormalities of the uterus, such as uterine fibroids, non-cancerous tumours that grow on the uterine muscles, could cause DUB (Navarro, Bariani, Yang & Al-Hendy, 2021). Likewise, polyps, which are non-cancerous growths on the uterine lining, may cause abnormal uterine bleeding (Jewson, Purohit & Lumsden, 2020). According to a study in Pakistan, leiomyomas, also called uterine fibroid, are growths in the uterus. It was the leading cause of DUB, and in India, adenomyosis, followed by leiomyoma, was reported as the primary underlying pathology (Ansari & Urooj, 2020). Adenomyosis is when endometrial tissue exists within and grows into the uterine wall. Women often diagnosed with adenomyosis complain of pelvic pain, excessive uterine bleeding, anaemia and infertility (Bulun, Yildiz, Adli & Wei, 2021).

Polycystic ovarian syndrome (PCOS) is another cause of DUB. Polycystic means having many small cysts (fluid-filled sacs) that develop in the ovaries. Polycystic ovary syndrome (PCOS) is a condition in which the ovaries produce an abnormally high amount of androgens, male sex hormones that are usually present in women in small amounts. In some cases, women do not make enough hormones for ovulation, whereby the mature egg is released from an ovary. When an egg is released, it can either be fertilised by a sperm or, if not fertilised, it is sent out of the body via menstruation. If ovulation does not occur, the ovaries develop numerous cysts, resulting in androgen hormone development and irregular menstrual periods. (Joham, Norman, Stener-Victorin, Legro, Franks, Moran, Boyle & Teede., 2022).

According to Joham et al. (2022), symptoms of PCOS are as follows:

- Missed periods, irregular periods, or light periods.
- Ovaries that are large or have many cysts.
- Excess body hair, including the chest, stomach, and back (hirsutism).
- Weight gain, especially around the belly (abdomen).
- Acne or oily skin.
- Male-pattern baldness or thinning hair.
- Infertility.
- Small pieces of excess skin on the neck or armpits (skin tags).
- Dark or thick skin patches on the back of the neck, in the armpits, and under the breasts.

The healthcare provider diagnoses PCOS by asking about the client's medical history and symptoms. A pelvic examination typically checks the reproductive organs inside and out. Some signs of PCOS are like those caused by other health problems. Because of this, a sufferer may undergo tests such as ultrasound. Ultrasound test uses sound waves and a computer to create images of blood vessels, tissues, and organs. This test is used to examine the ovaries' size and see if they have cysts (fluid-filled sacs). The test can also look at the thickness of the lining of the uterus (endometrium).

Blood tests are done to detect elevated levels of androgens or other hormones that result in PCOS. The healthcare provider may also check for blood glucose levels to see whether insulin is resistant. Cholesterol and triglyceride levels are also checked to exclude obesity, which is also associated with DUB. Treating or managing the underlying causes of DUB is the best approach to managing DUB. The type of treatment may also depend on whether a woman wants to become pregnant. For women planning to become pregnant, treatment may include a change in diet and activity. A healthy diet and more physical exercise can help a woman lose weight and reduce the symptoms of PCOS.

Also, it can help a body use insulin more efficiently, lower blood glucose levels, and help a woman ovulate. Medications can also be prescribed, which might help the ovaries release eggs. However, these medications also have certain risks, as they can increase the chance of multiple births (twins or more) and they can cause ovarian hyperstimulation. This is when the ovaries release too many hormones, leading to DUB. Medication can also cause symptoms such as abdominal bloating and pelvic pain.

If a woman does not plan to become pregnant, treatment may include birth control pills. These help to control menstrual cycles, lower androgen levels, and reduce acne. Diabetes medication is often used to lower insulin resistance in PCOS. It may also help reduce androgen levels, slow hair growth, and help you ovulate more regularly (Ahmed, Khadija & Irshad, 2022).

2.1.1.3. Non- Structural

Dysfunctional Uterine Bleeding is usually idiopathic, meaning it can occur without existing pathology or disease (Tariq, Zafar, Ilyas, Javed & Usmani, 2021). Non-malignant conditions such as infections, uterine fibroids, polyps, adenomyosis, or endometriosis can cause DUB (Henry, Ekeroma & Filoche, 2020).

2.1.1.4. Coagulation Disorders

Inherited coagulopathy has been identified as the root cause of abnormal DUB in 18% of white women, and 7% of black women reported having heavy menstrual flow (Ahmed et al., 2022). As such, if a woman reports to the facility with DUB, this disorder must be ruled out, as the woman might be experiencing anaemia.

2.1.1.5. Polyps

Women with polyps experience DUB, characterised by prolonged or excessive menstrual bleeding. An endometrial or uterine polyp is an abnormal growth containing glands and

blood vessels projecting from the uterus lining, the endometrium, and occupying the space to fulfill the uterine cavity. Polyps occur during the reproductive and postmenopausal stages of life, most commonly in the fundus. Polyps' sizes range from 5 mm to as large as filling the uterine cavity. Polyps occur in large groups (Asaturova, Chernukha, Ivanov & Kuzemin, 2019).

Endometrial polyps are primarily asymptomatic but usually present with DUB. The bleeding is due to stromal congestion within the polyp, leading to venous stasis and apical necrosis. Polyps also result in infertility due to recurrent implantation failure. A minimal number of polyps may become malignant. The risk of developing malignancy is associated with symptoms such as age, obesity, hypertension, the size of the polyp, etc.

Treatment of polyps depends on symptoms, risk of malignancy, and fertility issues and can include hysteroscopy, dilatation, curettage, etc (Nijkang, Anderson, Markham & Manconi, 2019).

2.1.1.6. Contraceptives

The use of long-acting contraceptives, namely intra-uterine devices and subdermal contraceptive implants, has been reported to cause DUB (Castillo, Zambrano, Barba, Robayo, Sanon, Caicedo & Jijón, 2022). Irregular uterine bleeding resulting from contraceptives presents a dilemma for women needing birth control. Suppose such contraceptives as birth control pills, intra-uterine devices, nur-isterate, and petogen injections are capable of causing DUB. In that case, avoidance of these contraceptives may be desirable to avoid the challenges that DUB may pose to the general well-being of a woman.

It has also been reported in the literature that, because of contraceptives, some women do not release eggs from their ovaries during menstruation. This causes hormonal imbalance, which may lead to heavy and irregular bleeding (Wouk & Helton, 2019).

2.2. Symptoms of dysfunctional uterine Bleeding

The outset of DUB is marked by several bodily conditions indicative of challenges to the uterus' usual or regular functioning. Two of those conditions are discussed below.

2.2.1. Irregular uterine Bleeding

Uterine bleeding between periods is one of the signs of dysfunctional uterine bleeding. According to O'Brien (2018), a sign of dysfunctional uterine bleeding includes a hefty period lasting more than seven days, whereby women bleed, and the bleeding soaks the tampon or pads every 1 hour or 2 hours. Periods are extremely heavy or mild, long-term, repeated, or random, and the bleeding is unpredictable (Tariq, et al., 2021). Excessive blood loss may result in anaemia (Whitehead, Williams, Meleth, Kennedy, Ubaka-Blackmoore, Geaghan & Graber, 2019). Thus, irregular menstrual periods may indicate DUB, whereby a woman just bleeds anytime rather than on calendared days or when the period lasts up to a month or longer. In DUB, bleeding is usually painless if it is anovulatory (Sujatha, 2019).

2.2.2. Uterine growths

When there is pressure and pain in the pelvic region during uterine bleeding, it may indicate the existence of dysfunctional uterine bleeding (Elmaoğulları & Aycan, 2018). Uterine growths may cause menstrual bleeding to be shorter or longer than the calendared days, with large blood clots resulting. Some other causes of DUB may be identified through an ultrasound scan (Schlaff, Ackerman, Al-Hendy, Archer, Barnhart, Bradley, Carr, Feinberg, Hurtado, Kim & Liu, 2020). For example, multiple cysts (fluid-filled growths) may be observed in the ovaries during an ultrasound scan. This condition is called polycystic ovarian syndrome and could result from high testosterone levels, which may cause anovulation and irregular periods (Schlaff et al., 2020).

2.3. Effects of dysfunctional uterine Bleeding

The manifold effects of DUB have been extensively discussed in the existing literature focusing on women and reproductive health. These include and are not limited to psychological, economic, and social impacts. They are discussed in detail below.

2.3.1. Psychological effects

Young, Fain and Citro (2019) posited that woman suffering from dysfunctional uterine bleeding experience psychological effects, including stress and anxiety. According to them, this is due to frequent overthinking about the condition and its diverse impact on the general well-being of women suffering from DUB. Dysfunctional uterine bleeding leads to a feeling of worthlessness and low self-esteem (Sun & Luo, 2021; Ker, Lin, Loo, Juan & Long, 2019). The irregularity and unpredictability of DUB may make sufferers prone to embarrassing situations when unprepared for bleeding. Dysfunctional uterine bleeding significantly impacts the quality of life of females (Tariq et al., 2021). This certainly places an immense psychological burden on the sufferers.

2.3.2. Economic loss

According to Wouk and Helton (2019), women suffering from DUB suffer financial loss because of treatment costs, whether in private, public, or traditional healing homes. The purchase of medications used to treat DUB may reduce the disposable income available to the sufferers of DUB. Dysfunctional uterine bleeding may reduce the capacity to conduct economic activities because of the time spent treating the condition (Vitale et al., 2020). DUB's financial and economic implications may inadvertently affect the quality of life of the sufferers, especially in societies where health costs are borne only by the patients. DUB results in financial distress for women suffering from the condition (Tariq et al., 2021).

2.3.3. Social effects

Singh (2018) has argued that DUB has significant social implications. This is perhaps because it may result in withdrawal from social contexts and activities because of the fear of unexpected uterine bleeding. Hence, a woman suffering from DUB may be a recluse and maybe (or conceived as) antisocial (Yaşa & Uğurlucan, 2020). Other social effects include significant alterations in the lifestyle of individuals, sexual dissatisfaction, and lack of confidence (Singh, 2018). It has been argued that women with heavy uterine bleeding are not productive at work; school; athletics, and all other social activities (O'Brien, 2018). People think that talking about DUB is taboo, and many women fear or feel embarrassed to talk about issues regarding irregular or abnormal menstruation; therefore, many women suffer in silence, alone. Women with heavy bleeding are socially embarrassed to stain clothes in public, and they fear participating in social activities that blood will leak anytime due to untimely periods (Henry, Ekeroma & Filoche, 2020).

2.3.4. Health

According to Sujatha (2019), DUB is the most common cause of iron deficiency anaemia and a leading cause of gynaecological referrals. Dysfunctional Uterine Bleeding affects women's physical, social, and mental quality of life; it has negatively impacted the daily life of women suffering from it. In addition, women suffering from DUB seem to put first or prioritise other health issues and tend to ignore uterine or vaginal health issues (Henry, Ekeroma & Filoche, 2020).

2.4. Management of DUB

Management of DUB is based on the underlying causes and the severity of the bleeding. The primary goal of the management of DUB is to prevent complications that can occur due to DUB, such as anaemia and the reestablishment of regular menstrual cycles (Deligeoroglou & Karountzos, 2018).

In addition, if another medical condition causes DUB, treating the disease may restore regular cycles. The management of the causes of DUB is discussed below:

2.4.1. Hormonal imbalance

Treatment options for DUB due to hormonal imbalance can be treated with combined oral contraceptives or birth control pills that combine progesterone and oestrogen, which can regulate menstrual cycles. Heavy bleeding can be treated with higher hormone oestrogen or progesterone doses (Anderson et al., 2022). In addition, women who plan to become pregnant may be managed with medication that can help the ovaries ovulate regularly (Anderson et al., 2022). Tranexamic acid and NSAIDs (e.g., mefenamic acid) remain the only fully non-contraceptive medical options (Khafaga & Goldstein, 2019). antifibrinolytic drug, tranexamic acid, an inhibitor of prostaglandin synthesis; nonsteroidal anti-inflammatory drugs; combined oral contraception pills; progestogens; danazol; and gonadotropin-releasing hormone analogues are effective and prevent recurrence of DUB. Other previous studies have evaluated the efficacy of a combined oral contraceptive pill and ormeloxifene in treating DUB, and both of them were found effective in reducing menstrual bleeding (Sen, Mandal, Dutta, Mondal & Khalua., 2019).

2.4.2. Structural abnormalities of the uterus

If hormonal therapy does not work, a surgical dilation and curettage procedure can be performed to stop severe bleeding. During the process, the uterine tissue lining is removed to allow a new healthier lining tissue to grow (Anderson et al.,2022)

2.5. THEORETICAL FRAMEWORK

A theory is a specified, coherent, and economic framework of interdependent statements and definitions constructed to explain and describe as many particular basic facts as possible (Zahariadis, 2019).

A theory helps the researcher find explanations for different aspects of research. The theory that formed the thrust of this study is the Integrative Quality of Life Theory. This theory emerged from Ventegodt, Merrick, and Andersen's (2003) works. They worked on the Danish Quality of Life Survey and presented the theoretical and philosophical framework for analysing the quality of life. Theorists have defined quality of life as "a good life and living a life of quality" (Ventegodt et al., 2003).

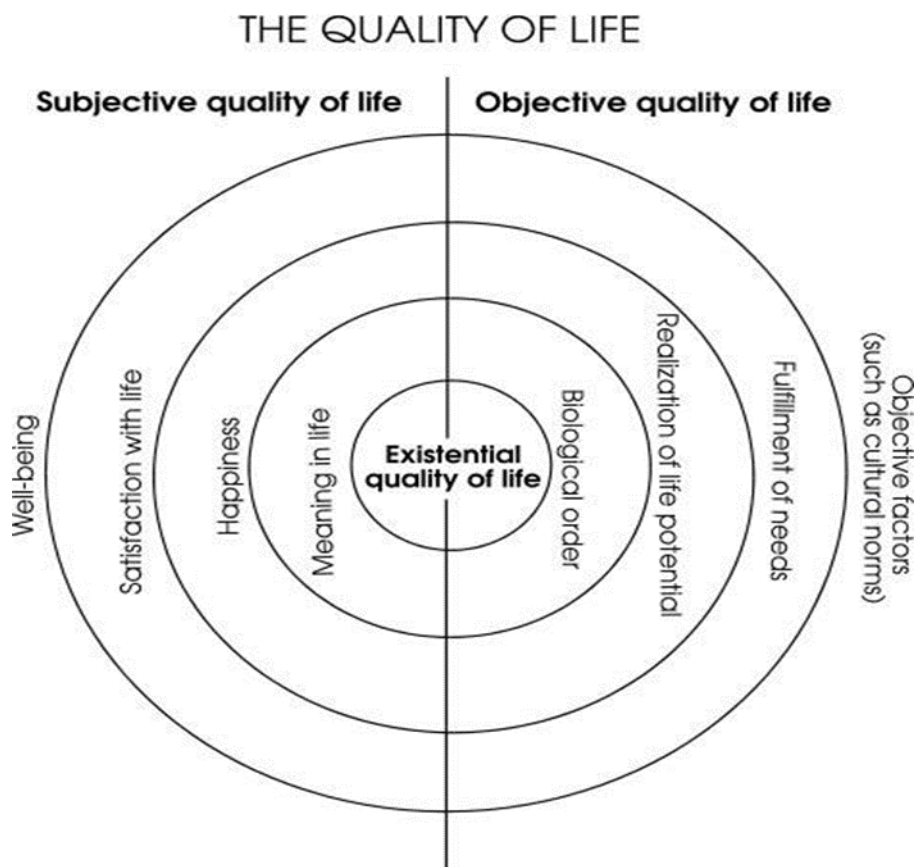


Figure 1: Quality of Life Model (Ventegodt et al, 2003)

The theory delineates quality of life into two components: subjective and objective, with existential quality of life combining the two in the middle. The components applied in this study.

2.5.1. Subjective component

Ventegodt et al. (2003) defined this component as how good a life a person feels he or she has. Although in this study, this component is in opposition as women suffering from Dysfunctional Uterine Bleeding do not feel good about their lives because sometimes the women might experience blood coming unexpectedly.

Women must be made aware of the healthcare available to seek medical assistance as the condition is treatable. Hence, they will feel good about themselves. As indicated in Figure 1, this component consists of four components.

- **Wellbeing**

It is considered comfortable, healthy, or happy (Hopkins, Morgan, Buery -Joyner, Craig, Everett, Forstein, Graziano, Hampton, McKenzie, Page-Ramsey & Pradhan, 2019). In this study, DUB can make the health and lives of women experiencing it uncomfortable because bleeding can occur unexpectedly, which causes discomfort, especially when the women are in public places. This study will make women aware of the condition and its treatment; hence, they will be happy as they get treated.

- **Satisfaction with life**

It is the degree to which a person positively evaluates the overall quality of his or her life (Chang, Xing & Yip, 2019). In this study, the women suffering from DUB do not have a quality of life and are neither satisfied with it. Therefore, they only need a cure for DUB to be happy with life.

- **Happiness**

It is an emotional state characterised by joy, satisfaction, contentment, and fulfilment (Singh, Mishra and Singh, 2022). In this study, women and their partners are not happy sexually because DUB causes discomfort and a lack of satisfaction during sexual intercourse. Some men believe that it is bad luck to have sexual intercourse with a woman if she is menstruating, so if the woman menstruates for a long time, it can lead to a lack of intimacy, thus leading to a lack of sexual satisfaction and a lack of fulfilment of sexual needs. The only thing that will make them feel good, happy, and satisfied is when they are provided with medical treatment to cure their condition.

- **Meaning in life**

An individual can understand life, such as understanding oneself, the outside world and adapting to it (Zhang, Peng, Gao, Huang, Cao, Zheng & Miao., 2019). In this study, women suffering from DUB must be empowered about their condition, the sufferers do understand what life means but do not understand why they suffer from DUB and is hard to adapt to the situation without understanding what the condition is all about and what to do about it. Hence, this study will be conducted to bring awareness of DUB among women so that they seek help before the condition progresses.

2.5.2. Objective quality

It is defined as the quality of life observed by others, while existential quality is the actual quality of life (Ventegodt et al., 2003). For example, the effect of Dysfunctional Uterine Bleeding is only felt by those experiencing it, and other people might not understand how women experience this condition. As such, an observer, as an outside person, might think that affected women have a good quality of life and are happy. In essence, the subjective and objective quality of life produces existential quality. Well-being, satisfaction with life, happiness, and meaning in life (which characterise the emotional quality of life), when

matched with objective realities such as the fulfilment of needs, biological order, and realisation of life potential, may produce an existential quality of life or otherwise.

- **Fulfilment of needs**

It is a requirement for quality of life and social well-being (Faieta, Sheehan & DiGiovin, 2022). Although, in this study, the researcher had an informal conversation with some women experiencing this condition when they came for consultation, some were unable to fulfill their needs, especially those married, as their sexual lives are affected, and adolescents end up absenting themselves from school and other recreational activities. For women to be fulfilled, their condition needs to be attended to so that they can live their lives to the fullest.

- **Realization of life potential**

It is feeling good and being satisfied with life (Ryff, 2022). Others may think that a person feels good and is pleased with life. Women suffering from DUB can feel good and satisfied if they can be treated for it.

- **Biological order**

The hierarchy of complex biological structures and systems defines life using a reductionistic approach (Forestiero, 2022). In this study, the hormones working in the uterus or other reproductive organs were abnormal or dysfunctional in women suffering from DUB. Women are to be made aware that corrective measures are available; as such, they must utilize healthcare facilities.

The theory applies to this study because a medical condition that is an objective reality could affect well-being, meaning in life, happiness, and satisfaction. Hence, a person's state of health may affect the deeper reality of their existence. Dysfunctional Uterine Bleeding may affect a woman's quality of life. The theory applies to this study because a medical condition that is an objective reality could affect well-being, meaning in life, happiness, and satisfaction.

Therefore, a person's state of health may affect the more profound truth of their existence. Dysfunctional Uterine Bleeding may affect a woman's quality of life.

2.6. CONCLUSION

This chapter focused on a detailed literature of the study, including the possible causes of DUB among women at the selected primary healthcare facility, Ehlanzeni District, Mpumalanga Province. Reasons included structural and hormonal imbalances, and non-structural causes were indicated in detail. The chapter elaborated on the symptoms of DUB together with the effects existing in the literature. The chapter also explained the management of DUB in detail. The next chapter focused on research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY AND DESIGN

3.1. INTRODUCTION

This chapter refers to a comprehensive account of the overall research approach, research method, experimental techniques, data collection, and analysis in a systematic fashion (Polit & Beck, 2020). In this section, the research design and methodological approaches employed in gathering the data for the study and addressing the study's objectives, were described. The section provides a detailed description of the methodological processes involved in the study, such as research design, population of the study, sample size, sampling techniques, instruments for data collection, and data analysis.

3.2. RESEARCH METHOD

Qualitative methods involve collecting and analyzing non-numerical data to understand concepts, opinions, or experiences (Bhandari, 2022). The reason for selecting this research methodology was because it enabled the researcher to understand the collected data through individual interviews, which were audiotaped to avoid misinterpretation of the provided information. Qualitative research was advantageous because it understood events rather than focusing on a specific idea (Parahoo, 2014). This study used qualitative research to understand the in-depth information that participants were experiencing related to the effects of DUB.

3.3. RESEARCH DESIGN

According to Wyk (2010), research design is the overall plan for connecting conceptual research problems to pertinent (and achievable) empirical research.

It is similarly described as a blueprint for conducting research with maximum control over intervening factors relevant to ensuring that the findings of the research are valid (Burns & Grove, 2010). The study adopted a qualitative, explorative, and descriptive research design to guide data collection and analysis. Aditiawarman, Kartika and Rahmat (2022) concurred and defined qualitative research design as a method of research that collects and works with non-numerical data, and that seeks to interpret meaning from those data that helps us understand social life through the study of targeted populations or places. The researcher chose a more qualitative research design to explore the issues regarding DUB in a more profound way and to allow the potential respondents to provide as much information as they felt like sharing. Thus, an explorative and descriptive research design was used because the researcher wanted to get in-depth information on the effects of DUB among women at the Nkwalini clinic.

Explorative design: This enabled the researcher to explore and get in-depth information from women suffering from DUB and its effects.

Descriptive design: The researcher also described the effects of DUB among women who utilize services at the Nkwalini clinic as stated by participants.

3.4. STUDY SITE

This study was conducted at the Nkwalini clinic (Figure 2 below). It is approximately 30 kilometers to Nelspruit City. The clinic and district were selected because the researcher identified that many women suffer from DUB. The clinic has six consulting rooms and a short-stay room, an operational manager's office, an emergency room, a screening room, a kitchen, a pharmacy, a reception, a stock room, a nurses' home, and bathrooms inside and outside the building. The interviews were conducted inside a consulting room. The clinic consists of eight professional nurses who work a straight shift (Monday to Friday) and render the following services: antenatal care, family planning contraceptives, care for minor symptoms; preventative care such as screenings for all diseases, therapy for

certain injuries such as burns, annual checkups, specimen tests, integrated management of minor illnesses, and immunization programs. The population in Nkwalini Clinic (Matsulu) village is roughly 47,770. The clinic also renders services to neighboring villages with roughly 30,000 inhabitants. The clinic sees a total of 1,500 patients monthly, including women.

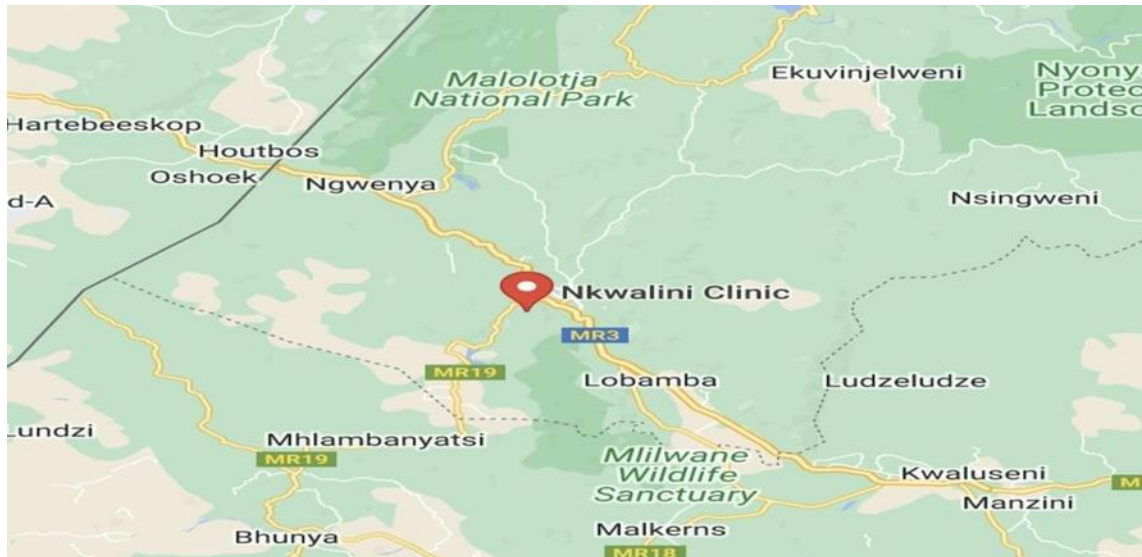


Figure 2: Map of Nkwalini Clinic, in Ehlanzeni District, Mpumalanga Province (VYMaps.com)

3.5. POPULATION OF THE STUDY

Research population refers to groups or units to determine the focal point, so research tends to be more effective in obtaining data (Shukla, 2020). Population refers to the entire set of elements that meet specific predetermined criteria to be selected in a study (Burns & Grove, 2010). For this study, women from 18 to 60 years of age who suffer from DUB in the study setting were the population.

3.6. SAMPLING TECHNIQUE AND SAMPLING SIZE

Most importantly, when selecting participants from the population is referred to as the sampling technique (Polit & Beck, 2020). A non-probability convenience sampling method was used in this study. A non-probability convenience is a non-random sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included in the study. It is also referred to as the research subjects of the population that are easily accessible to the researcher (Ilker, Sulaiman & Rukayya, 2016). The researcher sampled young adults and women from 18 to 60 years of age who were available at the clinic during data collection. In a qualitative study, a sampling size cannot be determined in advance but the size is determined by data saturation. Polit & Beck (2020) defined sample size as a cross-section of the target population from which the data will be collected. The process of sampling of the participants was done concurrently with data collection. As such, 12 participants were sampled, and the researcher stopped at 12 participants because data saturation was reached. Data saturation is when the researcher has reached the final stage of seeking information, and there is no input that can be added to generate new information or impact new understanding of the study topic (Braun & Clarke, 2021).

3.6.1 Inclusion criteria

The only inclusion criteria were women who had experienced heavy bleeding from the uterus and were diagnosed with DUB. Participants who were included were aged 18 to 60.

3.6.2 Exclusion criteria

The criteria specify characteristics that a study population does not have (Polit & Beck., 2020). The study did exclude women who were not interested in participating in the study

or did not feel comfortable participating in the study and, excluded women who had never experienced DUB.

3.7. Data Collection Method

Data collection refers to the process whereby the most appropriate method is used to systematically collect information, to a specific standard, with integrity, and the purpose is to address the research problem (Polit & Beck, 2020). The study adopted a semi-structured, in-depth interview technique to extract information from the potential participants about the effects of Dysfunctional Uterine Bleeding on the sufferers.

3.7.1 Preparation of the research field

The researcher followed the preparatory data collection phase by contacting the CEO of the Department of Health in the Mpumalanga Province office to request consent to conduct this study at the selected primary healthcare facility in Mpumalanga Province. The researcher was asked to submit the research proposal and the ethical clearance certificate (TREC No. TREC/541/2022: PG) electronically so that they could be approved and a permission letter to conduct research in the health facility could be issued. The Mpumalanga Provincial Health Research and Ethics Committee and CEO issued the study permit on November 30, 2022. The researcher took the letter of permission and the research proposal and submitted them to the Ehlanzeni district health office in Mpumalanga. The approval letter was introduced to the selected primary healthcare facility, Nkwalini Clinic. The researcher contacted the operational manager to arrange the visits and time for data collection.

3.7.2 Data collection process

After gaining entry into the research field, the researcher conducted interviews with the participants as they came to access healthcare services in the clinic. When in contact with prospective participants, the researcher explained the aim and objectives of the study

to the participants, and confidentiality and anonymity aspects were also outlined. The interview was conducted using an interview guide with semi-structured interview questions (Annexure C). An individual (face-to-face) in-depth interview was conducted through a dialogue between the participant and the researcher in a private and quiet room at the clinic in person, with each participant seated. The interviewer asked one central question to women: *“How were you affected by abnormal, irregular uterine bleeding?”* The interviews were conducted in Siswati since Siswati is the local language. Some participants who are literate in the English language shared more details as they spoke about the effects of DUB. The central question for Siswati is as follows: *“Kuya esikhatsini ngendlela lengakatayeleki kube namuphi umtselela emphilweni yakho?”* Data was translated from Siswati to English by the researcher by listening to the entire interview through a recording and recalling all expressions and non-verbal signs the patient was doing throughout the entire interview. Gaining a deep understanding of the cultural context to accurately interpret the interviewee's responses. This involves recognizing idioms (such as, *ayikho imphunga yelihlatsi*) meaning that whatever happens in the dark will always be revealed, or cultural references that might not have direct equivalents in English. The researcher preserved the context of the responses to ensure the translated findings accurately reflect the interviewee's intended meaning, and used best English skills of translating and considered back-translating the findings, that involved translating the English version back into Siswati to see if it makes sense, to check for consistency and ensure that the meaning hasn't been distorted during the translation process. The researcher included any sounds, facial expressions, body language, and non-verbal signs that may be recalled the patient doing during the interview.

The interviewer used probes to allow the respondents to elaborate on the topic and clarify areas that were unclear to the researcher. A voice recorder was used to record all interview sessions that were conducted, and field notes was taken by the researcher during the interview for record-keeping and to capture non-verbal cues. The interview session took approximately 15 to 30 minutes with each participant.

Data was collected until the saturation point was reached on the eleventh (11th) participant but continued with the twelfth (12th) participant to confirm saturation. The data was collected over four weeks. The research data for the study was stored on a memory stick and the researcher's personal computer and encrypted so that unauthorized persons could not have access.

3.7.3. Communication strategies used

Most crucially, effective communication requires an understanding of the participant and the experiences they express. It requires skills and, simultaneously, the sincere intention of the researcher to understand what concerns the participants and the phenomenon studied. Understanding the participants alone is insufficient; the researcher should also convey an understandable and acceptable message to the participants (Lambrini & Ioanna, 2014). The researcher communicated with the participants politely and eased their anxiety by greeting each one of them during the interview. Participants could speak their mother tongue (Siswati) to express their feelings freely. Listening skills were the primary strategy, as they assisted the researcher in gathering more information from participants. Body language, gestures, facial expressions, and even postures were considered.

3.8. DATA ANALYSIS

Data analysis is defined as the organization and qualitative data analysis method of interpretation of narrative data to determine critical underlying themes, categories, and patterns of their relationships (Polit & Beck, 2020). In a qualitative study, data analysis begins during data collection and continues during transcription. The researcher uses field notes that were taken during data collection as part of the data analysis. The researcher listened to the recorded audio and transcribed verbatim what the participants said during the interview. Tesch's open coding method of qualitative data analysis was used to transcribe the data (Tesch 2013).

- Transcription began at an early stage of the research as the researcher cautiously went through all the transcription and took notes of all the ideas that came to mind.
- One interview was chosen by the researcher, who went through it to get a sense of the information by reading the initial set of transcripts and writing down some general notes.
- The categorization was done after reviewing the transcripts and the research groups. The researcher found the most descriptive wording for the topics and converted them into categories. The aim was to reduce the entire list of categories by grouping issues that related to each other. Lines drawn between the classes indicated the interrelationship of the types. A final decision was made on the abbreviations for each category, and the codes were arranged alphabetically. The data material belonging to each class was assembled in one place, and as such, four (4) themes and fourteen (14) sub-themes emerged from the analyzed data. The analyzed data was submitted to an independent coder, who confirmed the data of similar topics.
- The researcher returned to the data, abbreviated the topics as codes, and wrote the principles next to the appropriate text segment.
- The researcher then observed the data organization to check if new categories or codes emerged.
- The researcher found the most descriptive wording for the topics and converted them into categories. The goal was to reduce the entire list of categories by grouping topics that were related to one another. The interrelationship of classes was indicated by the lines drawn between them.
- A final decision was made on the abbreviations of each category, and the codes were arranged alphabetically.
- The data material belonging to each category was assembled in one place as such, four (4) themes and four-teen (14) sub-themes emerged from the analyzed data. Analyzed data was submitted to an independent coder who confirmed the data.

3.9. MEASURES TO ENSURE TRUSTWORTHINESS

To ensure trustworthiness, the following measures were adhered to: credibility, dependability, confirmability, and transferability.

3.9.1. Credibility

Credibility is defined as confidence in the "truth" of the findings (Kyngäs, Kääriäinen, & Elo, 2020). In this study, member checking was one method used by the researcher. Member checking determined the accuracy of the findings. The researcher reviewed each participant's responses and clarified any responses made by the participants. At the end of the interview, responses were summarized to ensure the participants' experiences were accurately captured. Transcripts were verified with participants to ensure that the researcher had accurately transcribed what they expressed. A voice recorder was used when collecting data to ensure that information was not missed.

Voice recordings kept records and provided evidence of the truth in the findings. The researcher allowed the participants to clarify the information provided and confirm the validity of the data collected and analyzed.

3.9.2. Dependability

A criterion for evaluating integrity in qualitative studies refers to data stability over time and conditions, analogous to reliability in quantitative research (Polit & Beck, 2020). Dependability was ensured by collecting data until no new themes emerged or data saturation was reached. A detailed description of the study's methodology. The supervisor reviewed the recorded semi-structured interviews and field notes to ensure they were correct before sending them to the independent coder for analysis.

3.9.3. Confirmability

Confirmability refers to the potential for the congruency of data in terms of accuracy (Brink et al., 2018). In this study, confirmability was ensured by using more than one instrument in data collection. The in-depth interview was supplemented by prior observation by the researcher at the Nkwalini clinic. The researcher used audio recording, took field notes during the interview, and recorded the views expressed in the interviews. Confirmability was ensured by re-checking the information provided by the participants and having a follow-up meeting with them so that they confirm the information provided. The researcher prepared one question that was asked to all the participants in the same way to avoid bias. The voice recorder is available as evidence to confirm that the data collected was not manipulated or biased. The independent coder, an expert in qualitative research, was involved in strengthening the data analysis of the collected data.

3.9.4. Transferability

Transferability implies that the findings also apply in other contexts (Kyngäs et al., 2020). The study ensured transferability by collecting data over four weeks using a purposive sampling method and data saturation. In addition, self- discretion was used to choose participants for the study.

3.10. ETHICAL CONSIDERATIONS

The ethical standards adhered to throughout the study supported the researcher's efforts to protect the study participants. The criteria followed included obtaining permission for the study, informed consent, confidentiality, privacy, anonymity, avoiding risk, and checking the benefits of this study for the people involved.

3.10.1. Ethical clearance

After writing the research proposal, the researcher presented the proposal to the Department of Nursing for approval by the Nursing Department and the school research ethics committee. The researcher obtained ethical clearance from the University of Limpopo, Turfloop Research Ethics Committee (TREC No: TREC/541/2022: PG) School of Health Care Sciences Senior Degrees Committee.

3.10.2. Permission to conduct interviews

The researcher obtained ethical approval from the Turfloop Research Ethics Committees (TREC No: TREC/541/2022: PG) School of Health Care Sciences Senior Degrees Committee of the University of Limpopo. The Mpumalanga Department of Health granted permission to access the chosen primary healthcare facility. The District Health Office sent an approved letter to the relevant clinic. The permission to conduct the study in the selected primary healthcare facility was granted by the Chief Executive Officer of the selected hospitals and the Nursing Manager.

3.10.3 Ethical principles

3.10.3.1. Informed consent

Informed consent is permission granted by participants in full knowledge of the possible consequences, and participants need to know why the data is collected (Kreuter, Haas, Keusch, Bähr & Trappmann, 2020).). The researcher explained to the participants the nature of the research and their roles and contributions. The purpose and objectives of the study were outlined to the participants. The participants were also informed that their involvement in the study was voluntary and that they could withdraw from it whenever they wished. Still, the information that they would have provided at the time of termination will be used for the analysis. The participants were requested to sign an informed consent

form (see Appendix B). Informed consent was received from participants with DUB; some still needed to sign but withdrew from participating. Other participants could not read the consent since they were illiterate, so the researcher spent time interpreting what the consent meant. Apart from what has been stated, no other challenges were observed.

3.10.3.2. Principle of Anonymity

Anonymity means the protection of participants' confidentiality such that even the researcher cannot link individuals with the data provided (Polit & Beck, 2020). Participants' identities were not revealed. The researcher achieved anonymity by avoiding mentioning the participants' names. The participants were assigned numbers or alphabetic letters to protect their identities.

3.10.3.3. Confidentiality

Confidentiality refers to the protection of study participants so that the data provided is never publicly divulged (Polit & Beck, 2020). The participants were assured that all collected data would be disclosed to only the researcher, the supervisor, and the coder, as they are directly involved in the study. To ensure this, the collected recordings and transcripts were stored in a safe and completely secure place so that no unauthorized person would be able to access them. The data was stored in an encrypted USB hard drive and will be kept for the next five years.

3.10.3.4. Privacy

Privacy is defined as the broader of the concepts and includes the right to be free from interference (Burns, Grove & Gray, 2017). In this study, the researcher ensured that the interviewee's privacy was guaranteed by conducting the interviews in a private consulting room away from disturbances.

3.10.3.5. Principle of justice

The principle of justice refers to the participant's right to fair selection and treatment. Fairness will be promoted by avoiding bias (Brink & Rensburg, 2018). Participants were given an equal opportunity to participate, and the interview duration was even for all participants. The researcher selected the participants for reasons directly related to the research problem and not because the participants were readily available or could be easily manipulated.

3.10.3.6. Protection from Harm

Harm was avoided by conducting interviews in a consulting room free from sharps such as needles and blades; participants who were uncomfortable participating in the study were not forced to participate. The researcher adhered to all COVID-19 safety protocols as required by the government. During the data collection, participants were made to sanitize their hands, wear face masks, and observe physical distance because these precautions still apply to healthcare facilities.

3.11. BIAS

Bias is an influence that produces an error or distortion, which can affect the quality of evidence in research (Brink & Rensburg, 2018). In research, bias occurs when a systemic error is introduced into sampling or testing by selecting or encouraging one outcome or answer over others. The researcher prepared one question which was asked to all the participants the same way to avoid being bias. The voice recorder is available as evidence to confirm that the data collected was not manipulated or biased. In addition, the researcher used the participants' first language, was neutral throughout the interview, and maintained neutrality throughout the study to avoid influencing the participant's responses. General questions were asked first before moving on to specific or sensitive

questions. The researcher considered all the data obtained, analyzed it clearly and unbiasedly. By doing so, pre-existing assumptions were kept at bay. Potential bias was avoided while constructing the interview, and the questions were ordered suitably.

3.12. CONCLUSION

This chapter addressed the research method used, which is qualitative research, and the study adopted qualitative, explorative, and descriptive research design methods for data collection and analysis. The study site was Nkwalini Clinic in Ehlanzeni District, Mpumalanga Province. The population of this study was made up of women who suffer from DUB. A non-probability convenience sampling method was used in this study; data was collected through an in-depth interview technique and analyzed using Tesch's open coding methods. Measures to ensure trustworthiness and ethical consideration were followed and elaborated on.

CHAPTER 4

RESULTS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1. INTRODUCTION

Chapter 3 presents the research designs and methods. This chapter presents and discusses the study's results, supported by quotes from the participants and literature. The study's objective was to investigate and describe the effects of DUB on the affected women at the selected primary healthcare facility in Ehlanzeni District, Mpumalanga Province. Below, the researcher presented the participants' demographic information, followed by four themes and sub-themes with their categories, as indicated in Table 4.2. Some themes did not have classes from the analyzed data, although sub-themes were identified from them.

4.2. DATA MANAGEMENT AND ANALYSIS

After obtaining an ethical clearance certificate from the university, the researcher applied for permission to conduct research and was granted permission to collect data at the selected primary healthcare facility in Ehlanzeni District, Mpumalanga Province. The data was collected over four weeks face-to-face with each participant using semi-structured interview questions, with each interview lasting from 15 to 30 minutes, depending on the answers given by participants. Data were collected until the saturation point was reached. The research data for the study was stored on a memory stick on the researcher's personal computer, where a file was encrypted so that unauthorized persons could not access it. The researcher transcribed and analyzed the data using Tesch's open coding method, and grouped the data into themes, subthemes, and categories. The analyzed data was submitted to the supervisors and later to the independent coder, who confirmed the analysis.

4.3. RESEARCH RESULTS

Below is the description of demographic characteristics of participants that were used during this study followed by themes and subthemes which emerged from the current study.

4.3.1 Participant demographics

A total of 12 participants were interviewed, aged 18 to 51, who suffered from DUB. All demographic and descriptive data are presented in Table 4.1. In this study, the majority of participants were working, a few did not work, and four (4) were attending secondary school. In terms of marital status, only three (3) were married and staying with their husbands; three (3) were not married but staying with their partners; and two (2) were single and broke up with their boyfriends. The distribution of age means that not only adults suffer from DUB, but even school-going children are affected by the condition.

Table 4.1 Participant demographics and descriptive data

Participants	Age	Race	Gender	Occupation	Marital status
1	30	Black	Female	Teacher	Single
2	44	Black	Female	No	Not married
3	18	Black	Female	Learner	Single
4	25	Black	Female	Domestic worker	Not married
5	18	Black	Female	Learner	Single
6	28	Black	Female	General worker	Married
7	51	Black	Female	No	Single
8	35	Black	Female	No	Married
9	46	Black	Female	Domestic worker	Married
10	38	Black	Female	General worker	Single
11	48	Black	Female	No	Married
12	19	Black	Female	Learner	Single

4.3.2. Presentation of themes, sub-themes with their sub-categories

Table 4.2 below presented four themes with 14 sub-themes and eleven sub-categories which emerged from the collected data of current study.

Table 4.2: Themes on the effects of DUB on the affected women

THEMES	SUB-THEMES
1. Impact on physical and daily productivity	1.1 Absenteeism <ul style="list-style-type: none"> • From work • From School
	1.2 Disruption of hygiene habit <ul style="list-style-type: none"> • Frequent changing of pads • Staining of wears
	1.3 Drop in productivity. <ul style="list-style-type: none"> • Fatigue leads to loss of strength.
	1.4 Ill-Health <ul style="list-style-type: none"> • Signs of Anaemia • Complications of other existing illness
2. Economic impact	2.1 High cost of consultation <ul style="list-style-type: none"> • Visits to traditional healers • Visit to the western clinics
	2.2 Employment insecurity <ul style="list-style-type: none"> • Warning from boss • Fear of job loss
	2.3 Spending on Pads
3. Impact on psycho-social well-being	3.1 Stressful feelings and depression 3.2. Withdrawal from friends, family and the public which intensified loneliness. 3.3. Relationship instability due to DUB and its associated symptoms
4. Marital and relationship instability	4.1 Partners sexual dissatisfaction that perpetuates cheating. 4.2 Loss of trust and suspicion of infidelity of partner

	4.3 Unhappiness of partner from unmet needs 4.4 Lack of understanding from partner
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4.3.2.1 THEME 1: Impact on physical and daily productivity

The researcher presented the first theme on the effects of DUB on the physical and daily productivity of the participants with its subthemes as indicated in table 4.3.

Table 4.3 Impact on physical and daily productivity

THEMES	SUB-THEMES
1. Impact on physical and daily productivity	1.1 Absenteeism • From work • From School
	1.2 Disruption of hygiene habit • Frequent changing of pads • Staining of wears
	1.3 Drop in productivity. • Fatigue leads to loss of strength.
	1.4 Ill-Health • Signs of Anaemia • Complications of other existing illness

From the study results, participants reported how DUB affected them physically, as some absented themselves from work and others from school. DUB also affected their daily lives and productivity at work or school. Some reported that they had to change their pads frequently, which disturbed them. Others indicated that they always felt tired as they bled for an extended period of time, leading them to be diagnosed with Anaemia. From this theme, four sub-themes and seven categories emerged as indicated in table 4.3.

4.3.2.1.1 Sub-theme 1.1: Absenteeism

From this sub-theme, participants reported that they did absent themselves from work whereas others did not go to school because of fear of staining themselves.

- **Absent from work**

Participants reported that most of the time, DUB caused them to be absent from work in such a way that their bosses had a problem as they were always submitting their leave of absence. Another participant indicated that she was always behind on her work schedule due to DUB, hence she was always absent. This information was supported by the following quotes:

“I used to be very absent at my workplace and I would be behind with things I had to do” (participant 1).

“They have a problem with me at work because I always bring them sick notes” (participant 10)

Another participant indicated how DUB affected her work performance and her boss was not okay with her absence as he wanted his work done. Although she tried to explain her condition, but the manager did not understand what she was going through. The participant reported that;

“He surely is not okay because he wants his work done. At first, before I told him he would normally be confused with my constant absence at work because he had no idea with what I was going through” (participant 6).

Another participant indicated how menstrual pains caused her to stay out of work as it was difficult for her to even get up in the morning which resulted in her absence from work. Although she experienced pains, sometimes she forced herself to go to work as she was afraid of losing her job.

“I have severe pains when I am menstruating and they cause me to struggle waking up in the morning, I then end up skipping work. Sometimes, I unwillingly go to work to avoid getting myself fired due to not meeting deadlines” (participant 9).

From this category, it was evident that most participants were affected by DUB as they failed to report to their workplace as such they remained at home and others work remained behind. The findings of the current study indicated that other participants reported to work even though they were not well, hence productivity and well-being was affected. Similarly, to this study, van Biljon & Human (2021) conducted a study on absenteeism among workers, the authors alluded that absenteeism is the failure to report to work as scheduled regardless of the reason or duration. Some of the stated reasons were illnesses. The same authors indicated that sometimes the worker may be physically at work, as such, they may not be able to fully perform their duties and may be more likely to make mistakes on the job (van Biljon & Human, 2021). From the results of this study, other participants indicated that their managers were failing to understand why they were not at work, as such van Biljon & Human (2021) indicated that absenteeism is one of the most challenging employment management issues with which employers struggle on a continuous basis.

A study conducted by Alreshidi, Alaseeri and Garcia (2019) indicated that absenteeism does not only cause harm on the employee’s career, but it also causes harm to the organization as well. The authors also stated that absenteeism may be planned or unplanned. The authors stated that unplanned absenteeism includes short-term self-certified sickness absence, medical certified sickness, vehicle breakdown, and other reasons. Planned absenteeism includes annual leave. These results were contrary to the results of the current study as women were suffering and they were absent from work with good reason not for pleasure. A study conducted by Saruan, Yusoff, Fauzi, Puteh & Muhamad (2020) indicated that when an employee is absent from work, it adds a lot of pressure and workload on the other employees because they will have to perform the duties of the absentee.

It was evident that absenteeism might have negative effect on productivity as such women cannot realize their life's full potential as indicated by Ventegodt, Merrick, and Andersen's theory (2003) and they cannot cope with the accumulated work resulted from being absent. This might lead to stress on part of the workers and conflict might develop between the employer and employee regardless of the said reasons.

- **Absence from school**

One participant reported how she stained her school uniform resulting in other learners who embarrassed her. From that incident she absented herself from school when she bled heavily to avoid that situation from occurring again because she is still traumatized about the incident that once occurred previously.

“I absent myself from school when I am bleeding heavy because I once stained my wear and other learners turned that situation into a laughing matter” (participant 3).

Another participant reported how she woke up several times at night to change pads due to heavy bleeding, DUB drained her because she ends up waking up late for school and end up absenting herself from school;

“The frequent changing of pads during the night drains me, I end up waking up late for school or absent myself during period days” (participant 5)

Another participant concurred and reported how DUB made her feel weak every time when her periods begin and sometimes.

“Most of the time this illness makes me weak, every time when my periods begin, I always feel weak, sometimes I am unable to wake up in the morning and prepare for school, that is why I then skip school when it is making me feel sick. Every time when I see other school learners passing by my home, I feel pained” (participant 12).

From this category, it was evident that most learners absented themselves from school due to DUB because they ended up waking late for school because of frequent changing

of pads during the night. The findings in the current study indicated that learners absented themselves from school during DUB because they were unable to cope with the symptoms they were experiencing. Similarly, to this study, Melvin, Heyne, Gray, Hastings, Totsika, Tonge & Freeman (2019) indicated that although the school is interpreted as essential for the cognitive and social-emotional development for all children and adolescents, absenteeism can result in poor academic achievement overtime and later to school dropout. From the current study, participants who were scholars indicated that they had valid reasons for not going to school, such as poor sleeping, feeling weak, sick, and fear of embarrassment due to staining of wear led to absenteeism. A study conducted by Sommer, Caruso, Torondel, Warren, Yamakoshi, Haver, Long, Mahon, Nalinponguit, Okwaro & Howard (2021), indicated that the most common reasons for menstrual-related absenteeism were fear of staining clothing and fear of being teased by other learners. This led to a lack of attention in class during menstruation and school dropout. In addition, a study by Melvin et al (2019) on school-going children stated various reasons that result in absenteeism from school apart from DUB, which includes illness or medical appointments, anxiety caused by being away from parents or being with other peers, a lack of interest in learning, a lack of understanding, and problems with finances. The authors further stated that reasons for absenteeism are either excused (e.g., illness) or unexcused (e.g., truancy). Similarly, a study by Finning, Ukoumunne, Ford, Danielsson-Waters, Shaw, De Jager, Stentiford and Moore (2019) stated that mental disorders such as anxiety and depression are a remarkable cause of learners' absence from school, especially in high school. The same authors indicated that most teachers focus on truancy and school refusal behavior, which is not always the case. As such, the authors recommended that early identification of the root cause of absenteeism and management of the cause can help improve school attendance and the well-being of the learners (Finning et al., 2019; Hopkins, Morgan, Buery et al., 2019).

4.3.2.1.2 Sub-theme 1.2: Disruption of hygiene habit

From the results of the study, participants reported that they stained themselves due to unexpected bleeding and changed pads frequently due to heavy bleeding, which interferes with proper hygiene.

- **Frequent changing of pads**

Participants reported that suffering from DUB forced them to regularly go to the bathroom to check whether a pad is full or not to avoid staining themselves. Another participant stated that she goes to the bathroom frequently to check whether or not she is still hygienically clean because she works with food and serves people. She also indicated that she bleeds heavily and sometimes changes a pad two or even three times an hour.

“Okay firstly, I would go there to check myself whether or not I bled myself. Secondly, I had to change my sanitary pads and ensure I am still clean because I work with food and serving people so I had to make sure I am still hygienically clean, when I bleed very heavily, I would sometimes change it three times an hour” (participant 2)

“I have to visit the bathroom every time to check if everything is still okay” (participant 10)

“This does not settle with me at all because within approximately two hours the pad I use becomes full” participant” 11)

Other participants indicated that DUB really affected their lives as they were unable to sleep during the night because they had to wake up many times to go to the bathroom and change pads, they changed pads six to seven times a day. This statement is supported by the quotes below:

“This illness has affected my life greatly because I was unable to sleep during night time. I had to wake up several times to change a pad and go to the bathroom” (participant 4).

“I sometimes change a pad six to seven times a day” (participant 7).

From this category, it was evident that most women were affected by DUB because it interrupted their regular daily routine, even at their workplaces and during their sleep, due to heavy flow and the frequent need to check and change pads. Similarly, to the findings of the current study, a study conducted by Sheikh, Ding, Nzelu, Roberts, Johns, Ross, Arya and Patel (2023). From their findings, the most notable change was the increase in heavy bleeding, which was characterized by frequent changes of pads, tampons, or both. Women reported experiencing heavier periods that caused a level of discomfort and required them to make significant changes to their day-to-day lives to adapt. Women reported experiences of Heavy Menstrual Bleeding (HMB) were debilitating, wide-ranging impacts on their lives, relationships and well-being, as such, their lives were affected. As from the findings it was discovered that women changed their pads frequently to stay clean, similarly, results were discovered in a study conducted on adolescents by Mohammed, Larsen-Reindorf and Awal (2020) about menstrual hygiene management, the authors indicated that the significance of maintaining good personal hygiene by their participants during the period of menstruating was noted.

This was done to maintain respect and well-being of adolescents. The results of the current study indicate the same, with participants changing pads frequently to maintain their hygiene. It was mentioned that the products that women can use during their period of menstruation, such as tampons, sanitary pads, menstrual cups, cloths, paper material, or plant material, can be used to maintain a standard of personal hygiene (Mohammed et al., 2020). The results of the current study indicated that participants changed pads more than three times. These results were similar to those of the study conducted by Kuhlmann, Bergquist, Danjoint, and Wall (2019); Mohammed et al. (2020), where authors mentioned that school-girls and women changed pads more than three to five times a day to maintain their hygiene and well-being.

In the current study, women were using pads, which was contrary to the study conducted by Kuhlmann, et al. (2019), where the authors indicated unmet menstrual needs among low-income women.

The authors discovered that 64% of women could not afford to buy pads or any other menstrual hygiene essentials; as such, they ended up using cloth, rags, toilet paper, or children's diapers because they could not afford sanitary pads or tampons. As women could not afford menstrual hygiene essentials, their needs were not fulfilled, and they were neither happy nor satisfied with their lives. As women changed pads more than five times a day, authors indicated the need to have access to clean water, bathrooms, sanitary pads or tampons, or any other menstrual period essential (Kuhlmann et al., 2020), which had negative impacts on women's financial, social, mental, and physical well-being; hence, their quality of life and wellbeing even at work would be affected.

- **Staining of wears**

Participants said they bleed heavily and sometimes they wake up to change their pads only to find that it is too late they already stained their beds. This was supported by the following quotes:

"I bleed heavily, I even wake up at night and find a stained-with-blood bed" (participant 3). "Even though sometimes my bed would end up stained" (participant 4).

Participant reported that there was a day whereby she was in a taxi coming from town and knew she was bleeding so heavy but was afraid to ask the driver to stop so she could go to the toilet. She ended up staining herself and the driver threw insults at her in front of other passengers.

"That day I stained myself and the taxi driver embarrassed me in front of the passengers by throwing insults at me, I was afraid to ask him to stop so that I can go to the small room to check myself (participant 7).

Another participant said it happened someday that she stained herself and she was seen by one of her colleagues who told her that she had a stain, and she also came across other colleagues with attitude who were frustrated by her stain.

They told her she left the stain on purpose for bad publicity because customers will give bad remarks about the company.

“I got up and one of my colleagues saw and told me that I have a stain, I came across some ladies I work with, those ones with an attitude, who asked me whether I was not aware of my menstruation days because I stained myself and also asked me whether or not I did it on purpose

for a bad publicity of me and my colleagues because customers will give us bad remarks”
(participant 10).

Another participant reported how she was bullied in class because of staining herself

“I am always afraid that someone in class may see that I stained myself with blood but chose not to tell me politely as I was once turned into a laughing matter in class”
(participant 12).

From this category, it is evident that some participants were traumatized by incidents of staining that occurred to them, and some are still afraid that if they stain their clothes, people will laugh at that matter. The results from the current study provided real insights into what women experience. Women were afraid to go in public because of staining of clothes incidents that had occurred to them. Life demands that one to go in public from time to time, if women are afraid to go to public areas due to fear of staining, they will not be able to fulfill their needs, hence their quality of life will be affected. In a study conducted by Sheikh et al. (2023), women stated that it was hard and stressful to face the public because they need to be sure that they will have access to the toilet if they were to go out to frequently check if they did not stain themselves. In the same study, authors discovered that most women lived in constant fear of leaking and staining of wears, and they tried all means to protect themselves by spending money on menstrual protective products to prevent leakage or staining of wears and surfaces (Sheikh et al., 2023).

Contrary to the results of this study and the study conducted by the afore mentioned authors on the aspects of women who are afraid to go out because of fear to stain themselves and DUB which affect their quality of life, Sukumar (2020) indicated that women should have their periods no matter how regular or irregular the periods are. The author stated that menstruation is natural and messy but it is a beautiful part of life, she emphasized that women should not hinder menstruation from occurring just because of fear of staining wears. The authors further indicated that women must enjoy menstruation and see the beauty in blood. Although she emphasized that every woman should be hygienically clean during menstruation (Sukumar, 2020), in the same study, the author mentioned how inmates were dehumanized. The author made reference to a woman who was an inmate and her periods started, she requested for sanitary pads from the guard, but instead of giving her pads, the guard warned her that she better not bleed on the surface. That was the cruelest thing a human can do to another human (Sukumar, 2020). Thus, to avoid staining one's self, various authors indicated using menstrual cups or cloths which are environmentally friendly and can last for years and save money, but it does not apply to those who are homeless and constantly mobile because they can stain their wear abruptly (Sukumar, 2020; Kuhlmann, et al., 2019).

4.3.2.1.3 Sub-theme 1.3: Drop in productivity.

In this subtheme, participants shared their experiences with irregular periods or bleeding unexpectedly led to fatigue and caused them not to be productive at their workplace and school. The following sub-category emerged from this sub-theme, as indicated in table 4.3.

- **Fatigue leads to loss of strength**

The participant reported how she bleeds for two weeks, and the bleeding was so heavy, thus leading to weakness and inability to perform for that day. Heavy bleeding affected her life holistically. This information was supported by a quote below:

“In other months I would bleed a lot for two weeks and I felt so weak and that brought a negative effect in my health and life” (participant 1).

Another participant said her colleagues complain that she is working more slowly or less than usual and they also complain to their manager. She said she does not blame them because it is a result of DUB which causes loss of strength. Another participant mentioned that she feels so weak when she bleeds a lot, so, she limits her movement to avoid feeling dizzy, drowsy, and falling. Statements are supported by the following quotes:

“My colleagues I cook with would normally tell our manager that I am lazy and slacking with my job” (participant 2).

“I had to limit my movements since I bleed a lot and felt so weak” (participant 5).

Another participant added and indicated how she felt after experiencing her cycle

“I become weak when I bleed heavily with clots for more than seven days. I lose appetite and interest in most things” (participant 8)

From this category, it is evident that heavy bleeding causes fatigue leading to loss of strength, weakness and dizziness. Some even limited their movements in order to limit their risks of falling and feeling dizzy.

A study written by Ceban, Ling, Lui, Lee, Gill, Teopiz, Rodrigues, Subramaniapillai, Di Vincenzo, Cao & Lin (2022) indicated persistent fatigue which did not get better with resting enough, limited or hindered individuals from performing other duties at home and at work, leading to unfulfillment of needs. Lee and Giuliani (2019) defined fatigue as lack of physical and mental energy that impairs usual and desired activities. Fatigue is associated with other health illnesses such as anxiety and depression as was seen on this current study, that women with DUB suffer from fatigue which is as a result of sleepless nights due to overthinking about DUB, being depressed and anxiety due to fear of staining wears in public; classroom or workplace.

As seen in the current study conducted, women with DUB experienced heavy menstrual bleeding for prolonged period of time as a result some suffer from anaemia which results in fatigue, shortness of breath, tachycardia, pale skin, etc. The authors emphasized that fatigue interferes with ones' quality of life. With fatigue, people cannot meet deadlines at work, school or perform their duties as expected (Lee & Giuliani, 2019). Similarly, in the current study, participants mentioned that they lost interest in doing required duties and were slacking when in their workplace due to fatigue, which minimized happiness in their workplace.

As such, Behrens, Gube, Chaabene, Prieske, Zenon, Broscheid, Schega, Husmann, and Weippert (2023) related fatigue to human performance and described two types of fatigue: trait fatigue, which is defined as fatigue experienced by an individual for an extended period (weeks or months). Trait fatigue occurs as a result of other diseases such as multiple sclerosis, chronic obstructive pulmonary disease, rheumatoid arthritis, and other symptoms such as inflammation, medication, depression, and sleep problems. State fatigue is induced by doing cognitive tasks, which results in exhaustion and weariness. (Behrens et al., 2023). In this study, it was evident that fatigue was associated with DUB, which affected work performance, quality of life, loss of happiness in life, dissatisfaction with life, and participants' meaning in life.

4.3.2.1.4 Sub-theme 1.4: ill-Health

In this sub-theme, participants reported that they were told at the clinic that they have lost too much blood which resulted in signs of Anaemia. Participants also encountered complications of other existing illness.

- **Signs of Anaemia**

One participant reported that she was told that she had a shortage of blood due to the fact that she bled a lot. Therefore, she was advised at a clinic to eat fresh vegetables

such as beetroot to restore blood that had been lost, as her symptoms and signs were indicative of anemia.

“She said I have a shortness of blood because I bled a lot and she is suspecting anaemia, therefore I have to eat nutritious meals like beetroot to restore the blood I have lost” (participant 2).

Other participants reported symptoms such as dizziness and headache due to prolonged bleeding resulting in overthinking. This information was supported by the following quotes: *“I am losing too much blood that is why I end up being dizzy and my headaches are caused by my overthinking and stress” (participant 4).*

“I felt dizzy and had headache and I am thinking it is because I had my cycle for a longer period and more blood was coming out” (participant 4 & 7).

The current study indicates the same, with participants changing pads frequently to maintain their hygiene. It was mentioned that the products that women can use during their period of menstruation, such as tampons, sanitary pads, menstrual cups, cloths, paper material, or plant material, can be used to maintain a standard of personal hygiene (Mohammed et al., 2020). The results of the current study indicated that participants changed pads more than three times. These results were similar to those of the study conducted by Kuhlmann, Bergquist, Danjoint, and Wall (2019); Mohammed et al. (2020), where the authors mentioned that schoolgirls and women changed pads more than three to five times a day to maintain their hygiene and well-being.

A study conducted by Cappellini, Musallam, and Taher (2020) showed that iron deficiency, Anaemia, is a global health concern as it affects women, pregnant or not, and children mostly. The authors defined absolute deficiency Anaemia as a reduction of total iron stores. Absolute iron deficiency Anaemia occurs when there is an increased demand for iron in the body, decreased consumption of foods rich in iron, the body fails to absorb iron, or as a result of chronic blood loss. As such, in this study, women who were affected

by DUB were advised to eat a lot of vegetables to replace the blood that was lost and to prevent anemia. A study conducted by Chaparro and Suchdev (2019) stated that during anemia, hemoglobin levels are insufficient to fulfill an individual's physiological needs. As such, signs of Anaemia can result in Anaemia, which might predispose women to infections and death (Chaparro & Suchdev, 2019).

- **Complications of other existing illnesses**

DUB resulted in other complications in the lives of women. One participant reported during the interview that DUB affected her life greatly, emotionally and psychologically, because her blood pressure became elevated when she visited a clinic. The nurse asked what she was thinking about, which made her blood pressure high. The participant was worried as she finds it hard to control the two conditions, first one DUB and second one query hypertension:

“She asked me what I was thinking about a lot because when a BP rises above normal, that means you are overthinking something that is very hurtful in your life.” “That destroyed my mental and emotional health because I now had two illnesses, which I find hard to control in my life” (participant 2).

The participant mentioned that DUB made her chronic illness worse because she suffers from cardiac conditions, which are asthma and diabetes mellitus.

“I am a person who has heart problems; I have asthma and diabetes and they are made to be worse by the bleeding” (participant 8).

From the findings of the current study, participants reported blood pressure which was found to be high because they were thinking a lot about their condition and unhappy with their lives, others experienced complications from their current chronic conditions. High blood pressure and complications of other conditions was discovered also in the study by Castillo, Zambrano, Barba, Robayo, Sanon, Caicedo & Chiriboga, (2022) from women who were using contraceptives as they also developed DUB as side effects.

From the same study, women who developed DUB also suffered from iron deficiency Anaemia (Castillo et al., 2022). One of the participants indicated that she was emotionally and psychologically affected by DUB as such, a study conducted by Nizalova & Norton (2021) indicated how people experienced elevated stress levels and were prone to higher risk of developing hypertension and cardiac failure after they have lost their jobs. The complications of existing conditions in women suffering from DUB would lead to poor health outcomes as an implication.

4.3.2.2 THEME 2: ECONOMIC IMPACT

Table 4.4 below presented the economic impact as one of the effects of DUB among women who suffered from it. From this theme, two sub-themes and five sub-categories emerged as indicated in table 4.4 below.

Table 4.4. Economic impact

THEME	SUB-THEME
2. Economic impact	2.1 High cost of consultation <ul style="list-style-type: none"> • Visits to traditional healers • Visit to the western clinics
	2.2 Employment insecurity <ul style="list-style-type: none"> • Warning from boss • Fear of job loss
	2.3 Spending on pads

For this theme, participants reported that DUB had an economic impact on their lives, which was due to the high cost of consultation with traditional healers and visits to western clinics. Others complained that they regretted wasting their money by consulting traditional healers because it did not stop DUB.

Some became insecure about their jobs because they had received warnings from their bosses, which resulted in the fear of losing a job. Frequent spending on pads also resulted in financial losses.

4.3.2.2.1 Sub-theme 2.1 High cost of consultation

From this sub-theme, participants experienced a high cost when it comes to consultations to traditional healers, they complained that it was too expensive and a waste of money. Other participants reported that frequent visitation to the clinic for follow up cost a lot of money since they had to travel using transport. From this sub-theme, the following sub-categories emerged.

- **Visits to traditional healers**

A participant reported that she spent lot of money buying potions from traditional healer in order to assist with DUB, but she said the potion did not help her at all, it was a waste of money because those potions also tasted bitter. Another participant reported that she paid R600 for consultation and for the muti and she regrets wasting her money on something that did not help her. Statements were supported by the following quotes:

“This condition affected me a lot, I even visited a traditional healer who gave me a certain potion. The potions were even bitter. I spent a lot of money buying them (participant 1)

“I visited a traditional healer before coming to the clinic. She made me pay R600 for consulting and for the muti and I regret wasting my money on something that did not help” (participant 6)

Other participants conquered and one indicated that she was charged R1500 by a traditional healer and she is still paying that money bit by bit as she borrowed it from a lender;

“It pains me a lot because I wasted money by doing so” (participant 9)

“AH! They charged me R1500, as we speak, I am still paying the lender that money bit by bit since I borrowed it, I am really hurt by this” (participant 10).

From this category, participants raised how they were affected by high cost of consultation when visiting traditional healers, with regards to DUB. What pains them most is that they spent their money and some found themselves in debt on something that did not help, hence they were not happy. A study conducted by Ozioma and Chinwe (2019), reported that traditional medicine is cheaper and accessible locally and easily consumable and easy to prepare, the study is contrary to what the current study participants mentioned. Participants complained that traditional herbs were expensive and even tasted bitter and they were not satisfied with the service.

A study by Tan, Otake, Tamming, Akuredusenge, Uwinama and Hagenimana (2021) stated that people prefer consulting in traditional healers because they are recommended by families and friends so they trust them, traditional healers also tell people their secrets which makes clients happy. Authors reported that traditional healers are affordable to pay, contrary to the current study of DUB, participants of the study regretted consulting with conventional healers because they said they wasted their money on potions that did not cure DUB. A study by Ang, Song, Lee and Lee (2020) indicated that herbal medicine worked best as the treatment of covid19 compared to western medicine, but in DUB participants were not happy with the results.

- **Visits to western clinics**

A participant reported that she went to clinic to consult and was diagnosed as having an imbalance of hormones. She said she spent lot of money by travelling to the clinic for follow ups because she uses public transport and the clinic is far from where she lives.

“I started going to the clinic to consult, they diagnosed me and told me that I have an imbalance of hormones, I spent lot of money traveling to the clinic for follow up because it is far from where I live, so I use public transport and it is expensive” (participant 1).

Another participant reported that she got the help she needed from the clinic, but the ups and downs of going to the clinic were really expensive. Another participant stated that she got weaker and lost so much weight and her husband decided that she needs to go to clinic instead of traditional healers. Statements are supported by the following quotes:

“I consulted at the clinic and they aided me there though I spent lots of money travelling to the clinic” (participant 3).

“Since my husband also saw that I was getting weaker and lost weight he then suggested that I should visit the clinic to get helped with the bleeding and weight” (participant 6).

The findings of the current study revealed the financial cost that participants incurred when traveling for consultations to primary health care facilities. Regardless of their expenses, most of them ended up being assisted. Similar to the results of the current study, Henry, et al. (2020) discovered that the fact that the clinic is far from where other participants stay made them lose too much money by spending it on taxis to the clinic. Although some facilities are far, the department of health was of the notion that healthcare facilities are to be within a 5-kilometer radius from where patients stay. Where this is not possible, a provision of mobile clinics was made, although they have their own visiting dates to certain communities, which cannot cater for all patients as diseases do not wait for those dates.

On the contrary, a study by Wouk and Helton (2019) reported that, women suffering from DUB suffer financial loss because of treatment costs, whether in private, public or traditional healing homes. The purchase of medications used to treat DUB may reduce the disposable income available to the sufferers of DUB, hence their needs were not fulfilled. Dysfunctional Uterine Bleeding may reduce the capacity to conduct economic activities because of the time spent treating the condition (Vitale et al., 2020). On the other hand, Tariq et al. (2021) argued that DUB's financial and economic implications may inadvertently affect the quality of life of the sufferers, in societies where health costs are borne only by the patients.

DUB results in financial distress for women suffering from the condition. Thus, to reduce the cost of travelling to healthcare facilities, Snoswell, Taylor, Comans, Smith, Gray and Caffery (2020) indicated that telehealth can be used for consultation between the patient and the healthcare practitioner. It is cheaper because of the shorter conversation between clinic practitioner and client. There is no need to travel to healthcare facility, waste energy, money and time. Authors also indicated that Telehealth reduces costs of healthcare. It improves access to health services to every individual might promote the health and well-being of women suffering from DUB as stated in the theory which formed the foundation of this study (Ventegodt et al., 2003). Regardless this method of consultation is not applicable to the setting where this study was conducted as such, patients are to travel to access healthcare services which is not be affordable in terms of paying for transport. Traveling to the healthcare facility may lead to delay in accessing healthcare service hence leading to complications of the condition.

4.3.2.2.2 Sub-theme 2.2 employment insecurity

From this sub-theme, participants mentioned that they became insecure on their jobs because of DUB which led to their absenteeism from work and failing to meet deadlines. They received verbal and warnings from their bosses. Some became really scared because they were threatened that if they waste time by frequently going to the bathroom during working hours certain amount will be deducted from the salary. From this sub-theme, the following sub- categories emerged as indicated above and in table 4.4.

- **Warning from boss**

A participant shared that she was given a verbal warning by her supervisor due to her absenteeism and frequent trips to the bathroom, and her boss told her that she would deduct a certain amount of money from her salary. The participant said she also voiced out to her supervisor at work that she is not in good health, and the supervisor advised her to visit the clinic to consult:

“I then voiced out to my supervisor that I am not in good health, and she advised me that I have to visit the clinic to get medical attention, but before that, she gave me a verbal warning that if ever I waste time by going to the bathroom every time, they will deduct a certain amount from my salary” (participant 2).

Another participant shared that her boss was not okay with her absenteeism because he wants his work done regardless of the conditions of his employees. Another participant said she has brought a lot of sick notes to work, and people have started to complain about them. In this category, it was evident that participants received warnings from their bosses:

“He surely is not okay because he wants his work done” (participant 9).

“I have brought a lot of sick notes to my workplace, which they have started to complain about” (participant 10).

In this category, it was evident that participants had employment insecurity since they received several warnings from their bosses regarding failure to meet deadlines and frequent absenteeism from work. Similarly, to the current study, a study about workplace violence revealed that workers suffer violence, strong threats, and physical assault from bosses, which affects their health and well-being as indicated by theory (Ventegodt et al., 2003). Bosses give warnings and threats regarding absenteeism (Sturbelle, Pai, Tavares, Trindade, Beck, & Matos, 2020). Warnings from bosses at the workplace might have both a positive and negative impact, positive in the sense that they might reduce the rate of absenteeism. It might also lead to decreased productivity as workers might come to work even if they are not well, but they cannot be productive.

- **Fear of job loss**

A participant reported that there were lots of complaints at work about her attitude, absenteeism, and failing to meet deadlines, and that made her afraid that she was going

to lose her job. Complaints alone raised insecurities in the participant that she was going to lose her job:

“There were a lot of complaints at work regarding my attitude, absenteeism, and failing to meet deadlines; this made me afraid that I would be fired” (participant 1).

Another participant indicated how she was pushing herself to work, even though sometimes she did not feel like going to work, but due to needing that income she had to go to work in order to avoid getting fired:

“Sometimes I unwillingly go to work to avoid getting myself fired and for the sake of money as I needed it to buy food for my children” (participant 6).

Another participant said her boss even suggested that she just resigns from her job because she was not honoring the opportunity to work. Her boss suggested that she quits and give the opportunity to others, so the participant’s job was at stake. She thought she could be replaced at any time, but that did not settle well with her because she went to work even on her worst days of DUB.

“They also suggested that I must quit so I can open a job opportunity for someone” (Participant 10).

In this category, it is evident that participants were afraid that they would lose their jobs due to frequent complaints at work about their behaviour, absenteeism, and failure to meet deadlines. Participants were also afraid to lose their jobs because of threats thrown at them by their bosses. A study conducted by Alfoqahaa (2022) on fear and panic buying behaviour associated with the outbreak of COVID-19 in Palestine showed that people were afraid to lose their jobs as a result of the outbreak, and some were afraid of going to work. This leads to job insecurity. Job insecurity is the fear of job loss and can result in reduced psychological health, job dissatisfaction, a lack of communication, poor performance, and increased emotional exhaustion by the employee (Alfoqahaa, 2022). A study by Nizalova and Nortyon (2021) indicated that employment plays a role in health.

Job loss affects health in various ways. A lack of income at home may lead individuals to ignore healthcare needs and preventive measures. The authors indicated that unemployment has been linked to an increase in serious diseases such as tuberculosis. An individual who has lost his or her job is prone to developing shock, denial, anxiety, fear, sadness, depression, anger, and shame, leading to elevated stress levels and a higher risk of developing hypertension, cardiac failure, and poor health outcomes (Nizalova & Norton, 2021).

- **Spending on pads**

Participants reported that they have spent a lot of money buying pads. One participant indicated how it pained her because she does not get a fulfilling salary from her job description, yet she wastes her money buying pads due to DUB. Another participant said she changes pads six to seven times a day, it stresses her that she buys lot of pads. The following quotes supports the statement written above:

“I spent a lot because I use Always pads which to me usually last a bit longer, so I think the money I spent monthly was roughly R230. It costed me a lot because I do not get a fulfilling salary from my workplace” (participant 2)

“I sometimes change a pad six to seven times a day. And the fact that I had to buy many pads stressed me a lot because money is scarce” (participant 7).

Another participant shared her secret that pads are expensive, she only uses pads when she goes out of home, but when she is home, she uses towels not pads in order to avoid spending much on pads;

“I only use Always pads when I go out and the towels when I am home” (participant 9).

From this category, it is evident that participants spent a lot of money buying pads due to heavy bleeding. Some participants complained that they do not even have a job yet they spend the last money they have on pads, some use towels as a substitute for pads.

For most women, financing a heavier period was a significant concern for women interviewed in the current study due to unstable financial backgrounds; however, in a study conducted by Sheikh et al. (2023) on the financial implications experienced by women suffering from DUB, one participant in the study was a student who reported difficulty in financing her periods. Additionally, all women reported that the cost of financing their period was evident and they recognized that they were spending more money on sanitary products and period underwear. Money was also spent on having appropriate clothes to manage the situation (Sheikh et al, 2023).

Kuhlmann et al. (2019) concurred by indicating unmet menstrual needs among low-income women. In their study, they discovered that 64% of women could not afford buying pads or any other menstrual hygiene essentials. Many women ended up using cloths, rags, toilet paper or children's diapers because they could not afford sanitary pads or tampons. Similarly, to the current study, other participants reported that they could not afford menstruation essentials so they used towels or rags at home, saved the pads for going out in public. In addition, Sukumar (2020) advocated for the use of menstrual cups or cloths as they are less expensive. Further in the study conducted by Kuhlmann et al. (2020), the study revealed that 46% of low-income women could not afford to buy menstrual products together with food. The authors further mentioned that all women deserve to have an access to clean sanitary pads that can be changed as often as required to fulfil their needs. As such, a study conducted by Osorio and Ono (2023) indicated the implementation of issuing free sanitary pads to colleges and school though within the context of this study, the practice is not done to all the schools and does not extend to the colleges.

4.4. THEME 3 IMPACT ON PSYCHO-SOCIAL WELL-BEING

Under this theme, participants expressed how DUB affected their psycho-social well-being. One of the greatest concerns expressed about DUB was the feeling of depression due to overthinking about the condition and having no one to share the experience with.

Lastly, the other psycho-social well-being was isolation from friends and families, especially since the DUB led to withdrawal from any friendships, not taking part in family gatherings, and withdrawal from the public as well. Participants also reported that they lost their relationships with their partners, as indicated in Table 4.5 below, which summarizes the theme and its subthemes. The sub-themes were described in detail below:

Table 4.5. Impact on psycho-social well-being

THEME	SUB-THEMES
3.Impact on psycho-social well-being	3.1 Stressful feelings and depression 3.2. Withdrawal from friends, family and the public which intensified loneliness. 3.3. Relationship instability due to DUB and its associated symptoms

4.4.1 Sub-theme 3.1: Stressful feelings and depression

Participants reported how overwhelmed they were as they felt unwelcomed, lonely, and depressed most of the time. One participant indicated how she forgot simple things easily because her mind was always filled up with negativity. It was not easy for most participants to seek for help from others because of fear of judgement about the condition and lifestyle. Subsequently, most of the participants were overthinking about their condition and its impacts such as bleeding that needs to stop and this leads to depression.

“I was frequently, lonely, depressed and forgot most things easily. I even forgot my age when someone would ask me” (participant 1).

“I would overthink to myself about what I would do if it does not stop. I was stressed and depressed because I could not ask someone about the causes of the bleeding” (participant 7).

Another participant concurred and indicated how DUB affected her life as she experienced headache. The participant stated that;

“I do stress a lot about it that I even get severe headaches, and when I go to the clinic, they tell me not to overthink” (participant 11).

Based on the findings of this study, it is clear that DUB can have a negative impact on women’s lives, including causing depression. Similarly, to the results of the current study, depression, anxiety, and stress were identified in a study conducted by Sha and Dong (2021) on women with uterine bleeding. Similarly, the participants in the current study reported feeling stressed as a result of DUB. On the other hand, a study conducted by Choi, Hui and Wan (2020) revealed that women who previously had healthy periods and suddenly experienced prolonged and heavy periods experienced stress, anxiety, and depression.

According to a study written by Villarroel and Terlizzi (2020), the severity of depression symptoms includes little interest or pleasure in doing things, loss of meaning in life, loss of happiness, lack of satisfaction with life, feeling down, hopeless, difficulty falling or staying asleep, sleeping more than expected, feeling extremely tired or having little energy, poor appetite, overeating, feeling bad about yourself, disappointing family and self, having difficulty concentrating on books or other tasks that require attention, moving or speaking slowly, and pacing up and down. As shown in this study about DUB, participants reported experiencing some of these symptoms.

4.4.2 Sub-theme 3.2: Withdrawal from friends, family and public

Participants expressed the feeling of loneliness and always withdrew themselves from family, others from friends and public.

Participants felt that it would be better if they dealt with the situation alone because they thought that no one would understand – which also intensified feeling of loneliness when dealing with the problem. For instance, one participant reported that it hurt her so much that she made up excuses by denying her friends' invitation to attend a party because she did not want to communicate with people anymore.

“I denied her invitation and made excuses as to why I could not attend it. So eish... It hurt me so much because I did not want to attach myself and communicate with people anymore” (participant 1).

One participant said she used to isolate herself to cry in her room, she was so afraid of telling her family about the issue. Another participant reported that she shared her situation with her colleague, explained to her that DUB affects her life at home and workplace. That is why she prefers to isolate herself so that people will not notice her condition:

“I would isolate myself and cry in my room. I was afraid to even tell my family I live with about the issue” (participant 7).

“I told her that it is affecting my life at home, workplace and everywhere I go because she noticed me isolating myself from people” (participant 10).

Another participant reported that since she started to experience DUB, she is unable to play with her peers or mingle with her friends at school, meaning that DUB has affected her normal lifestyle due to fear that there will be leakage of blood during playing with friends.

“Since this problem started, I am unable to play and socialize with my peers” (participant 12). It was evident from the findings of the current study that sufferers of DUB tend to withdraw from participants in social events and mostly want to remain alone. As such, a study by Hamasaki, Pionnié-Dax, Dorard, Tajan and Hikida (2021) described two models of the development of social withdrawal and social anxiety in childhood and adolescents.

Social withdrawal is an umbrella term that identifies individuals who remain alone during school recess, at work, or in public. Social shyness and anxiety lead to social withdrawal. People who withdraw from public always have the excuse that they do not feel like engaging in peer interaction or are introverts. Authors described that retired individuals might want to interact but are held back by social anxiety, as noted in the current study of DUB women who suffer from DUB and withdrew themselves from peers and the public because of fear of staining their clothes. Another study by Barzeva, Richards, Meeus, and Oldehinkel (2020) indicated that a person who withdraws herself spends most of her time alone and avoids peer interaction. Underlying motivations to withdraw may differ between individuals; in the study, women who suffer from DUB isolate themselves because of fear of staining in public because they have stained their clothes before.

A study by Hamasaki et al. (2021) suggested that social withdrawal is a severe psychosocial problem. Factors causing social withdrawal are lack of fulfilment of needs, stress intolerance, coping inability, interpersonal problems at school, or poor academic performance. The authors indicated that they also found that social withdrawal groups lack communication skills; they have lower scores of communications but higher scores of conflicts between their parents and peers. Internet overuse increases social withdrawal. Similarly, to the current study, participants reported that they isolated themselves from peers, others said they did not play and interact with peers like they used to. Withdrawal from friends, family, and the public indicates that women who suffered from DUB had lost meaning in their lives. It might lead to suicidal thoughts if the problem is not addressed.

4.4.3. Sub-theme 3.3: Relationship instability due to DUB and its associated symptoms

Participants experienced relationship instability due to DUB and its associated symptoms. For instance, some participants reported that since DUB started, they either experienced break up or lost a relationship due to the condition.

While those that managed to be in a relationship also reported lack of happiness or having unhealthy relationship due to sexual and reproductive changes caused by DUB.

“Since abnormal periods started, my partner and I no longer had a good healthy relationship as before, but we broke ties and we separated” (participant 1).

“I was not a happy person in my previous relationship because I failed to satisfy my man sexually and we decided to go our separate ways, then I met the current one I am living with, but things are the same as our sexual life is always disturbed by bleeding all the times” (participant 5).

Additionally, some of the participants lost confidence being in a relationship especially when their partners lacked understanding of the diseases. In such instance, participants either had a break up or experienced short-term relationships. For instance, one participant experienced a communication break down with the partner following some unexpected reproductive changes.

“When I phoned him the following day, he was not answering my phone calls. I realized that he blocked me and I seriously turned him off. So eish, this issue wreaked havoc in my life” (participant 7).

As seen in this study of DUB, women who suffer from DUB lost their relationships with their partners because they could not sexually satisfy their partners anymore and some of the women confessed that they developed symptoms of depression.

Koessler, Kohut, and Campbell (2019) indicated that relationship loss causes emotional reactions such as sadness, anxiety, anger, and physical reactions such as appetite loss and trouble sleeping. As seen in the study of DUB, participants who broke up with their partners or lost their relationships became very sad and guilty that they were the ones that caused the breakup. Similarly, relationship instability will further create feelings of loneliness in women who experienced DUB, and their sexual needs will not be fulfilled.

As such, a study written by Verhallen, Renken, Marsman, and Horst (2019) indicated that instability might cause stress, which is a risk factor in the development of depression.

4.5. THEME 4: MARITAL AND RELATIONSHIP INSTABILITY

Participants reported marital and relationship instability due to DUB and associated symptoms. The relationship instability included sexual dissatisfaction, which perpetuates cheating, loss of trust by the partner, and a lack of understanding about unmet sexual desires in the marriage. To unpack this theme, the effects of DUB related are presented in Table 4.6 below:

Table 4.6 Marital and relationship instability

THEME	SUB-THEMES
4.Marital and relationship instability	4.1 Partners sexual dissatisfaction that perpetuates cheating. 4.2 Loss of trust and suspicion of infidelity of partner 4.3 Unhappiness of partner from unmet needs 4.4 Lack of understanding from partner

4.5.1. Sub-theme 4.1: partners sexual dissatisfaction that perpetuates cheating

Participants’ sexual partners were sexually dissatisfied due to DUB which resulted in them cheating outside. One participant reported that her partner told her that he cheated because she could not satisfy him anymore which was a painful medicine to swallow for her. Another participant reported that when she gets engaged in sexual activities with her partner, her partner ends up getting bored and annoyed because sometimes bleeding starts when they are about to become intimate. Statements are supported by quotes below:

“It was painful when he told me that he cheated because I could not satisfy him anymore because of my condition” (participant 1)

“When we want to engage in sexual activities, he ends up getting bored and annoyed because they sometimes start when we are about to engage sexually” (participant 10)

Another participant added and reported that when she tells her partner that her periods have started, she sees through his eyes that he becomes bored and unhappy about the situation because she knows him well:

“When I tell him that my periods have started again, I can see through his eyes that he is not happy with that at all because I live with him and I know him well” (participant 11)

From this sub-theme, it was evident that some of the participants' sexual partners were sexually dissatisfied due to DUB, which resulted in them cheating outside. Contrary to the findings of this study, in a study conducted by Singh (2018) on women's conceptualization of sex, some women indicated that their partners resolutely engaged in anal sex when they were experiencing menstrual periods; this caused discomfort for women, and they were unhappy with that. Furthermore, it was discovered that if a female partner or wife refuses to be intimate with their partners, the husband accuses them of having other sexual partners outside (Costantini, Trama, Villari, Maruccia, Marzi, Natale, Balzarro, Mancini, Balsamo, Marson & Bevacqua, 2021).

In many sub-Saharan communities, sex in marriage is regarded as a man's right regardless of whether the other partner is interested, sick, or seeing her monthly period. The author further indicated that women were aware of this culture, but they expressed that they were sexually dissatisfied in their relationships. Women admitted that they tolerated their partners and gave them sex even when they were not in the mood. When a woman refuses to have sex in marriage, it is regarded as an insult to a male (Mchome, Mshana, Aloyce, Peter, Malibwa, Dwarumpudi, Kapiga, & Stöckl, 2020). According to Fallah, Talemi, Bagheri, Allameh, Mazloumirad, Zandnia, Gheitarani, and Ghahari (2019), gender-based violence might occur if one of the partners is not sexually satisfied, especially the male counterpart. In the current study, the researcher discovered that a lack of a partner's sexual satisfaction resulted in cheating; as such, Fallah et al. (2019)

indicated that frequent conflicts in marriage or relationships caused gender-based violence, which in turn affected the sexual relationship, thus leading to sexual dissatisfaction.

4.5.2. Sub-theme 4.2: Loss of trust and suspicion of the infidelity of a partner

Participants raised the suspicion that their partners were having an affair outside due to the fact that they no longer sexually satisfied them. The participant reported that initially his partner found it difficult to handle her DUB situation; she even heard rumors that her partner was cheating on her because she no longer satisfied his needs as his wife. Another participant said her suffering from DUB brought so many arguments between her and her husband to the extent that sometimes her husband decided to cheat outside.

“At first it was difficult for him that I even heard rumors that he has someone who he is cheating on me with because I could no longer satisfy his needs as his wife” (participant 2) “Even at my household, we argue a lot with my husband at the extent that he sometimes decides to cheat outside” (participant 3).

Another participant also reported that sometimes she does not know where his partner was, she even suspects that her partner cheats outside the gates.

“I do not know because I sometimes do not know his whereabouts, but I suspect he does something outside the gates” (participant 11).

A study by Toplu-Demirtaş, Akcabozan-Kayabol, Araci-Iyiaydin, and Fincham (2022) about unraveling the ideas of distrust, suspicion of infidelity, and jealousy in cyber dating abuse perpetration showed that people who feel that they are being cheated on in a relationship tend to want to spend more time with their partners to watch and observe every move that they make. The authors mentioned that in Turkey, men commit infidelity because it is viewed as normal because it defines them as men when they cheat, whereas for women, it is regarded as a disgrace.

A study on the exploration of the intersections between jealousy, infidelity, and intimate partner violence in Rwanda and Uganda, suspicion of infidelity occurs in both men and women, especially when they stay together in the same house. Suspicion of infidelity leads to conflict and arguments, normalizing behaviors. Violence can be physical, emotional, economic, or controlling. It is normalized in their culture that men are supposed to carry all power and control over women, prevent women from working outside the home, prevent them from leaving the house, and dictate what women should wear. In both countries, infidelity was seen as a bad thing to do in a relationship. Though some countries encourage a man to seek and take more than one wife as a sign of reflecting his masculinity, in the current study, women suspected that partners commit infidelity because sometimes their partners go out and do not tell their wives where they are going. Women suspect infidelity because they know that they no longer satisfy their partners since they suffer from DUB.

A study by Falconer and Humphreys (2019) on deception and secrecy define infidelity. Authors defined infidelity as the relationship with an extra partner which includes flirting, holding hands, cuddling, sex, and emotional involvement online or in person. Keeping secrets from partner is a feature of unfaithfulness, in the current study women reported that they heard rumors that their partners are cheating on them and that led to loss of happiness in their lives.

4.5.3 Sub-theme 4.3: Unhappiness of partners from unmet needs

The participant reported that her partner cheated, and when she asked him why he cheated, the partner said the participant no longer met and satisfied his intimate needs, and he was not happy about that. Another participant said DUB starts after being intimate with her partner, and it does not settle well with her and her partner because it affects their relationship:

“When I asked him why he cheated, he would say I no longer meet and satisfy his needs, like being intimate with him” (Participant 1).

“But it starts again after being intimate, and that is not good at all because it also affects my partner as well” (participant 9).

Another participant reported that things are not going so well in her relationship and said she sees that her partners get bored about this DUB situation because periods do not come to an end:

“Things are not going so well, yoh! “I can see that my partner ends up getting bored because he has to be patient and keep track of my periods because my periods are unending” (participant 10).

Paterson, Primeau, Bowker, Jensen, MacLennan, Yuan and N'Dow's (2020) study highlighted the importance of understanding the impact of medical conditions on sexual function and the potential for unmet sexual needs to lead to negative outcomes such as infidelity, marital problems, and loss of meaning in life. This is particularly relevant in the context of DUB, as the study suggests that both men and women may experience sexual problems as a result of their condition.

It is important for healthcare professionals to be aware of these issues and to provide appropriate support and counseling to patients and their partners. Furthermore, the study by Paterson et al. (2020) highlighted the importance of providing supportive care to patients with medical conditions that impact sexual function. This may include counseling, education about sexual function, and strategies for managing sexual problems. By providing supportive care, healthcare professionals can help mitigate the negative impact of these conditions on patients' quality of life and mental health. In conclusion, the study by Paterson et al. (2020) provides important insights into the negative impact of medical conditions on sexual function and the potential for unmet sexual needs to lead to negative outcomes such as infidelity and marital problems.

While the study focused on men with penile cancer, it highlighted the importance of understanding the impact of medical conditions on sexual function and the need for healthcare professionals to provide appropriate support and counseling to patients and their partners. This is particularly relevant in the context of DUB, where both men and women may experience sexual problems as a result of their condition, which suggests that unmet sexual needs and sexual problems can lead to loss of satisfaction with life, happiness, and other negative outcomes in relationships. Soylu's (2022) study highlights the importance of sexual life and the impact it has on marital adjustment. The study suggests that problems with sexual life, including those related to menstruation and menstrual irregularities, can have a negative impact on women's sexual and marital satisfaction. This is relevant to the current study about DUB, as it suggests that women with DUB may experience similar problems with sexual life and marital adjustment due to their condition.

4.5.4. Sub-theme 4.4 Lack of understanding from the partner

The participant reported that her partner is not patient about her sickness, and it bored him to the extent that he decided to spend most of his time with his friends. Another participant also reported that his partner fails to understand that she has DUB:

“He is not patient with this, it really bores him to the extent that he decides to go out with his friends because there is nothing exciting” (participant 10).

Another participant reported that her husband does not understand her condition, which causes conflicts in their family.

“Ah, he still does not understand the issue; he fails to understand” (participant 11).

One participant thought her partner understood her condition, but to her surprise, he blocked her numbers when she tried to reach him telephonically.

“He said he was okay with this whole thing; he comforted me and assured me that I would be alright. When I called him the following day, he was not answering my calls. I realized that he blocked me, and I seriously turned him off. So eish, this issue wreaked havoc in my life.” (participant 4)

From this sub-theme, it was evident that the partners of participants lacked understanding when it came to the situation that the participants were facing. Partners did not even try to sympathize with them. All of the women who shared their experiences of DUB had been seeking treatment or resolution, often over many years. Women faced a multitude of barriers at each step of the care pathway, which varied for each individual, from systematic to personal complexities. For all women, DUB had a significant and traumatic impact on their quality of life, including their relationships and their work or education.

Most women experienced symptoms such as passing large blood clots, pain, poor sleep, mood changes, and bowel changes, which affected their mental health and family relationships. At the point of these interviews being undertaken and after many investigations, no one had a formal diagnosis or explanation why they had these symptoms (Henry et al., 2020). A study on attachment styles, marital conflicts, coping strategies, and sexual satisfaction in spouse-abused and non-abused women showed that abused women were insecure in relationships compared to non-abused women. The insecurity made them anxious to leave the perpetrator because they were afraid of being abducted so they remained in abusive relationships. In marriages where women are abused, conflicts arise, and those women lack coping skills and the understanding that they need to move on with their lives and not stay in a toxic relationship.

Frequent conflicts in marriage or relationships cause gender-based violence and affect sexual relationships, thus leading to sexual dissatisfaction (Fallah et al., 2019).

4.6. CONCLUSION

The focus of this chapter was to describe and explore participants' experiences while they suffered from DUB. Four major themes were identified: impact on physical and daily productivity, economic impact, impact on psycho-social well-being, marital and relationship instability, as well as sub-themes identified under each of them. These participants' experiences explained and elaborated on how they were affected by DUB. Their experiences indicate that a cure for DUB is needed. Further discussion of significant findings, implications of the findings, study strengths and limitations, and recommendations for future research is addressed in Chapter 5.

CHAPTER 5

SUMMARY, RECOMMENDATIONS, CONCLUSION

5.1. INTRODUCTION

The previous chapter discussed the findings of the study. This chapter presents the summary, limitations, conclusions, and recommendations of the study, which focused on the effects of dysfunctional uterine bleeding among women at a selected primary healthcare facility in Ehlanzeni District, Mpumalanga Province.

5.2. AIM OF THE STUDY

The aim of the study was:

- To explore and to describe the effects of DUB among women at a selected primary health care facility in Ehlanzeni District, Mpumalanga Province.

5.3. RESEARCH DESIGN AND METHOD

The study adopted a qualitative, explorative, and descriptive research design to guide data collection and analysis. Aditiawarman et al. (2022) concurred and defined qualitative research design as a method of research that collects and works with non- numerical data and seeks to interpret meaning from those data that helps us understand social life through the study of targeted populations or places. The researcher chose a qualitative research design to explore the issues regarding DUB in a much deeper way and to allow the potential respondents the opportunity to provide as much information as they felt like sharing. This explorative and descriptive method was used because the researcher wanted to get in-depth information on the effects of dysfunctional uterine bleeding among women at the Nkwalini clinic.

5.4. SUMMARY OF THE STUDY FINDINGS BASED ON THE RESEARCH OBJECTIVES

This study answered the following question: What effects does DUB have on women in a selected primary health care facility of Ehlanzeni District, Mpumalanga Province?

By answering this question, the study achieved the following objectives:

- To explore and describe the effects of DUB on the affected women at a selected primary health care facility in Ehlanzeni District, Mpumalanga Province. From the above-mentioned objectives, four themes emerged as the findings of the current study.

5.4.1. Theme 1: Impact on physical and daily productivity

This theme consisted of four sub-themes where participants described how and why they were absent from work and school as a result of DUB. Most participants described different reasons for their absenteeism, which included lack of sleep due to frequent changing of pads at night, overthinking about DUB, and how to cope at school and work. In school-going adolescents, absenteeism was due to fear of staining or leakage in the classroom, and classmates turned that issue into a laughing matter as some of the participants had once experienced that, so they were afraid that history could repeat itself. Absenteeism among school-going adolescents who suffer from DUB results in dropping marks and failure to participate in class. Absenteeism among women who are working results in a drop in productivity at work and failure to meet set deadlines and targets.

Participants mentioned how sick and weak they felt having that condition; they had fatigue and a loss of strength to do what was expected of them at work, school, and home, which is why they ended up absenting themselves from work and school. The research found that as women had heavy bleeding, signs of anemia later occurred in their lives, and complications of DUB occurred, including hypertension, as a result of overthinking and

stressing about DUB. Some participants also experienced depression and iron deficiency anemia and were transfused with blood. Participants mentioned how DUB affected them and how they wished to be like other women who do not suffer from DUB.

5.4.2. Theme 2: Economic impact

It had five sub-themes describing how participants' economic status was affected by DUB. Participants spent a lot of money consulting with traditional healers. Some were left bankrupt; the participants wasted their money because the potions did not cure DUB. Others spent money on transportation while traveling to faraway clinics to seek help because there were no nearby clinics. Some participants received warnings from their bosses as a result of their absenteeism and lack of productivity at work. Participants started to live in total fear, and they became totally insecure that they would lose their jobs. They had to force themselves to go to work even when they were sick to impress their bosses and sustain their jobs.

5.4.3. Theme 3: Impact on psycho-social well-being

This theme had three sub-themes that described how women suffering from DUB developed feelings of depression because they were frequently stressed about their condition. Some participants withdrew themselves from friends by denying their friends' invitations to celebrations, no longer hanging out with friends during recess as they used to. Other participants were afraid to disclose to their families that they suffer from DUB and some feared going to public because they were afraid that they would stain their clothes and that they would not have access to toilets.

5.4.4 Theme 4: Marital and relationship instability

This theme comprises four sub-themes describing how the partners of the women who suffer from DUB were sexually dissatisfied. Women's partners were sexually dissatisfied because they did not want to have sexual intercourse during their periods, and their

partners were not happy with that. Sexual dissatisfaction, therefore, led to suspicion of infidelity towards their partners since they spent less time at home and more time out with friends. Participants indicated that their partners were unhappy because of unmet needs. Some women reported that their partners failed to understand that they suffer from DUB; they failed to empathize with them. Women felt lonely, insecure, and depressed because their partners were turning against them. Some participants reported that their relationships with their partners did not work out, and that was another burden on top of DUB and other effects of it.

5.5. CONCLUSION

The findings obtained in this study showed how women were affected by DUB and how DUB had negative impacts on their lives and well-being. Most participants consulted traditional healers first before consulting healthcare practitioners. Other participants experienced high blood pressure whereas others had signs and symptoms of anaemia. Many women who participated in the study revealed how their quality of life was affected as they spent so much money buying menstrual essentials and seeking help from traditional healers. For this theme, participants reported that DUB had an economic impact on their lives due to the high cost of consultation with traditional healers and visits to western clinics. Others complained that they regretted wasting their money consulting traditional healers because it did not stop DUB. Others became insecure about their jobs because they had received their bosses' warnings, resulting in the fear of losing a job. Frequent spending on pads also resulted in financial losses. Well-being was affected as some lost their relationships and turned down invitations from friends. Other participants experienced high blood pressure whereas others had signs and symptoms of anaemia.

5.6. RECOMMENDATIONS OF THE STUDY

5.6.1. Recommendations to the community (employers/ employee, school teachers and society at large)

- Hiring of occupational healthcare nurses in the workplace who will screen and treat women's conditions and others as such, absenteeism will be reduced.
- Nurses must also be allowed to give health educate at work places and schools to pupils and workers regarding DUB so that they seek medical help in time.
- Teachers should be vigilant and address student withdrawal by involving parents, healthcare professionals, and counselors for support.
- The government made all this services for everyone to access them free of charge, so learners and adults who suffer from DUB and have withdrawal and depression symptoms must be referred to the above-mentioned stakeholders without hesitation.
- Women who suffer from DUB must report their reasons for being absent, why they are no longer productive at work to their managers, and why they are frequently going to the toilet.
- Managers ought to understand DUB and how it affects their employees and come up with the solution to make flexible hours for women suffering from DUB.
- Teachers at schools to be empowered about DUB so that they identify learners who are affected by DUB and refer them for medical help.
- Partners of women who suffer from DUB should give support, empathize with them and show understanding towards their wives rather than withdrawing themselves and committing infidelity.
- Church leaders can offer couple counseling and prayer support to avoid unnecessary breakups and divorces in cases of DUB.

- Healthcare professionals should inquire about the relationship status and provide counseling to couples affected by DUB to prevent misunderstandings and unnecessary relationship issues.

5.6.2 Recommendations to nursing practice

- Nursing managers must allow professional nurses to give health education to the community at large so that all women can be on board about DUB and other issues that women may encounter.
- Strengthening health promotion at schools and school health visits by nurses to educate adolescents about DUB.
- Opportunities must be created for nurses to give health education on radios, televisions and other media, so that everyone can access knowledge and understanding of DUB and take further steps when they encounter such.
- Awareness campaigns must be done in primary healthcare facilities where women will feel free to ask questions pertaining to DUB. Healthcare workers need to get appropriate history of clients and treat root cause rather than focusing on the visible complaint.
- The healthcare professionals should understand the effects of DUB together with its causes and apply proper management for DUB.
- Nutritious diet should be promoted, and referrals to seek dieticians' advise must be implemented in clients who suffer DUB which has resulted in iron deficiency anaemia.
- Root cause of DUB such as polycystic ovarian syndrome, fibroids, endometriosis, and other causes, should be managed by nurses and doctors, rather than managing DUB alone.
- Healthcare workers must follow their standardized guidelines and procedures to manage DUB, they must not treat DUB according to what they think.

- Government should give out pads or tampons to school-going girls monthly to minimize fear of staining and embarrassment among adolescents.

5.6.2 Recommendations for further research

When considering future research on DUB, it would be beneficial to focus on several key areas to expand our understanding of the condition and improve patient care. Here are some potential recommendations for future research on DUB:

- **Etiology and Pathophysiology:** Investigate the underlying causes and mechanisms of DUB further. Explore hormonal imbalances, genetic factors, endometrial abnormalities, and other potential contributors to the development of DUB. This research could help identify novel targets for therapeutic interventions.
- **Prevention and Early Intervention:** Investigate potential strategies for preventing DUB or intervening at an early stage to mitigate its impact. This may involve identifying risk factors, implementing educational programs, or exploring the role of lifestyle modifications in preventing or managing DUB.
- **Diagnostic Tools:** Develop improved diagnostic tools and criteria for DUB. This could involve studying the utility of biomarkers, imaging techniques, or minimally invasive procedures for accurate diagnosis and differentiation of DUB from other gynecological conditions.
- **Treatment Strategies:** Assess the efficacy and safety of current treatment options for DUB, such as hormonal therapies, nonsteroidal anti-inflammatory drugs (NSAIDs), or surgical interventions. Explore novel treatment modalities, including targeted therapies, endometrial ablation techniques, or minimally invasive surgical procedures, to optimize patient outcomes.
- **Personalized Medicine:** Investigate individualized approaches to DUB management by identifying predictors of treatment response and tailoring treatment plans accordingly.

This may involve exploring genetic variations, biomarkers, or other factors that influence treatment outcomes and developing personalized treatment algorithms.

- Long-term Consequences: Study the long-term consequences of DUB, including its impact on fertility, quality of life, and the risk of developing other gynecological conditions such as endometrial hyperplasia or cancer. Longitudinal studies with large patient cohorts would be particularly valuable for understanding the natural history and prognosis of DUB. By focusing on these areas, future research on dysfunctional uterine bleeding has the potential to enhance our understanding, diagnosis, and treatment of the condition, leading to improved outcomes and quality of life for affected individuals.

5.7 LIMITATIONS OF THE STUDY

The study was conducted in a selected primary healthcare facility in Ehlanzeni District, Mpumalanga Province. The sample size was small, but despite this limitation, this study makes an important contribution because its aim of exploring and describing the effects of DUB was fulfilled. The shortage of consulting rooms in the primary health care facility made it difficult for the researcher to access private space, however, the researcher asked the operational manager and was able to get a quiet, private space. Most participants did not want to spend their time at the facility because they felt like they were wasting their time, but the researcher was able to explain the importance of the interviews, and some participants were convinced. Loadshedding was a problem because participants were in a hurry to go home and prepare meals before loadshedding began. Checking the schedule before we began interviews helped a lot.

5.8 CONCLUDING REMARKS

This study aimed to explore and describe the effects of DUB among women at the selected primary healthcare facility in Ehlanzeni District, Mpumalanga Province. The findings of this study show that the quality of life of women who suffered from DUB was

impacted in all aspects of their lives. The most important findings are: impact on physical and daily productivity, economic impact, impact on psycho-social well-being, marital, and relationship instability. The findings mean that as health care practitioners, we ought to investigate the root cause of DUB and refer clients who need counseling to psychologists for psychological help. Healthcare practitioners ought to treat patients fairly and with respect. Give follow-up to clients until they are completely healed, and manage them according to guidelines. This study makes a valuable contribution to healthcare facilities, society, and women and their partners.

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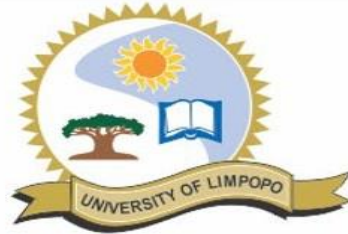
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7.0 APPENDIXES

APPENDIX A: ETHICS CERTIFICATE TREC (Turfloop Research and Ethics Committee)



University of Limpopo
Department of Research Administration and Development
Private Bag X1106, Sovenga, 0727, South Africa
Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

MEETING: 31 October 2022

PROJECT NUMBER: TREC/541/2022: PG

PROJECT:

Title: Effects of dysfunctional uterine bleeding among women in the selected primary health care facility at Ehlanzeni District, Mpumalanga Province.
Researcher: TN Mkhathswa
Supervisor: Prof TI Ramavhoya
Co-Supervisor/s: Mr. MO Mhombi
School: Health Care Sciences
Degree: Master of Nursing

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

**APPENDIX B: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT
MPUMALANGA DEPARTMENT OF HEALTH**

University of Limpopo

Nursing Department

Private Bag X1106

Sovenga 0727

Department of Health

Mpumalanga District

Private Bag X11285

Mbombela

1200

Dear Sir/ Madam

Permission to Conduct Research

A researcher from University of Limpopo requests permission to conduct research at Mpumalanga Department of Health, Manager of Ehlanzeni district. The title of the study is "EFFECTS OF DYSFUNCTIONAL UTERINE BLEEDING AMONG WOMEN IN THE SELECTED PRIMARY HEALTHCARE FACILITY AT EHLANZENIDISTRICT, MPUMALANGA PROVINCE"

The aim of the study is to explore the effects of dysfunctional uterine Bleeding among women at selected primary health care facility, Ehlanzeni district, Mpumalanga Province. I have enclosed research proposal which includes the consent form and research questions in the research study.

Hope my request will be taken into consideration

Yours sincerely,

MKHATSHWA T. N

APPENDIX C: APPROVAL LETTER FROM MPUMALANGA DEPARTMENT OF HEALTH



Indwe Building, Government Boulevard, Riverside Park, Ext. 2, Mbombela, 1200, Mpumalanga Province
Private Bag X11285, Mbombela, 1200, Mpumalanga Province
Tel I: +27 (13) 766 3429, Fax: +27 (13) 766 3458

Litiko Letemphilo

Departement van Gesondheid

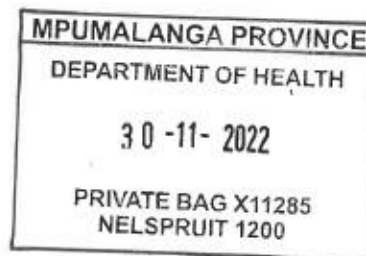
Umnnyango WezeMaphilo

Enq: 013 766 3766
Ref: MP_202211_004

Research Permission Letter

**MS T MKHATSHWA
PRINCIPAL INVESTIGATOR
P O BOX 2849
SHONGWE MISSION, 1331**

Dear Ms Mkhathswa



***STUDY TITLE: EFFECTS OF DYSFUNCTIONAL UTERINE BLEEDING AMONG WOMEN IN THE
SELECTED PRIMARY HEALTH CARE FACILITY AT EHLANZENI DISTRICT,
MPUMALANGA PROVINCE***

The Mpumalanga Provincial Health Research and Ethics Committee (MPHREC) has approved your research proposal in the latest format you sent, and hereby grant you permission to conduct your research as detailed below.

- Approval Reference Number: **MP_202211_004**
- Data Collection Period: **15/12/2022 to 01/08/2023**
- Approved Data Collection Facilities:
*** NKWALINI CLINIC**

Kindly ensure that conditions mentioned below are adhered to, and that the study is conducted with minimal disruption and impact on our staff, and also ensure that you provide us with a soft or hard copy of the report once your research project has been completed.

Conditions:

- Researchers not allowed to make copies, take pictures of medical records or administer medicine to patients at the facility.
- Kindly notify the facility manager a **week BEFORE** you start with data collection to ensure that conditions are conducive in the facility.
- The **FINAL RESEARCH FINDINGS** must be uploaded on the NHRD website

Kind regards

DR C NELSON
MPHREC CHAIRPERSON

APPENDIX D: CONSENT FORM

University of Limpopo (Turffloep Campus) Consent Form statement concerning participation in a research project.

Name of project/ study

"EFFECTS OF DYSFUNCTIONAL UTERINE BLEEDING AMONG WOMEN IN THE SELECTED PRIMARY HEALTH CARE FACILITY AT EHLANZENI DISTRICT, MPUMALANGA PROVINCE"

I have read the information and understood the aims and the objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and the objectives of the study are clear to me. I have not been pressurized to participate in any way.

I understand that participation in this clinical trial/study/project is completely voluntary and that I may withdraw from it at any time without supplying reasons. I know that this study/project has been approved by the Research and Ethics Committee, University of Limpopo and the Mpumalanga Department of Health. I am fully aware that the results of this study/project will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this study/project.

.....

.....

Name of participant

signature

.....

.....

Place

Date

Witness

.....

Statement by the researcher

I provided verbal and/or written information regarding this study/project. I agree to answer any future questions regarding the study/project to the best of my ability.

I will adhere to the approved protocol.

.....

Name of researcher

.....

Signature

.....

Date

APPENDIX E: CERTIFICATE FROM INDEPENDENT CODER

Qualitative data analysis Master of Nursing

Ms TN MKHATSHWA

THIS IS TO CERTIFY THAT:

Doctor Rafiat has co-coded the following qualitative data:

Semi-structured one-to-one interviews with women who suffer from DUB For the study:

EFFECTS OF DYSFUNCTIONAL UTERINE BLEEDING AMONG WOMEN IN THE
SELECTED PRIMARY HEALTH CARE FACILITY AT EHLANZENI DISTRICT,
MPUMALANGA PROVINCE.

I declare that the candidate and I have reached consensus on the major themes reflected by the data. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Dr Rafiat

March 2023

APPENDIX F: TRANSCRIPT DATA ANALYSIS

RESEARCHER: MKHATSHWA TN DATE: 15 DECEMBER 2022

DURATION: 30 MINUTES: 29 SECONDS

Researcher: "Good day mommy, how are you"? Participant I: "I'm fine and how are you".

Researcher: "I'm fine. My name is Mkhathwa Thandeka; I am a Masters student at University of Limpopo, I am also a Professional Nurse. I am doing research on "EFFECTS OF DYSFUNCTIONAL UTERINE BLEEDING AMONG WOMEN IN THE SELECTED PRIMARY HEALTH CARE FACILITY AT EHLANZENI DISTRICT, MPUMALANGA PROVINCE". I would like for you to explain and describe in details the effects of DUB. I want to establish the various effects of DUB among women so as to give proper management at health care facility. Participation in this study is voluntary and if you agree to take part you are going to have to sign for me a consent form.

Should you wish to withdraw during the interview, you are free to do so but the information you would have provided will be used for the interest of the study. I also have a voice recorder to record our conversation since I cannot write down everything that we will be saying and also to serve as evidence that this information is from participants. This information is confidential, and you will remain anonymous in this interview. I am going to call you participant 1. Do you agree to continue with the interview"?

Researcher: How were you affected by abnormal menstruation?

Participant 1 "Eish...It has affected my life in a bad way because it is the first time, I have this situation. It started with me having periods for one week then the following month I had periods that lasted for three days. Eish...ay no, I was confused as to what may be wrong with

me. *Looks worried* In other months I would bleed heavily for two weeks, or even more and that brought a negative effect in my health and life”.

Researcher: How many days did your normal periods last in a single month?

Participant 1 “They lasted for five days in a single month”. Since abnormal periods started, my partner and I no longer had a good healthy relationship as before, but we broke ties and we separated”.

Researcher: What was the cause of separation in your relationship with your partner?

Participant 1 *BENDS HEAD AND PUTS PALMS ON HEAD, LOOKS VERY WORRIED*

“When him and I had to have sexual intercourse and be intimate we would do it for like two times a month because of my problem. Then he began turning against me by cheating. When I asked him why he cheated he would say I no longer meet and satisfy his needs like being intimate with him. That brought pain in my life because I started having low self-esteem issues, and I felt unwelcomed with low confidence because I could not keep my partner nor satisfy his needs.

Researcher: When you said your problem distracted your times for being intimate with your partner, were you bleeding while you and your partner were at it?

Participant 1 *LOWERING THE CORNERS OF THE LIPS*” In most times when my partner and I were done with having sexual intercourse I would find myself bleeding, and he was affected badly by that because he would think that he was the cause of my bleeding”.

Researcher: What happened when you found out that he cheated?

Participant 1 “Ah...When he told me he cheated because I could not satisfy him anymore, we fought and argued a lot and that is when we decided to break up because our relationship was no longer healthy for us both. And that also contributed greatly to my weight loss because I would overthink about the situation most times, I lost appetite every

day and no longer had balanced diets, I had sleepless nights due to overthinking about always bleeding heavy, I was losing myself each day because I could no longer control my emotions because it also affected my emotions. But I had enough of feeling sorry for myself and since I'm a Christian I decided to take action and participate in praying session and fasting, but that also did not help, I did not help at all. Days went by, I was frequently regretting that I've lost my partner and I was even thinking of committing suicide because I felt unwelcomed, lonely, depressed and forgot most things easily. I even forgot my age when someone would ask me".

Researcher: What kind of stuff did you forget?

Participant 1 "In my workplace I would misplace things and forget where I last put them. I could not cope and be uncomfortable in my workplace because even if I was not on my periods, Yoh ay cha!...I would sometimes find myself bleeding and that negatively affected me because in most times I would be unprepared, with no pads around me. So eish...I was feeling hopeless, and I sometimes resorted to thinking that maybe it's a witchcraft or a generational curse involved. I also had mood swings like anger inside me, I would be upset over a small thing. I even lost interest in doing activities such as swimming because I'm hardly free, most of my days I wear pads". *HOLDS HER HEAD, CRIES AND SNIFFS*

Researcher: How are you coping in this situation?

Participant 1 "Yes, I try to cope each day. And I am glad that I am able to speak about it because I now feel like a heavy load has been lifted off my shoulders".

Researcher: How did the condition that you are in right now interfere with your everyday lifestyle?

Participant 1 "I used to cry and be worried every night in such a way that I would wake up very late and not arrive in time at my workplace because at night I couldn't sleep to endless thoughts all over my head. I no longer thought about nice and happy stuff about

my life because all I thought about was negative and depressing things like I am not woman enough and I am a failure since I could not keep my man. I also had so much anger towards my colleagues, friends, family members and other people closer to me. It affected in such a way that I lost focus in my workplace, I no longer met deadlines hence I said I lost interested in doing activities. I could not even wear white clothes anymore because I was afraid that I would bleed unexpectedly, I could not engage in trips because my happiness then was limited. There was this day when my friend had a baby shower so she invited me to attend and the dress theme was to dress in all white clothes, I denied her invitation and made excuses as to why I could not attend it. So eish... It hurt me so much because I did not want to attach myself and communicate with people anymore”.

Researcher: What did your friends say or do when they noticed that you are detaching and isolating yourself from them?

Participant 1 “They would question me what was the problem but I could not open up to them because of the anger I had. So yah it was like that’.

Researcher: What were your excuses to them when you would turn down their invitations and detach yourself from them?

Participant 1 *LOOKS WORRIED AND EYES WIDE OPEN* “I would tell them that I am not feeling well or I am busy with work or other activities”

Researcher: What were their reactions when you made excuses?

Participant 1 “*LOOKS SAD*, Honestly, I lost friends because they complained and were upset at me for not spending time with them and I tried to be defensive of myself. And just to open up to you, I used to be very absent at my workplace and I would be behind with things I had to. I would have recovery plans for doctors and that also brought stress to my life because I felt like a lot was on my shoulders since I had to cope with the amount of work I have at work, doctors’ appointments, and my personal life. Yoh! I was always nervous that at any time I would bleed and nervous that I will not be able to have kids.

There were a lot of complaints at work regarding my attitude, absenteeism and failing to meet deadlines”.

TAKES A DEEP BREATH.

Researcher: When did you notice irregular periods? Participant 1 “Five months ago”.

Researcher: What actions did you take when you found that you are having irregular abnormal menstruation cycles?

Participant 1 “Firstly, I had a lot of confusion going on in my mind as to what may be amiss, *ah Mxm*. I then thought maybe ok, since I have periods that last for five days, I am changing to a seven days routine. But as months went by and I saw that I now have irregular periods that last for more than seven days I brushed it off and thought it was a once-off thing maybe I am changing a cycle, but as the problem persisted, I became worried. I then started praying and fasting day and night. Another thing I did, you know, I also tried treating it in a traditional way because elder people do say it sometimes helps treating it the African way. I then found myself a traditional healer who would give me potions to drink”.

Researcher: Did the traditional methods help you somehow?

Participant 1 *FROWNING AND PISSED * “Sesi No, no not at all. The potions were even bitter. I spent a lot of money buying them. I then told myself that if I continue praying, I may be helped. I started going to the clinic to consult, they diagnosed me and told me that I have an imbalance of hormones. *LAUGHING*.... and they gave me medication and told me to do a follow-up if they do not help. I started taking the medication and that was when things got better “.

Researcher: Are you still taking the medication they gave you at the clinic? Participant 1 “Yes, and it really helps “.

Researcher: How are you coping in this situation?

Participant 1*EXHALES, YOH!*“When it first started, it was really difficult. But now I cope very well because I have accepted some of the things regarding the situation, especially the fact that I lost my partner because of it. I have learnt to accept, though it becomes difficult because emotionally I am still trying, I’m trying to deal with what I am facing, though I am not yet there. Now I am also trying to attach myself to people I am close with including my friends and family members I was isolating myself from when the situation was still worse. And I also accepted the fact that my partner is no longer with me. I am slowly regaining my confidence and self-esteem and I feel it that I am myself now and I am in control of my life. Now I’m able to associate myself with others and share that I was ignoring them because I was going through a lot”.

Researcher: What do people closer to you say when you open up to them about your problem?

Participant 1“They share kind and encouraging words with me and make me feel welcome and be assured that I am indeed not alone in the situation I face. I have learnt to embrace myself, *EMPHASISES* I’m feeling better now slowly slowly I’m getting there”.

Researcher: Are there any people in your life that you argued and still have unresolved issues with before you disclosed the situation?

Participant 1“Yes, and the first person is my closest friend who invited me to her baby shower, we really argued a lot but I decided to calmly open up to her. Though she still has not fully forgiven me but I hope one day she will understand”.

APPENDIX G: INTERVIEW GUIDE

1. How were you affected by abnormal irregular uterine Bleeding?
2. How does this condition interfere with your daily life?
3. What did you do when you noticed your menstrual cycle was irregular?
4. How are you coping with the condition?

APPENDIX H: CERTIFICATE FROM EDITOR



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TO WHOM IT MAY CONCERN

This editing certificate verifies that this dissertation was
professionally for Thandeka Mkhathshwa.

Thus, it is meant to acknowledge that I, Mrs K.L Malatji and Dr E.J Malatji professional Editors under a registered company RightMove Multimedia, have meticulously edited the dissertation from the University of Limpopo. Title: EFFECTS OF DYSFUNCTIONAL UTERINE BLEEDING AMONG WOMEN IN THE SELECTED PRIMARY HEALTH CARE FACILITY AT EHLANZENI DISTRICT, MPUMALANGA PROVINCE ".

Sincerely,

Mrs K. L Malatji

A handwritten signature in black ink, appearing to read "K.L. Malatji", enclosed within a faint, hand-drawn oval border.



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By

THANDEKA NYAMAZONKE MKHATSHWA

DISSERTATION

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