

DESSERTATION REPORT

MENSTRUAL PROBLEMS AND CHALLENGES FACED BY ADOLESCENCE

SUBMITTED BY :



ENROLMENT NO :



ROLL NO :



STUDY CENTER :



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INTRODUCTION

Adolescence is a significant period in the life of a woman. Adolescent girls often lack information regarding reproductive health, including menstruation, which can be due to socio-cultural barriers in which they grow up. These differences create numerous psychosocial problems for them. Need of the hour for girls is to have the information, education and an enabling environment to cope with menstrual issues (Thakre, 2011).

Menstrual health problems:

Some common menstrual health problems during adolescence are irregular periods, painful menstruation (dysmenorrhea), heavy or prolonged bleeding (menorrhagia), infrequent and light menstruation (oligomenorrhea), frequent menstruation (polymenorrhea), absence or delayed menstruation (amenorrhea), pre-menstrual syndrome and premenstrual dysphoric disorder. menstruation without any known organic cause. It usually occurs 6- 12 months after the onset of menarche. It is characterized by lower abdominal pain, usually before or during menstrual flow lasting for 8-72 hours with back pain and thigh pain, headache, diarrhea, nausea and vomiting. It is commonly occurring menstrual disorder among adolescence which is often underreported, underdiagnosed and untreated. Recent clinical and experimental studies have shown that the causes of dysmenorrhea are purely physiological and not psychological as it was reported in earlier studies.

More menstrual problems:

Amenorrhea means absence of menstruation. Primary amenorrhea is not attaining menarche by the age of 16. Secondary amenorrhea is missing three consecutive periods after attaining puberty. Amenorrhea due to pregnancy is normal. Menorrhagia is menstrual bleeding lasting for more than 7 days or heavy blood loss during menstrual flow more than 80 ml. Oligomenorrhea is infrequent menstruation in which menstrual period lasts more than six weeks with four to nine periods in a year. Polymenorrhea is menstrual dysfunction in which periods occur for less than 21 days. Metrorrhagia is non-menstrual discharge of blood from the uterus between periods. Premenstrual syndrome usually occurs five days before menses and relieved within four days of menstruation. It consists of at least one affective and somatic symptom during three menstrual cycles; affective symptoms such as depressed mood, anger outburst, irritability, anxiousness, confusion, social withdrawal and somatic symptoms such as breast tenderness, abdominal bloating, headache and swelling of extremities.

REVIEW OF LITERATURE

It was seen in a study(1) that 79% of the adolescent girls used pads and 21% used clothes. The use of pads was higher which was probably due to the fact that availability was high in these areas and also due to influence of television which has increased awareness regarding availability and use of sanitary napkins. It was observed that the usual practice was to wash cloth with soap and water after use and dry it at some secret place like house corner. It was found that 40% girls washed the genitals with soap and water, 41% with only water and only 19% with water and disinfectant. Thus, personal hygiene practices were unsatisfactory in the study population.

The study(2) *International Journal of Science, Engineering and Technology Research (IJSETR) Volume 6, Issue 1, January 2017*, reveals that most of the girls used cloth as a menstrual pad, and they reused the cloth after washing it with soap and water and discarded the cloth by burning it after using it at least for 4 - 5 months. Very few girls use sanitary napkins available in the market; possibly due to low socioeconomic status, less availability at rural areas and lack of awareness. Majority of the girls were using cloth (46.67per cent) and only 15.67per cent were using sanitary napkins. Amongst those who used cloth, 65.70per cent were found to be suffering from genital infections as compared to 12.30per cent in those who used sanitary napkins.

In another study(3),majority of the girls preferred cloth pieces rather than sanitary pads as menstrual absorbent. More than half of the girls were ignorant about the use of sanitary pads during menstruation Only 13.2% girls used only sanitary pads during menstruation and around 24.2% used both reusable cloth and sanitary pad. Apparently, poverty, high cost of disposable sanitary pads and to some extent ignorance dissuaded the study population from using the menstrual absorbents available in the market. It was observed in this study that the usual practice was to wash the cloth with soap in the pond after use and keep it at some secret place till the next menstrual period. To keep the cloth away from prying eyes, these were sometimes hidden in

unhygienic places. Privacy for washing, changing or cleaning purpose is something very important for proper menstrual hygiene ,but in this study ,lack of privacy was an important problem both at home and at school.

study(4), *International Journal of Science, Engineering and Technology Research (IJSETR) Volume 6, Issue 1, January 2017*

unsanitary and sub-standard menstrual absorbents was common among girls from low socio economic status. Therefore undoubtedly poverty and low social class play a major role on the choices of absorbents leading to the use of unsanitary materials. It is likely that poor financial resources has contributed to the use of 'multiple material' as menstrual absorbents.

study(5), Behavioural norms and taboos surrounding menstruation can also influence MHM practices. All cultures have beliefs and social norms relating to menstruation. Some such beliefs and norms can be perceived as beneficial by women, for example enabling a menstruating woman to rest, to take a break from housework and manual labour during menstruation, or to spend time with other women. In the 1980s, Huaulu women of Eastern Indonesia reportedly stayed in communal menstrual huts on the outskirts of the village during their monthly menses in order to protect the village, and particularly men, from 'dangerous' menstrual blood. However menstruation was reportedly not perceived by women as a negative experience. Women expressed pride in their role in controlling this dangerous substance. Furthermore, women spent time in the menstrual hut resting, telling stories, weaving and even building political support and power among other women. In other examples, however, social norms and beliefs can impact on girls' and women's ability to manage menstrual bleeding effectively and with dignity by restricting where they can go to purchase or make MHM material, whether and where they can bathe during menstruation, and whether they can use public or household facilities to change, wash and dry MHM materials. In some contexts in the Pacific, menstrual taboos and norms direct girls and women to avoid men and boys and, to avoid cooking or eating certain foods, and in some cases, to avoid washing during menstruation. Such norms and taboos are likely to be understood and experienced.

Menstruation is still a taboo in India and it is common for people across society to feel uncomfortable about the subject. To ensure that adolescent girls and women have the necessary support and facilities, it is important that the

wider society, communities and families must challenge the status quo and break the silence around menstruation. It is therefore the responsibility of those with influence – including government officials and teachers, to find appropriate ways to talk about the issue and take necessary actions. Equipping adolescent girls with adequate information and skills on menstrual hygiene and its management helps in empowering them with knowledge which enhances their self-esteem and positively impacts academic performance.

The literature review shows that average age of onset of menarche is 12 years in India. More than three fourth of the adolescents do not have adequate knowledge about menstruation and hygiene even after attaining menarche. Menstrual hygiene was better in older girls and most of the younger girls were following unhygienic menstrual practices. Hence, it was decided to conduct awareness programme for early adolescent girls who were aged 12-13 years.

OBJECTIVES

- To know the knowledge about menstruation among the early adolescent girls.
- To know about the types of absorbent used by them.
- To know the method of disposal of the absorbent used by the adolescent.

METHODOLOGY

- **Geographical area of work:** This study has been conducted in Kolkata.
- **Research design:** Exploratory research
- **Universe:** The universe consists of all the adolescent students studying in class 8-9.
- **Sample size:** 61.
- **Sampling technique:** In this study the researcher adopted purposive sampling method as the sample frame is unknown.
- **Tools of data collection:** Interview schedule consist of both open ended and close ended questions.

Tables

Table-1

Knowledge about Menstruation among Early Adolescent Girls

Sl No.	Knowledge about menstruation	Categories	n	%
1.	Age at onset menarche	10-12 years	02	03
		12 years	22	36
		13 years	15	25
		12-13 years	14	23
		12-16 years	05	09
		13-14 years	03	05
2.	Awareness about menarche	Before the onset	21	34
		After the onset	37	61
		Don't know	03	05
3.	Duration of bleeding	3-7 days	04	06
		5days	16	26
		5-7 days	08	13
		7 days	30	49
		Above 7 days	03	04
4.	Absorbent use	Pad	44	72.00
		Cloth	04	6.60
		Both	04	6.60
		None	04	6.60
		No response	05	8.20
5.	Method of disposal	Burn	36	59.00
		Wash	07	11.50
		Flush out	07	11.50
		Throw away	05	8.20
		Dustbin	01	1.60
		No response	09	14.70

Knowledge about Menstruation among Early Adolescent Girls (%)

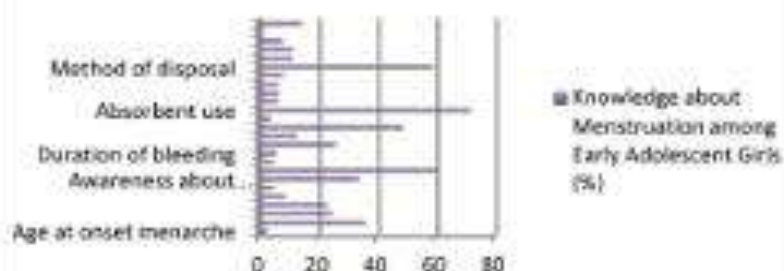
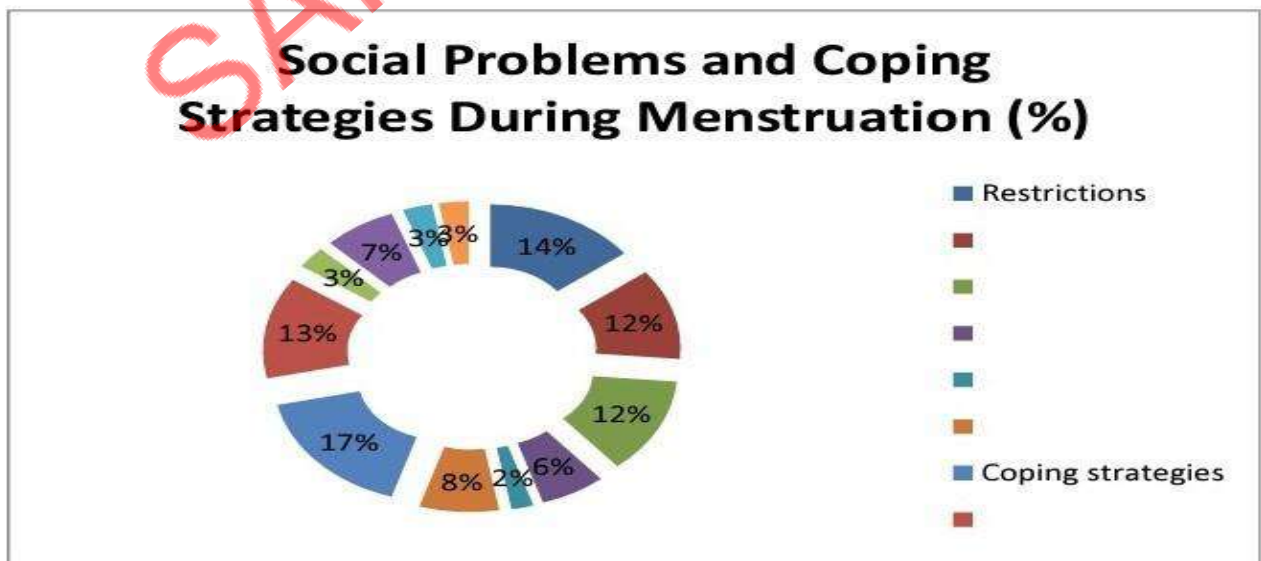


Table -2
Social problems and coping strategies during Menstruation

Sl.No	Social problems and coping strategies during Menstruation	Categories	II	%
1	Restrictions	Play social functions	21	34.3
		Going to Temple	17	27.7
		Attending school	18	29.3
		others	09	14.67
		No restrictions	03	4.89
			11	17.93
2	Coping strategies	Would not do anything	24	39.12
		Rest self-medication	19	30.97
		Home remedies	04	6.6
		other	10	16.3
		No response	04	6.6
			04	6.6



DATA ANALYSIS

Table No: 1 describes the knowledge regarding menstruation among early adolescent girls. More than one-third (36%) reported that age at onset of menarche was 12 years, one-fourth (25%) reported 13 years and 23% reported 12-13 years. One-third (34%) were aware of menstruation before attainment of menarche. Nearly half of them (49%) reported that normal duration of menstrual bleeding was seven days and one-fourth (26%) reported it as five days and only few felt it lasted for 3-7 days. Almost all of them agreed that menstruation was a normal and natural phenomenon. Majority (72%) used pad, 6% cloth as an absorbent, 6.4% used both and 14% did not respond. Method of disposal of used absorbent indicates that nearly 90% were vocal about it and only a handful fought shy of reporting about it. More than half of them (59%) burnt, 11% disposed it in toilet, 10 % threw away and 14.4% alone did not respond.

Table No: 2 revealed that one-third faced restrictions in playing out-door games, attending social functions, going to temples and few (15%) were restricted from attending school during menstruation. More than one third (39%) of them would not do anything during menstruation. Another one-third (31%) revealed that they would stay in bed. Few would resort to home remedies (16%) and self-medications (7%). Here majority (74%) of the girls cope by taking bed rest during menstruation, 12% by applying hot applications, and 10% by self-medication.

DISCUSSION

Present study revealed that only one-third (34%) of adolescent girls were aware about menarche before their attainment. In this study, most of them were from rural background. Similar findings were reported by Singh (2013), Kamath (2013), Paria (2014) in whose study also one-third were aware about menarche prior to onset. Whereas Karkada (2012) stated that more than half of (54%) the girls were aware about menstruation prior to menarche.

RECOMMENDATIONS

- It is therefore the responsibility of those with influence – including government officials and teachers, to find appropriate ways to talk about the issue and take necessary actions, (National Guidelines on Menstrual Hygiene Management, Ministry of Drinking Water & Sanitation, Government of India).
- Menstrual hygiene management is a social issue that cannot be addressed by working in schools alone. In order to ensure that adolescent girls and women have the necessary support and facilities, it is important that the wider society, communities and families must challenge the status quo and break the silence around menstruation.
- There is a need to change family and community norms and beliefs in this regard. Not being able to talk about their experience and having limited information means that menstruation becomes something to be ashamed of and to hide, and is consequently ignored in families, schools and communities. In many families, the mother has limited experience in explaining the management of menstruation with regard to schooling, mobility or outdoor activities.
- Communities should be aware of the barriers to menstrual hygiene management that girls face in school, as well as their role in enabling girls to successfully manage menses in school and at home.

CONCLUSION

Three-fourth of the adolescents had poor menstrual knowledge with regard to mean age at onset of menarche. Half of them had poor knowledge about normal duration of menstrual bleeding. This study found that majority (72%) were using sanitary pad as absorbent and more than half of them burn the used pad for disposal. Only one-third faced restrictions in play, social functions, going to temple and few (15%) attending school during menstruation. More than one-third used to cope by not doing anything during menstrual problems and another one-third would take bed rest. There is ample scope for School Social Work practice in imparting health education related to menstrual hygiene and practices for early adolescent girls.

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INTERVIEW SCHEDULE

✓ Name:

✓ Age:

1. At what age the menarche started?
2. Do you know about menstruation before its onset?
3. When do you first came to know about menarche?
4. Please state the social problems you face during menarche?
5. What are your coping strategies during menarche?
6. What type of absorbent you use during menstruation?
7. Please state the method of disposal of absorbents?

THANK YOU

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