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Menstrual Problems of Late Adolescents

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ABSTRACT

The onset of menstruation is part of the maturation process. Variability in menstrual cycle and menstrual problems are common. Present study was undertaken to assess the knowledge and problems related to menstruation among adolescent girls of Dharwad taluk. The sample for the study comprised of 60 adolescent girls in the age group 18-19 years. Self structured questionnaire was developed and used to study the knowledge and problems related to menstruation. The results revealed that the girls attained menarche at the age of 13 to 15 years. Majority of girls experienced monthly period with normal flow of blood during menses. Mother was a source of information regarding menstruation for all respondents. There was high prevalence of problems faced during menstruation. Major problems were cramps, irritability and stomach ache during menses. Thirty five per cent of respondents were visited to doctor during menses with problem of severe stomach pain followed by irregular in menses and heaviness in breast. The correlation study was done between income of the family and treatment taken. It showed there is a positive relation between income and treatment taken. It shows health status of the adolescent girl will depend upon the income of the family and higher the income, better the health. It is essential to update the adolescents with menstrual knowledge and provide them with counselling services and relevant information on possible treatment options.

Key words*: Adolescent, Menarche, Menstrual Knowledge, Problem.*

INTRODUCTION

Menstruation is generally considered as unclean in the Indian society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. There is a substantial lacuna in the knowledge and problems about menstruation among adolescent girls[10]. Social prohibitions and the negative attitude of parents in discussing the related issues openly, have blocked the access of adolescent girls to the right kind of information, especially in the rural and tribal communities. Many studies have revealed that most of the adolescent girls had incomplete and inaccurate information about the menstrual physiology and hygiene.

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It also revealed that mothers, television, friends, teachers and relatives were the main sources which provided information on menstruation to the adolescent girls[6].

Menstrual cycle is a periodic discharge of bloody fluid, from the uterus as a result of cyclic hormonal changes. Menstruation usually occurs between 11 to 16 yrs of age (Indian girl). The discharge occurs once a month; most women have cycles between 24 to 34 days, on an average 28 days. About 52 per cent of the female population is of reproductive age and most of them are menstruating every month. The majority of them have no access to clean and safe sanitary products, or to a clean and private space in which to change menstrual cloths or pads and to wash. Millions of girls and women are subject to restrictions in their daily lives simply because they are menstruating. Besides the health problems due to poor hygiene during menstruation, the lack or unaffordability of facilities and appropriate sanitary products may push menstruating girls temporarily or sometimes permanently out of school, having a negative impact on their right to education. There is a great interest regarding menstrual problems of adolescent girls among researchers at all over the world. In most of the cases girls are less likely to receive proper counseling and guidance from parents, doctors and teachers. Hence the objective of the study was to know the knowledge and problems of menstruation among adolescent girls is necessary.

MATERIALS AND METHODS

The present study was undertaken among the adolescent of the age group between 18 to 19 years who were the college going girls of Dharwad taluk. Sixty adolescent girls were randomly selected for the study from two colleges. A self structured questionnaire was used in the study. The data collection technique was a personal interview of the study subjects. This questionnaire included topics which were related to history of menstruation, type of menstrual problems and extent of medical attention received for menstrual problems. The demographic information including family details and income of family were documented. The chronological age and the age at menarche were also elucidated.

Statistical analysis: Data analyzed in the form of frequencies, percentages and Pearson correlation was done by SPSS.16.0.

RESULTS AND DISCUSSION

Results showed that among 60 respondents, 95 per cent of respondents were belong to Hindu religion followed by Christian (3%) and Muslim (2%) (Table.1). All respondents were residing nuclear families (100%) and among them the family sizes 3 to 4 members (77%) and 5 to 6 members (13%). Forty per cent of respondents fall under low income group followed by medium income (35 %) and high income group were less (25 %). Table 2 depicts the present age and age at menarche of the respondents. 52 per cent of respondents belong to 19 years (present age) and remaining were 18 years. Mean age of the respondents was 18.5 yrs. Most of the respondents had their first menses at the age of 13 to 15 years (70 %) followed by 10 to 12 years (15 %) and 16 years (15 %) and the mean age at menarche was 14 yrs.. Similar results were observed by Rao *et al.*[8], Ghattargi and Deo[3].

The pattern of the menses was investigated in terms of interval, duration and quantity of menstrual flow (Table 3). Among 60 respondents 57 (95%) were having monthly menses followed by bimonthly in 3 per cent and quarterly in only 2 per cent of respondents. Duration of blood flow was 4 days among 43 per cent of respondents, 5 days in 28 per cent followed by 3 days (17%) and > 5 days (12%). Eighty two per cent of respondents were having medium blood flow and 15 per cent were having heavy and very having spotting blood flow (3%). Mother was a source of information regarding menstruation (100%) for all respondents. Similar results showed by Mitra *et al*[4]. According to this history of menstruation majority of girls are in normal condition.

Results showed (Table 4) high prevalence of problems facing during menstruation. Forty three per cent of respondents were having more than 4 problems like – cramps, pain, amenorrhea, pre-menstrual tension, irritability, heaviness in breast, faint, vomit, dysentery and difficult to do work. Among these problems, major were irritability (65%) and pain (55 %) during menses. Similar results were observed by Dalton[1]. It must be pointed here that among those who are having problems, there is a positive correlation between the duration of blood flow and menstrual problems among adolescent (Table 5). As the duration of blood flow increases the occurrence of menstrual problems increases.

Table 6 shows the result regarding treatment taken during menses. Thirty five per cent of respondents were visited to doctor during menses. Among these 72 per cent were visited to doctor with problem of severe stomach pain followed by irregular in menses (14 %) and heaviness in breast (14 %). Majority of the respondents are said that their mother had taken to hospital during menses (61 %) and followed by their friend (19 %), sister (10 %) and brother (10 %).

The correlation was done between income of the family or a socio-economic status of the family and treatment taken (Table 7). The result showed there is a positive relation between income and treatment taken. As the income of family goes high the treatment taken to different problems increases. This shows health status of the adolescent girl will depend upon the income of the family, higher the income better the health.

Table 1: Socio-economic characteristics of respondent's family

(N=60)

Sl no.	Particulars	Total	
		Frequency	**%**
1	**Religion** a. Hindu b. Christian c. Muslim	 57 2 1	 95.00 3.00 2.00
2	**Type of family** a. Nuclear b. Joint	 60 0	 100.00 0.00
3	**Size of family** a. 3-4 members b. 5-6 members	 46 14	 77.00 13.00
4	**Income of family (Rs/-)** a. Low (< 20000/-) b. Medium (20000-40000/-) c. High (> 40000/-)	 24 21 15	 40.00 35.00 25.00

Table 2: Distribution of respondents by age (present)and age at menarche

(N=60)

Sl no.	Particulars	Total	
		Frequency	**%**
1	**Age** a. 18 yrs b. 19 yrs	 29 31	 48.00 52.00
	Mean age	**18.5 yrs**	
3	**Age at menarche** a. 10 – 12 yrs b. 13-15 yrs c. 16 yrs	 9 42 9	 15.00 70.00 15.00
	Mean age at menarche	**14 yrs**	

Table 3: Distribution of respondents by the menstrual history

(N=60)

Sl no.	Particulars	Total	
		Frequency	**%**
1	**Interval between menses** a. Monthly b. Quarterly c. Bimonthly	 57 1 2	 95.00 2.00 3.00
2	**Duration of blood flow** a. 3 days b. 4 days c. 5 days d. > 5 days	 10 26 17 7	 17.00 43.00 28.00 12.00
3	**Menstrual flow** a. Heavy b. Medium c. Scanty	 9 49 2	 15.00 82.00 3.00
5	**Source of information** Mother	 60	 100.00

Table 4: Menstrual problems

(N = 60)

Sl no.	Particulars	Total	
	Problems	**Frequency**	**%**
1	Cramps	32	53.00
2	Pain	33	55.00
3	Amenorrhea	7	12.00
4	Pre-menstrual tension	24	40.00
5	Irritability	39	65.00
6	Heaviness in breast	8	13.00
7	Faint	5	8.00
8	Vomit & dysentery	17	28.00
9	Difficulty to do work	28	47.00
10s	Multiple responses	26	43.00

Table 5: Pearson correlation between duration of flow and menstrual problems

		Duration	**Problem**
Duration	Pearson correlation	1	0.046
	Sig. (2-tailed)		0.726
Problem	Pearson correlation	0.046	1
	Sig. (2-tailed)	0.726	

Table 6: Treatment during menses

(N = 60)

Sl no.	Particulars	Total	
		Frequency	**%**
1	**Consulted doctor**	21	35.00
2	**Reason for consultation** a. Heaviness in breast b. Severe stomach pain c. Irregular menses	 3 15 3	 14.00 72.00 14.00
3	**Person accompanied to hospital** a. Mother b. Sister c. Brother d. Friend	 13 2 2 4	 61.00 10.00 10.00 19.00

Table 7: Pearson correlation between income of the family and treatment taken for the menstrual problems

		Income	**Doctor**
Income	Pearson correlation	1	0.028
	Sig. (2-tailed)		0.830
Doctor	Pearson correlation	0.028	1
	Sig. (2-tailed)	0.830	

CONCLUSION

It can be said that among the late adolescent girls of Dharwad taluk, found with normal conditions of menses but suffering from few problems. Mother found to be major informant regarding menstruation and helped the late adolescents in consultation of doctor too. The menstrual history and economic status found to be influential factor that affect menstrual behaviour. It is important to educate adolescents about issues related to menstruation, so that they can safeguard themselves against various infections and diseases. The data of the study can be used for planning awareness programmes for quality life during womanhood.

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