

Menstrual Cycle and Adolescent Problems in Rural Areas

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ABSTRACT

Background: Menstruation and associated disorders are critical concerns for teenage females. However, the social and cultural environment in India, particularly in rural regions, makes it difficult for adolescent girls to discuss menstruation openly. From a health standpoint, this raises serious concerns about menstruation. Due to the cultural and social setup in India, adolescent girls do not have enough space to talk about their periods openly. This is a great concern for their health.

Objectives: To study age at menarche and menstrual problems among school girls of rural areas.

Materials and Methods: A questionnaire based study was carried out in Anand Niketan College of Agriculture, Warora. A sample of 98 girl student participated in the study. Data was collected using a 23-item self structured questionnaire. Data collection lasted for two weeks and analysis was done using descriptive statistics, percentages and proportions.

Result: Showed that the mean age of menarche was 13.5 years. 18.36% girls had abdominal pain and cramping during menstruation. 48.97% girls think that physical activities effect their menstrual periods. 43.87% reported that diet was not well balanced. 29.59% had irregular menstrual cycle.

Conclusion: All of the participants in this study were students, despite the fact that their understanding of menstruation and related issues was limited and they were unaware of appropriate maintenance measures. They also believe that physical exercise interferes with menstruation. Despite being aware of the importance of maintaining a healthy lifestyle, most of the students in this study were not aware of the proper steps to take when it comes to managing their periods. Besides this dietary imbalances were found which could have played major role in the irregularity of the menstrual cycles.

Key Words: Adolescent, Menstruation, Rural

I. INTRODUCTION

The World Health Organization (WHO) defined adolescence as being between ages of 10-19 years, encompassing the entire continuum of transition from childhood to adulthood. As female adolescents get older, they need to adjust to the physiological changes associated with puberty. Menstruation is one of these changes that they need to adjust to. It is also associated with various disorders such as weakness, irritability, and a breakdown in the woman's health. Female adolescents must adjust to physiological changes such as menstruation when they enter puberty. Menstruation is an unavoidable physiological event in women, but it is connected with a slew of inconveniences, ranging from irritation to weakness and a breakdown in women's health, particularly among teens and young. The first menstrual cycle, also known as menarche, occurs when a woman reaches her adolescent years. It is the most frequently recalled puberty milestone for most women, occurring during the period of adolescence. The beginning of menstruation is the most noticeable event in the entire process of female puberty [1]. Normal menstrual patterns have an age at menarche of less than 16 years, a monthly cycle duration of 24-32 days, a flow length of 3-7 days, and a flow volume of 80mL [6]. Such challenges may diminish their opportunities for successful educational and psychosocial health during this period of growth. Previous research has also found that one or more forms of menstrual irregularity are common among female students, and that these issues have an impact on the women's social activities and school attendance [7, 11, 12]. Menstrual problems, for example, have been linked to one of the most prevalent causes of psychological stress, regular absence among young women in schools, workplaces, sports participation, and other public activities [2, 6, 7, 10, 11, 13]. Menstrual problems are faced mostly by rural adolescent girls. Thus, a need was felt to study menstrual problems among rural adolescent school girls in Anand Niketan College of Agriculture, Warora. The present study was undertaken among residential school going adolescent girls with the objective to study age at menarche and menstrual problems among school girls.

II. MATERIALS AND METHODS

Study Design and Settings

The study tool was a carefully designed, tested, self-structured questionnaire developed by the researchers to elicit information aimed at meeting the criteria of the purpose for the study. It is made up of two (2) sections: A, and B Section A obtains information about menstrual disorder and details on menstrual history included age of menarche, average length of menstrual cycle, duration of menstrual flow, any passage of clots during periods, occurrence of dysmenorrhoeal and if present, is it severe enough to skip classes, as well as any related school absenteeism, or any need to take medications like analgesics and any perception of premenstrual symptoms were studied and analyzed. On the other hand, section B included food frequency checklist.

Data Collection And Analysis

Data was collected from the students using a self-structured questionnaire over a period of two weeks. The adolescent girls who participated in the study were asked to complete a survey regarding their menstrual experience. The information collected by the survey included information about the various aspects of the period. The research comprised teenage girls who had gone through menarche. The researcher described the objective of the study to the female students and received their verbal agreement. The pupils were briefed on the questionnaire that had been supplied to them. A standardised questionnaire was used to collect information on various aspects of menstruation from adolescent females who had attended menarche. The information about personal details, age of menarche in years, menstrual cycle pattern and whether they experience any menstrual problems was collected. They were also questioned if they had sought medical advice and support for their menstruation issues. All of the information was gathered via a questionnaire. The descriptive method was used to analyse the data. The data was also broken down into percentages and proportions. The participants were also asked if they had sought help from a doctor or support for their periods. The information gathered was then used to formulate a report.

III. RESULTS

1. Out of 91.83% only 7.14% girls seek any medical practitioner or OB-GYN about their menstruation problems.
2. Total 98 girls had attained menarche. The mean age of menarche was 13.5 with 10 and 16 years being the lowest and highest age for attaining menarche respectively.
3. Most of them 69.38% had regular menstrual cycle and 29.59% had irregular cycle.
4. 54.08% girls had menstrual period in the last year every 28-35 days between, 20.40% had 21-27 days between although 24.48% girls had very irregular or sometimes skip several months.
5. Overall duration of blood flow was within 5 days in 77.55% of girls with 22.44% having prolonged menses (>5 days).
6. Number of periods in the last 12 month 55.10% girls had regular period throughout year while 41.83% girls had less than 12 month period and 3.06% girls had more than 12 months period(sometimes twice in month).
7. 13.26% girls had heavy menstrual flow while 15.30% girls had light menstrual flow and 70.40% had moderate menstrual flow.
8. 55.10% girls had bleeding between periods.
9. Abdominal pain and cramping during menstrual cycle, 18.36% girls reported great deal pain, 57.14% reported slightly pain, and 24.48% did not have any symptoms during menses.
10. 26.53% girls reported that they didn't take pain medication, don't miss physical activity, no lose time from school while 62.24% girls reported that they sometimes take pain medication during menstruation, sometimes miss practice and reduce level of physical activity during menstruation and 10.20% girls don't do any physical activity during menstruation and take leave from school.
11. 48.97% girls think that vigorous exercise/ training effects their menstrual periods.
12. 70.40% girls consider their weight just right, 13.26% comes under underweight category, 16.30% comes under overweight category.
13. 23.46% girls experienced significant weight loss while 25.51 had experienced significant weight gain and 51.02% found remain same weight.
14. Sport activity last past year 25.51% girls had basically stayed the same, 30.65% had decreased sport activity and 42.85% had increased sport activity and training because of right guidance.
15. 19.38% girls had history of stress fracture and 15.30% experienced injuries in Last past year
16. 54.08 % girls feels that they have certain problems which influence their diet like irregular menstrual periods, dizziness, sleeping difficulties, mood swings, constipation and feelings of depression.
17. 43.87% girls feel that their diet is not well balanced.

18. Only 22.48% girls take prescribed medication (vitamins, minerals, herbs).

IV. DISCUSSION

The result of this study showed that majority of the students had not a good understanding of menstrual disorders and discomfort associated with it. Also, findings from this study supported previous studies that dysmenorrhoea was the most prevalent of menstrual disorders among students. It is worth to note that few girls consulted health personnel for prescription of drugs for management of menstrual disorders. The academic effects reported in this study were at par with previous findings [9, 21, 22, 24]. Most of the health effects reported by the students which include dizziness, headache, depressive and anxiety symptoms have been reported in the literatures as pre-menstrual syndromes. Majority of them still experience menstrual disorders with the associated health and academic effects. It was also found that as a result of difficult menstruation, there is an increase rate of absenteeism and loss of concentration in academic work which may impact on school performances as well as the achievement of their life goals. . Lack of adequate knowledge and failure to seek treatment for menstruation issues can result in a variety of negative reproductive health consequences in teenage girls' future lives. Not seeking treatment for hormonal issues can have negative reproductive health outcomes for adolescent girls.

V. CONCLUSION

The current study revealed that menstrual difficulties are common among females in the examined group, and they have many misunderstandings about menstruation. Factors such as young age and a lack of self-care awareness are known to have an impact on this study's responses. Menstrual health improvement would not only benefit students' academic performance and self-esteem, but will also assist to prevent future issues such as Polycystic Ovarian Disease, obesity, and infertility. As a result, menstrual health education should be offered to female students from the start. Most of the respondents had experienced various types of problems during their periods, and many of them had experienced various myths about menstruation. This study revealed that the lack of knowledge about self care and hygiene was a contributing factor to the overall health of the adolescent population.

VI. RECOMMENDATION

Considering the shyness and embarrassment of rural adolescent girl students to discuss aspects of menstruation a need is felt to explain everything correctly about menstruation. So;

1. Screening programs for menstrual related problems should be started at school level under School Health Programme.
2. Adequate counselling should be provided by the school nurse to girls who experience dysmenorrhoea during consultation in the school clinic to avoid or reduce the rate of school absenteeism among them. Besides, that menstruation management, menstrual hygiene and self-care practices should be the part of curriculum at school and college level.
3. Adolescents should be taught premenstrual signs and how to adequately prepare themselves for menstruation to minimise the effect of menstrual disorders through information and education.

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