



A Study of Menarche Experiences and Related Problems Among Adolescent Girls of Jammu, J&K (India)

KEYWORDS

Menarche, Menstruation, experiences, Adolescent, menstrual problems

Priyanka Sharma

Research scholar, P.G.Department of Home Science, University of Jammu

Dr. Shashi Manhas

Associate Professor, P.G.Department of Home Science, University of Jammu.

ABSTRACT Most females exhibit some degree of pain and discomfort during menstrual period, which can impact on their daily activities, and disturb their productivity at home or at their workplace. In our country many girls may lack appropriate and sufficient information regarding dysmenorrhoea and menstrual hygiene, causing incorrect unhealthy behaviour during their menstrual periods. The present research focuses on menarche experiences and menstrual problems among adolescent girls of Jammu. A sample of 400 adolescent girls in the age group of 11-15 years was selected from Jammu City. 200 adolescent girls from Government Schools and 200 from Private School were selected by using random sampling technique. Interview schedule was used to gather the relevant information. Results of the study revealed that the general health problems suffered by the respondents during menstruation were stomach-ache, weakness in the whole body, backache and heavy bleeding. Irritability, stress and anxiety were the experiences which were found among most of the respondents during menstruation. Regarding solutions for their problems they were suggested to have hot milk and in severe cases medicine.

INTRODUCTION

The menstrual cycle has been the subject of many traditional tales, myths and mystery. The menstrual cycle may affect women physically, psychologically and behaviourally, but for the majority the changes experienced do not interfere with their lives. Some women however do experience menstrual disturbances, either psychological or physical, which profoundly affect their ability to function as they would like. (<http://med.monash.edu>) Menstruation is a natural phenomenon which is an important indicator of women's health (McPherson and Korfine, 2004; Poureslami and Ashtiani, 2002; Nelson, 2003). However, data on experiences of menstruation and its impact on the health status, quality of life and social integration among women in developing countries are scant (El-Gilany, Badawi, El-Fedawy, 2005). Dysmenorrhoea, for example, is a common problem, yet it remains poorly understood and is rarely taken into consideration when assessing adolescents' health and life experiences. (McPherson and Korfine, 2004). Pain or cramping sensations in the lower abdomen may be accompanied by headaches, dizziness, diarrhoea, a bloated feeling, nausea and vomiting, backache and leg pains.

Menarche can be a stressful time for young girls, and the event is often met with mixed emotions. Like many other changes associated with puberty, it can be confusing. Many girls experience fear and anxiety related to their first menstrual cycle, largely because of misinformation or, more frequently, lack of information. Brooks-Gunn and Rubble (2005) found that girls in 7th and 8th school grades had mostly negative beliefs about menstruation. For example, most believed that physical discomfort, increased emotionality and disruption of activities accompany menstruation. Several researchers have found that girls who report being adequately prepared have more positive initial experiences with menstruation (Rierdan, 1983 ; Rierdan and koff, 1985). Other studies indicate a need for more and better menstrual education.

Many young girls in our country may lack appropriate and sufficient information regarding dysmenorrhoea causing incorrect unhealthy behaviour during their menstrual period. So this study was designed to assess menarche experiences and related problems among adolescent girls of Jammu.

METHODOLOGY: Sample Group:-The sample for the study

consisted of 400 adolescent girls in the age-group of 11-15 years belonging to urban areas of Jammu city. Sample was selected from different government and private schools of Jammu. Multistage sampling technique was adopted to draw the urban sample. Tool used for the Study: A self devised Interview Schedule was used for adolescent girls. It was developed for gathering information on aspects like demographic profile of: adolescent girls, age at menarche, reaction of menarche, health problems related to menarche, psychological status during menstrual periods, consultations taken for menstrual problems etc. Data analysis: collected data was analysed qualitatively and quantitatively keeping in mind the objectives of the study.

RESULTS AND DISCUSSIONS

Table no. 1 Background profile of the respondents and their mothers.

Age (in years)	Govt. N=200	Pvt. N=200	Total N=400
11-13	89 (44.5)	111 (55.5)	200 (50)
13-15	111 (55.5)	89 (44.5)	200 (50)
Type of family			
Joint	43 (21.5)	38 (19)	81 (20.25)
Nuclear	157 (78.5)	162 (81)	319 (79.75)
Educational qualification of mother			
Non-graduates	191 (95.5)	170 (85)	361 (90.25)
Graduates	9 (4.5)	30 (15)	39 (9.75)
Occupation of mother			
Non-working	168 (84)	158 (79)	326 (81.5)
Working	32 (16)	42 (21)	74 (18.5)

*Figures in parentheses depicts percentages

Table no.1 shows the data about background profile of respondents. Data shows that there were two age groups 11-13 and 13-15 and in each of the age group there were

200 girls. When family type of the sample girls was observed, it was found that majority (79.75%) of the respondents belong to nuclear families whereas only 20.25% were from joint families. Regarding educational qualification of mother, data reveals that majority (90.25) of the mothers were non-graduates while very few mothers were educated up to graduation

level. It was found that almost 81.5% of the mothers were housewives whereas 18.25% of the mothers of respondents were working outside in professions like teaching in government/ private school, running a boutique and while some were occupied in clerical jobs.

Table no. 2 Respondents age of attaining menarche

a) Age at menarche (in years)	Govt.			Private			Total		
	11-13	13-15	Total	11-13	13-15	Total	11-13	13-15	total
	n=89	n=111	n=200	n=111	n=89	n=200	n=200	n=200	n=400
10-12	52 (58.4)	34 (30.63)	86 (43)	44 (39.63)	20 (22.4)	64 (32)	96 (48)	54 (27)	150 (37.5)
12-14	35 (39.32)	58 (52.25)	93 (46.5)	60 (54.05)	65 (73.03)	125 (62.5)	95 (42.5)	123 (61.5)	213 (54.5)
14-16	2 (2.24)	19 (17.1)	21 (10.2)	7 (6.3)	4 (04.4)	11 (5.5)	9 (4.5)	23 (11.5)	32 (8)
b) Reaction for menarche									
Scared	50 (56.2)	62 (55.9)	112 (56)	55 (49.5)	31 (34.8)	86 (43)	105 (52.5)	93 (46.5)	198 (49.5)
Surprised	18 (20.2)	34 (30.6)	52 (26)	28 (25.2)	35 (39.3)	63 (31.5)	46 (23)	69 (34.5)	115 (28.75)
Normal	21 (23.6)	15 (13.5)	36 (18)	28 (25.2)	23 (25.8)	51 (25.5)	49 (24.5)	38 (19)	87 (21.25)
c.) Person with whom sought guidance about Menstruation									
Mother	35 (39.32)	34 (30.6)	69 (34.5)	47 (42.3)	41 (46.06)	88 (44)	82 (41)	75 (37.5)	157 (39.25)
Friend	31 (34.8)	43 (38.7)	74 (37)	31 (27.9)	17 (19)	48 (24)	62 (31)	60 (30)	122 (30.5)
Sister	23 (25.84)	34 (30.6)	57 (28.5)	33 (29.7)	31 (34.8)	64 (32)	56 (28)	65 (32.5)	121 (30.25)

χ^2 for Age at Menarche Across school=11.04** df=2, p value=0.004
 χ^2 for Age at Menarche across age= 21.48** df=2, p value=0.000
 χ^2 for Reaction for Menarche Across School =7.05*, df=2, p value= 0.029
 χ^2 for Reaction for Menarche Across Age=6.78*, df=2, p value= 0.035
 χ^2 For Person with whom discuss & sought guidance about-Menstruation across school=8.24** df=2, p value=0.016
 χ^2 For Person with whom discuss & sought guidance about-Menstruation across age=1.04, df=2, p value=0.602

aware about the same prior to its occurrence and were not mentally prepared for it which makes their experience 'worsen'. The number of girls who got scared on the occurrence of first menstrual cycle was (43.67%) in a study conducted by Mudey et al (2010).in the present study 21.75% of the sample girls considered their first experience of menarche as 'normal' as they felt its a natural phenomenon and also they were informed about the menarche by their mother, friend, sister etc. Further calculation of chi square reveals significant difference across the school as well as across the age.

Table no.2 provides the data with regard to Age of attaining menarche by the adolescent girls. About 54.5% respondents, irrespective of age and type of school experience menarche for the first time between the age of 12-14 years followed by 37.5% who attain the same around the age range of 10-12 years. Similar observations were made in a study conducted by Bagga and Kulkarni (2000) who found that majority of the sample girls achieved menarche between the age 12 and 14 years, irrespective of caste. Calculation of Chi square reveals significant difference across School and Age as far as respondents' age of attaining menarche is concerned.

So far as the discussion regarding menarche is concerned, data in table no.2 also indicates that 39.25% of the sample adolescent girls were more comfortable with mothers in making discussion regarding menstrual matters. Similar findings were revealed in a study conducted by Mudey et al (2010) where 37.33% of the girls disclose only to their mothers regarding menstruation. Friends (30.5%) and elder sisters (30.25%) were also favoured person with whom adolescent girls feel comfortable in discussing reproductive health matters. Respondents who discuss their problems related to menarche with their mother opined that their mother hold more experience and had better knowledge to deal with problems related to menarche. Contrarily, those who discussed their problems with their friends stated that they share menarche experiences with their friends and sisters, because they feel comfortable with them. Calculation of Chi square reveals significant difference across School as far as respondents' discussion regarding menstrual matters is concerned.

Data in table no.2 also indicates that near about half of the sample girls ie. 49.5% reported that they become 'scared' at the moment when menarche happened for the first time. Their experience was horrible due to the fact that they were not

Table no 3. Problems experienced by the respondents during menstrual periods

Menstrual problems	Govt			Private			Total		
	11-.13	13-15	Total	11-.13	13-15	Total	11-.13	13-15	Total
	n=89	n=111	n=200	n=111	n=89	n=200	n=200	n=200	n=400
Pain in lower abdomen(dysmenorrhea)	49 (55.1)	59 (53.2)	108 (54)	64 (57.7)	53 (59.6)	117 (58.5)	113 (56.5)	112 (56)	225 (56.25)

Weakness/body pain	49 (55.1)	67 (60.4)	116 (58)	56 (50.5)	37 (41.6)	93 (46.5)	105 (52.5)	104 (52)	209 (52.25)
Backache	27 (30.3)	32 (28.8)	59 (29.5)	31 (27.9)	25 (28.1)	56 (28)	58 (29)	57 (28.5)	115 (28.75)
Heavy bleeding	14 (15.7)	15 (13.5)	29 (14.5)	7 (6.3)	12 (13.5)	19 (9.5)	21 (10.5)	27 (5.4)	48 (12)
Vomiting	9 (10.1)	4 (.6)	13 (6.5)	7 (6.3)	5 (5.6)	12 (6)	16 (8)	9 (4.5)	25 (6.25)
No problem	1 (1.1)	2 (1.8)	3 (1.5)	7 (6.3)	5 (5.6)	12 (6)	8 (4)	7 (3.5)	15 (3.75)

Multiple response*

Table 3 demonstrates the findings regarding respondent's health problems during menstruation. It is evident from table 3 that 56.25% of the total sample girls suffer from pain in lower abdomen during periods which is distressing for them and 52.25% felt weakness in the whole body. About 28.75% of the sample girls experience backache during menstruation.

There were some 12% respondents who suffer from heavy bleeding. They stated that due to heavy bleeding they have to suffer a lot as sometimes they have to skip their classes which disturb their mental health also. Other problem being endured by the respondents during menstrual was vomiting and nausea (6.25%). Similar results were found in a study conducted by Hanagi (2001).

Table no 4. Psychological status experienced by the respondents during menstrual period

Psychological reaction during periods	Govt.			Private			Total		
	11-.13	13-15	total	11-.13	13-15	total	11-.13	13-15	Total
	n=89	n=111	n=200	n=111	n=89	n=200	n=200	n=200	n=400
Irritable	45 (50.6)	59 (53.2)	104 (52)	60 (54.1)	48 (53.9)	108 (54)	105 (52.5)	107 (53.5)	212 (53)
Stress	30 (33.7)	34 (30.6)	64 (32)	31 (27.9)	19 (21.3)	50 (25)	61 (30.5)	53 (26.5)	114 (28.5)
Anxious	9 (10.1)	14 (12.6)	23 (1.5)	15 (13.5)	16 (18)	31 (15.5)	24 (12)	30 (15)	54 (13.5)
Normal	5 (5.6)	4 (3.6)	9 (4.5)	5 (4.5)	6 (6.7)	11 (5.5)	10 (5)	10 (5)	20 (5)

χ^2 For psychological reactions experienced during periods across school=3.18, df=3, p value=0.365

χ^2 For psychological reactions experienced during periods across age=1.247, df=3, p value=0.742

Table 4 presents the findings regarding psychological reactions encountered by the respondents during menstruation. It is found that majority (50%) of the sample girls were found irritable during periods. Stress was also seen in about 28.5%

of the respondents. On the whole, it is found that maximum of the respondents had one or other problem during menstruation which may be responsible for different psychological reactions and these reactions disappear as the periods get over. Although there were some respondents (5%) who never had any psychological reactions during menstruation. Moreover, Calculation of chi square shows no significant difference across the school as well as across the two Age groups for psychological reactions undergone by the respondents during menstruation

Table no 5. Consultation taken by the respondents for menstrual problems

a.) Consultations taken from	Govt.			Private			Total		
	11-.13	13-15	Total	11-.13	13-15	Total	11-.13	13-15	Total
	n=89	n=111	n=200	n=111	n=89	n=200	n=200	n=200	n=400
Mother	66 (74.15)	92 (82.9)	158 (79)	68 (61.2)	64 (71.9)	132 (66)	134 (67)	156 (78)	290 (72.5)
Sister	16 (18)	13 (11.7)	29 (14.5)	31 (27.9)	13 (14.6)	44 (22)	47 (23.5)	26 (13)	73 (18.25)
Friend	6 (6.74)	4 (3.6)	10 (5)	9 (8.1)	8 (9)	17 (18.5)	15 (7.5)	12 (6)	27 (6.75)
Teacher	1 (1.12)	2 (1.8)	3 (1.5)	3 (2.7)	4 (4.5)	7 (3.5)	4 (2)	6 (3)	10 (2.5)
b.) Solutions provided for menstrual problems									
Medicine	38 (42.7)	51 (45.9)	89 (44.5)	58 (52.3)	49 (55.1)	107 (53.5)	96 (48)	100 (50)	196 (49)
Hot almond milk	44 (49.4)	60 (54.1)	104 (52)	51 (45.9)	32 (36)	83 (41.5)	95 (47.5)	92 (46)	187 (46.75)
Green tea	7 (7.9)	-	7 (3.5)	2 (1.8)	8 (9)	10 (5)	9 (4.5)	8 (4)	17 (4.25)

χ^2 For consultation taken during menstrual periods across school= 8.828*, df=3, p value= 0.032

χ^2 For consultation taken during menstrual periods across age=8.44*, df=3, p value=0.038

χ^2 For solutions provided for menstrual problems across school= 4.54,df=2, p value=0.103

χ^2 For solutions provided for menstrual problems across age=0.189, df=2, p value=0.910

Table 5 indicates that majority 72.5% of the sample girls approached their mother for consultation in case of problems related to menstruation like pain, heavy bleeding etc. They explained that they approached their mother as she is more experienced than any other. However, 18.25% respondents prefer to approach their sisters in case of any problem regarding menarche, according to them, they discuss problems with sister with the reason that they are more comfortable with them as compare to their mothers. Very Few of the respondents discuss with their friends (6.25%) and teachers (2.5%). Calculation of chi square indicates significant difference across the school as well as across Age for their preference for the person they approached at the time of menstrual problem.

Regarding solution provided to the respondents for menstrual pain, Table no. 5 also depicts that 49% of the respondents were recommended to have medicine while 46.75% were told to have a glass of hot almond milk which will give them strength and reduce the pain in abdomen and backache. Remaining 4.25% were suggested to take green tea/kehwa containing cardamom, ajwain, cinnamon, mint leaves, tulsi, sugar etc. Rest and less physical activity was recommended to all of them.

Conclusion:

Based on the findings of the present study, it was concluded that most of the girls attained menarche between the age group of 12-14 years. Reaction of most of the girls on the occurrence of menarche was fearful and frightened. The problems being faced by the respondents during menstruation were pain in lower abdomen (dysmenorrhoea), weakness, pain in the lower limbs, backache, heavy bleeding, vomiting. Regarding consultation about menstrual problems, Mother was found to be most preferred person as compared to sister/ friend / teacher with whom adolescent girls consult about menstrual pain. Both medicine and hot almond milk was recommended by mother to treat the menstrual pain. Despite the fact that most of the girls suffer from physical ailments associated with menstruation, along with these they were also confronted with some psychological problems like irritability, stress, anxiety. It can be concluded that the experiences of most of the girls were not pleasant as they were not prepared about menarche and also menstruation was coupled with physical complaints.

REFERENCE

1. Bagga, A. and Kulkarni, S. (2000). Age at menarche and secular trend in Maharashtrian (Indian) girls. *Acta Biologica Szegediensis*, Vol. 44, (1-4) : 53-57. | 2. Brooks-Gunn, J. Ruble, D. Menarche. (2005). In: Dan AJ, Graham EA, Beecher CP, eds. *The menstrual cycle*. Vol. 1. New York, Springer. 1980:141-59. | 3. El-Gilany, A. H. ; Badawi, K. ; El-Fedawy, S Epidemiology of dysmenorrhoea Among adolescent students in Mansoura, Egypt. *Eastern Mediterranean Health Journal*, Vol. 11:155-163 | 4. Hanagi, C. (2001). Nutraceutical effect of protein concentrate in rural anaemic adolescent girls of Dharwad thaluk. M. Sc. Thesis, Uni. Agric. Sci. Dharwad, Karnataka (India). | 5. Mcpherson, M.E. and Korfine, L. (2004). Menstruation across time: menarche, Menstrual attitudes, experiences, and behaviors. *Women's Health Issues*, Vol. 14:193-200 | 6. Mudey, A. B. ; Kesharwani, N. ; Mudey, G. A. ; Goyal, R. C. (2010). A Cross-sectional Study on Awareness Regarding Safe and Hygienic Practices amongst School Going Adolescent Girls in Rural Area of Wardha District, India. *Global Journal of Health Science*, Vol. 2, No. 2; (www.ccsenet.org/gjhs). | 7. Nelson, L.M. et al. (2003). The menstrual cycle—getting the “vital” respect it deserves. Thousand Oaks, California. Pituitary Network Association (http://www.pituitary.org/library/library_detail.aspx?page_id=1495, accessed 4 July 2012). | 8. Poureslami, M. and Ashtiani, F. (2002). Attitudes of female adolescents about dysmenorrhea and menstrual hygiene in Tehran Suburbs. *Archives of Iranian Medicine*, Vol. 5:219-224. | 9. Rierdan, J. (1983). Variations in the experience of menarche as a function of preparedness. In: Golub S, ed. *Menarche*. Lexington, Massachusetts, Lexington Books:119-26. | 10. Rierdan, J. and Koff, E. (1985) Timing of menarche and initial menstrual experience. *Journal of youth and adolescence*, 14(3):237-43. | Web source: (<http://med.monash.edu.au/sphpm/womenshealth/>)