



MENSTRUAL HEALTH PROBLEMS OF GIRLS: AN ANALYSIS

Social Science

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KEYWORDS

INTRODUCTION

The adolescent reproductive health is a relatively new and sensitive area which demands interventions from different national and international quarters. In many parts of India, virginity is given a high social value. Child marriage is widely prevalent in the communities where women not only enjoy higher social status but virgin girls are honored. In such communities girls are married off at a young age. Often to men many years older to them these child brides are exposed to greater health risks early sexual activates, physical violation, strains and pains of pregnancy and child birth and various reproductive health hazards. Adolescence is not only a transactional period of increased risk taking but also susceptibility to various behavioral problems after puberty. Lack of awareness on shared responsibility for sexual and reproductive issues and honor for reproductive choice among adolescent girls and boys in most of the Indian communities have perpetuated the traditions that encourage child marriages followed quickly by repeated pregnancies sand child births. Lack of contraceptive knowledge coupled with problems of availing contraceptives and appropriate reproductive decision contribute significantly to early childbearing among adolescent mothers. The adolescents are neglected in policies and programmes. The reproductive heath needs of adolescents are neglected in many states of India inspite of documentation of different international recommendations. Studies in different parts of India reveal that these child mothers are affected by vasico vaginal or recto vaginal fistulae due to early child Bering. In many cases, prolonged obstructed birth results in urinary and rectal dysfunction. Appropriate obstetric care and treatment is not available and accessible to large chunk of adolescent mothers.

Many adolescent mothers are victimized divorced abandoned and become social outcaste; studies reveal that adolescent girls are relatively powerless while interacting with older partners. Adolescent girls are often handicapped to negotiate for protected sex owing to their poor knowledge on contraceptive methods and lack of access to reproductive health information and services.

OBJECTIVES:

1. To study the psycho-social problems (societal needs) of adolescent girls related to family life.
2. To analyse the psychosocial components related to menarche and menstrua health among adolescent girls.

Universe: The universe of the study comprised secondary school girls students who were enrolled themselves in class VIIIth , IX and X standard in Gulbarga district of Karnataka.

Sampling method: The said study sample was selected by using systematic simple random sampling method which will be more appropriate for the present research study.

Sample Size: Total number of adolescent girls studying in 8th, 9th & 10th standard in urban area is 5026 and in rural area it is 2010 total number of adolescent girls is 7036. The 10% of the total sample i.e,600, respondents would be considered adequate for the study present research problem, including 150 school dropout girls.

RESULTSAND DISCUSSION:

Percentage distribution of the Respondents by Age, class and

marks obtained

Age in years	Frequency	Percentage
14 years	100	16.7
15 years	169	28.2
16 years	195	32.5
17 years	136	22.7
Total	600	100.0
Class	Frequency	Percentage
VIIIth std	150	25.0
IXth std	150	25.0
Xth std	150	25.0
Droup outs	150	25.0
Total	600	100.0

The above table number 1.1 high light about the adolescent girls age, class and marks obtained in their respective classes. When we look at the age distribution of the respondents the statistical picture comes out like majority of the respondents i.e. 32.5 percent were in the age group of 16 years while 28.2 percent in the age group of 15 years whereas 16.7 percent of them were in the age group of 14 years and the rest of the 22.7 percent of the respondents were slightly higher in age that is 17 years in comparison to their peer group.

As for as the educational standard or their class was concerned one can see from the above table that the evenly (25.0%) distributed percentage was found equally in all the secondary level classes that is starting from VIIIth standard to up to Xth class. Looking at the balanced enrolment distribution of the girl child students at the high school level one can imagine that there is a slow but steady the desire of learning (getting education) was increasing rather they were trying to match with the boys educational level.

Percentage distributions of the Respondents by present health problem

Health problems	Frequency	Percentage
Yes	144	24.0
No	456	76.0
Total	600	100.0

The above table number 1.2 explains about the adolescent respondents health condition during investigation when asked whether they have any health problems and the response was observed like more than the majority of the respondents i.e. 76.0 percent of them stated that they do not have any sort of health problems. Whereas, remaining less24.0 percent that is less than the quarter of the respondents agreed to say that yes they have some sort of health problems.

Percentage distribution of the Respondents by discomfort during MC

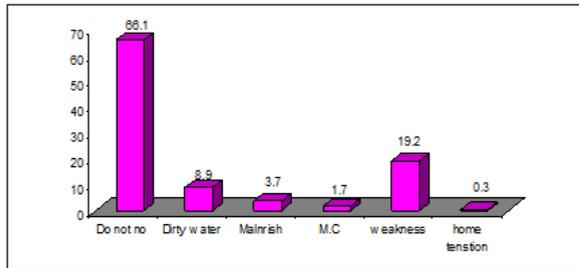
M.C. discomfort	Frequency	Percentage
Yes	369	61.5
No	231	38.5
Total	600	100.0

The above table number 1.3 show the young adolescent girls state of mind during their monthly period in the sense how they exactly feel friar to M.C. And it was observed among the study area girls, that more than the majority of the respondents i.e. 61.5 percent of them informed

that they use to feel uneasiness and it will continue so till their monthly period was over. While 38.5 percent of them did mentioned that though it is quite natural to be in the uncomfortable conditions but it was always manageable bearable.

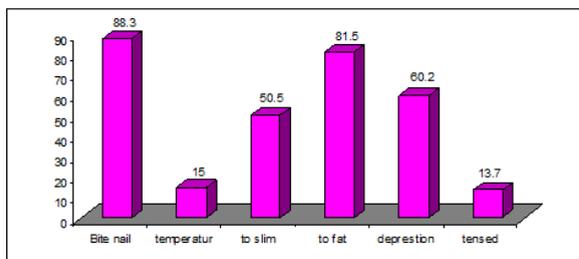
and Children. New Delhi: United Nations Environment Programme.

Percentage distribution of the respondents by reasons quoted for health problem



When further question was put forth to them in order to know the reasons behind their health problems, through the 1.1 above graphical presentation it was quite astonishing to realize that the major chunk of the respondents did not know the exact reason why they were suffering with the problems. While 19.2 percent of the respondents said that it is because, of the general weakness of their body where-as, 8.9 percent of them informed it is due to the consumption of dirty drinking water and very little proportion i.e. (3.7) percent of the respondents were thinking it is because, of there under nourished or low calories of food intake habits.

Percentage distribution of the respondents by reasons for health problems



When the question was raised for those respondents who were often sufferer due to one or other health reason than, it becomes an obligation to know from the research point of view that what are those reasons and up to what extent the adolescent girls were suffering. One can clearly observed from the figure number 8.2 that exactly 50.5 percent of the respondents informed that they were too slim and too fat to be, as per their expectation that is based on to their respective age in completed years. Whereas, 60.2 percent of them told that they feel as if they were all ways under the tension and because of this reason either they constantly get high temperature other wise they have the tendency of nail biting which is a clear cut that they were in the indication that they were in the depression state of mind.

Conclusion:

When one or the other need of the adolescents is not fulfilled adequately, they confront a number of problems, which, according to Pereira (1979), manifest in a number of ways, such as An inability to learn, which cannot be explained by intellectual, sensory or physical disabilities. Are inability to build or maintain satisfactory interpersonal relations with people around them. Inappropriate types of behaviour or feeling under normal conditions. A general pervasive mood of unhappiness or depression. A tendency to develop physical symptoms, speech problems, pains or fears associated with personal or social problems. To provide a sound degree of emotional stability, to save the adolescents from problems, a number of people and institutions are required to play a positive and significant role.

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