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MENSTRUATION AND MENSTRUAL PROBLEMS AMONG SOUTH INDIAN RURAL AND URBAN ADOLESCENT GIRLS

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ABSTRACT Menarche is the key mile stone in the reproductive history of adolescent girls. The menstrual patterns and associated problems represent the reproductive health among adolescent girls which need to be explored extensively. However, such studies are not widely studied in our country. Based on this background, the present study was undertaken to evaluate the menstrual history and the common menstrual problems faced by the adolescent girls residing in Tirupati town and nearby villages. The total sample size included in the study was 79 members involving rural (n=32) and urban (n=47) adolescent girls. The findings well illustrated that majority of adolescent girls both from rural and urban had normal healthy menstruation. However, the abnormal conditions and the accompanying menstrual problems prevailing among them should not be ignored indicating an utmost need for appropriate suitable reproductive health education.

KEYWORDS : Menarche, Menstrual Problems, Adolescent girl, Reproductive Health

INTRODUCTION

Adolescent girls constitute a vulnerable group, particularly in India where female child is often neglected. Adolescence in girls signifies the transition from girlhood to womanhood and menarche is an important milestone of this transitional period. Globally, the age of menarche varies between 9 to18 years with the average age in United States being about 13 years, while in India, has been reported to be around 12 years.

Menstruation may be associated with various symptoms occurring before or during the menstrual flow. The challenges to the young girls include psychological adjustment to menstruation and coping with premenstrual and menstrual symptoms. Some may have pain in abdomen (dysmenorrhoea) with or without gastrointestinal upsets like anorexia and vomiting. Adolescents have reported the menstrual pain as "worst pain of life". Complaints such as leg pain, backache may also be associated with a normal menstrual cycle. Premenstrual symptoms may be experienced 7 to 10 days before the onset of bleeding. These include irritability, malaise, headache, acne, abdominal pain etc. the key health issue being their psychosomatic impact¹.

The word 'adolescence' comes from a Latin word 'Adolescere' meaning 'to grow in maturity. Adolescents are those between the ages of 10 and 19 years. Adolescence is a period when physical growth and maturation are accompanied by mental and psychological development. Although, the onset of menstruation is unique to females, menstrual disorders are common. Deep-rooted traditions do not allow adolescent girls to realize their rights in many parts of the world. Although menstrual irregularity can be normal during the first few years after menarche, other menstrual signs and symptoms such as amenorrhea, excessive uterine bleeding, dysmenorrhoea, and premenstrual syndrome may indicate a pathological condition which requires prompt attention and referral².

MATERIALS AND METHODS

Menstruation plays a crucial role in the adolescent health. Extensive studies are essentially required to understand the onset, associated problems and to arrive at suitable solutions. Based on this background the present study focussed on studying the menstrual history and menstrual problems prevailing among adolescent girls. Convenient sampling technique was adopted and the sample comprised of rural and urban adolescent girls residing in Tirupati town and nearby villages aged 15 to 17 years. The total size of the study sample was 79 adolescent girls of 32 from rural and 47 members from urban respectively. The information was gathered by interviewing method using structured schedule.

RESULTS AND DISCUSSION

The data was collected broadly on the issues of menstrual history

and menstrual problems among the selected adolescent girls of rural and urban areas. The information obtained accordingly was interpreted as frequency and percent values and further discussed under different sub-heads.

Menstrual History

The important parameters regarding menstrual history viz., age at menarche, menstrual cycle length and duration of flow were gathered from the study population. The results were consecutively tabulated and presented in table No-1.

Table No-1: Menstrual History among the South Indian Rural and Urban Adolescent girls

S.No.	Particulars	Rural (n=32)		Urban (n=47)		Total (N=79)			
		Freque	Percent	Freque	Percent	Freque	Percent		
		ncy		ncy		ncy			
1.	Age at Menarche (Years)								
	Early(<12)	4	12	7	15	11	14		
	Ideal(12-14)	22	69	36	76	58	73		
	Late(>14)	6	19	4	9	10	13		
2.	Menstrual Cycle Length (days)								
	28-35	20	62	32	68	52	66		
	35-40	7	22	12	26	19	24		
	>40	5	16	3	6	8	10		
3.	Duration of Flow (Days)								
	<3	3	9	2	4	5	6		
	3-5	27	85	42	90	69	88		
	>5	2	6	3	6	5	6		

The age at menarche was categorized based on the onset of attainment of menarche as early (<12 years), ideal (12-14 years) and late (>14 years). The findings from the table clearly denoted that majority of the adolescent girls (73%) attained menarche at an ideal age between 12 to 14 years. However, the late menarche was relatively higher in rural adolescent girls than their urban counterparts. This probably might due to their accompanying more strenuous activities both at household and farm activities apart from regular education. The existing literature provided sufficient information hat vigorous physical activity and poor nutrition are the remarkable causes for the delayed menarche condition.

The universal fact is that 28 days is the exact length of the menstrual cycle. Based on this sensible length period, the menstrual length was broadly sub-divided as 28 to 35 days, 35 to 40 days and more than 40 days. The results indicated that maximum of both rural (62%) and urban (68%) experienced normal menstrual cycle length as evidenced by a total of 66 percent. The remaining 34 percent denoting abnormal cycle length of extended length should not be neglected representing a need of identifying underlying causes.

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The data gathered on duration of menstrual flow observed to be between 3 to 5 days which was mostly common both in rural (85%) and urban (90%) adolescent girls. Longer duration of flow of more than 5 days was found equally about 6 percent in both areas. Relatively lesser of menstrual flow of less than 3 days was noticed to be higher in rural girls (9%).

Menstrual Problems

The menstruation is the normal biological reproductive cycle which every girl experiences in her life after attainment of certain age and proceeds till the menopausal stage. During this reproductive period, many of the girls and women naturally faced menstrual problems to the maximum extent in one way or the other way. The current research gathered information on the common menstrual problems viz., irregularity, dysmenorrhoea, irritation and headache. The results were interpreted and presented in the table No-2.

Table No-2: Menstrual Problems among the South Indian Rural and Urban Adolescent girls

S.No.	Problem	Rural (n=32)		Urban (n=47)		Total (N=79)	
		Freque	Percen	Freque	Percen	Freque	Percen
		ncy	t	ncy	t	ncy	t
1.	Irregularity	12	38	15	32	27	34
2.	Dysmenorr	23	72	35	74	58	73
	hoea						
3.	Heavy	3	9	3	6	6	8
	Bleeding						
4.	Irritation	7	22	16	34	23	29
5.	Headache	4	13	7	15	11	14

The important finding to be highlighted from the table was that nearly three fourth of the adolescent girls (73%) both from rural and urban had dysmenorrhoea problem. About one third of them had irregular menstrual periods and considerable number also experienced heavy bleeding problem (8%). Irritation problem was noticed in more than one fourth of the adolescent girls during the time of menstruation (29%). The problem of headache was also observed both in rural (13%) and urban (14%) adolescent girls.

The diets of adolescent girls are usually lacking in nutritious diets irrespective of the region they were residing. This might be the reason for the problems of dysmenorrhoea. The stressful conditions might lead to the accompanying menstrual problems like irregularity, irritation and headache.

Adolescence is a period of transition from puberty to early adulthood. Transition phase involves major physical and emotional changes in the individual. In a traditional family setting in developing countries, mothers are usually the care takers of their daughters during these critical phases of physical and emotional development. In a conservative society and in rural population, the subject of menstruation and its hygiene is still considered a taboo subject for discussion.

Attainment of menarche at right age is an important milestone during adolescence, which signifies the normal functioning of the female reproductive system. Study revealed that majority of adolescent girls had attained menarche at appropriate age. Dysmenorrhoea was the commonest problem among the adolescents. The use of old cloths as absorbent was prevalent in majority of adolescent girls. The cycle was regular in majority of girls ³. This study results found to be on par with the present study.

One of the cross sectional study in their study indicated that mean age of menarche was 12.21±1.7 of years; significant association was seen between age of menarche and SES, low level of knowledge about menstruation before attainment of menarche, especially among rural adolescents. Negative attitude about menstruation was more among rural adolescents as compared to urban adolescents. Menstrual hygiene was poor among rural adolescents, more no of sanitry pad was used by urban girls Significant

association was seen between mother education and menstrual hygiene and SES and material used during menstruation, There were 2.21 premenstrual symptom per adolescent girls commonest being leg cramps and pain abdomen. Dysmenorrhoea was seen in 28% of the adolescent girls⁴.

The menstrual disorders and related complaints are very frequent among the school going adolescent girls. There is a hesitation on part of the adolescent girls in seeking health care consultation. School health education of adolescent girls that addresses not only issues related to menstruation but but also other bodily / psychological changes can help alleviate their anxiety. This will also encourage them to seek medical help and also prepare.

SUMMARY AND CONCLUSIONS

The findings well demonstrated that in spite of healthy menstrual conditions existing, the abnormal history and the associated problems should not be overlooked. The alterations in the hormonal profiles may adversely affect the menstrual status and lead to complications.

Appropriate reproductive health education and stress on the necessity of maintaining nutritious diet are the best suitable measures to bring awareness among the adolescent girls. Adopting health life style patterns indicating adequate exercises play crucial role in imparting healthy menstrual cycles in adolescent girls as well as women.

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