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Reproductive health problems among adolescent unmarried girls in Thiruvananthapuram

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Abstract

Reproductive health had been a neglected area in demographic research in India in the past. This neglect has largely been due to the shyness of the people in explaining about the diseases affecting reproductive systems and its related problems. Few studies acknowledged the association between menstrual hygiene and Reproductive Tract Infection (RTIs). The symptoms of RTIs, if not treated, may lead to dangerous situations. So it is necessary to understand the problems existing among the adolescent girls.

The Objectives of the study

- ☞ Analyse the awareness about menstrual problems on different aspects of reproductive health among adolescent girls
- ☞ Identify the actual problems faced by them
- ☞ Suggest solutions for these problems

Data and Methods

The study is based on Primary data taken from 526 adolescent unmarried girls spread over Rural and Urban areas of Thiruvananthapuram. The details were collected basically on the problems related to adolescent reproductive health.

Analysis and Findings

The analysis showed that the reproductive issues are basically centered about the problems related to their menstruation and UTIs. Pre-menstrual syndromes have very significance in evaluating reproductive health. The factors like residential background, BMI, type of family, religion, exercise, menstrual status and other pre-menstrual syndromes influence have undeniable relation with the reproductive health problems. Cleanliness / Hygiene can also be considered as factors which may be ended up with reproductive issues, as these will lead to UTIs

This study revealed the existence of reproductive health problems among the adolescent girls. It is also found that they are not fully aware of these problems. So it is necessary to educate the adolescent girls and their mothers so that they may express their problems at least to the doctors.

Rising concerns on Adolescent Reproductive Health in the region articulate the need for the development of realistic strategies for the improvement of adolescent girls' awareness on "reproductive health issues". They may make to change their attitude towards the changes in the human body during the adolescent period that has impacts on their reproductive health.

Keywords: Reproductive Health, Reproductive Tract Infections, Premenstrual syndrome, Menarche, menstruation, sexuality, urinary tract infections, itching

Introduction

The period of adolescents is considered to be in between 10-19 years of age. This group commands attention as the existence of the future is footing totally on the health and the nature of the adolescence. This factor attracts the attention of the world to the adolescent group and efforts are being put at the national and international level for their safe and sound future. Adolescence starts with a period of very rapid physical growth accompanied by the gradual development of reproductive organs, secondary sex characteristics and menarche in girls. Girls in many societies are deemed ready for serious courtship or marriage proposals right after menarche. Moreover, the cultural heritage of Kerala has narrow down the significance of Menarche by giving more relationship with the religious activity rather developing as a foundation for good reproductive health future.

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Of course, the reproductive health had been a neglected area in demographic research in India in the past. This neglect has largely been due to the shyness of the people in explaining about the diseases affecting reproductive systems and its related problems. Few studies acknowledged the association between menstrual hygiene and Reproductive Tract Infection (RTIs). The symptoms of RTIs, if not treated well, may lead to dangerous situations. So this has become the need of the hour to understand the real problems existing among the adolescent girls and to obtain timely medicinal support from the professionals.

The Objectives of the study

- Analyse the awareness about menstrual problems on different aspects of reproductive health among adolescent girls
- Identify the actual problems faced by them
- Suggest solutions for these problems

Data and Methods

The study is based on Primary data taken from 526 adolescent unmarried girls spread over Rural and Urban areas of Thiruvananthapuram. The details were collected basically on the problems related to adolescent reproductive health. The analysis on the key factors which has major impacts on the reproductive health will give a clear idea about the reproductive health problems among adolescent girls.

Demographic and socio-economic profile

The largest group of unmarried girls belongs to the age of 16 years in both rural and urban areas of Thiruvananthapuram. Hindus formed the largest group among rural unmarried girls with 73.15 percent. Among urban unmarried girls also, the percentage of Hindus is high (72.90 percent). Educational levels of the respondents are classified into four categories varying from illiteracy to pre-degree. The analysis shows that 83.33 percent of the adolescent girls are from rural areas and 86.77 percent of the urban girls are having pre-degree level of education. From the study it was also learnt that majority of the girls have their family income up to 1000 only. Among urban girls, a small percentage (0.97 percent) has their income of above 10,000 rupees.

Menstruation and related Issues

Most adolescent girls in India have little knowledge of menstruation, sexuality and reproduction and how these are interlinked. Large numbers of rural and urban populations believe that menstruation contaminates the body and makes it unholy. As a consequence, the girl often sees herself as impure, unclean and dirty.

Age at Menarche : Onset of menstruation in the life of a girl is called menarche, which usually starts at the age of 12 years normally. Periods may begin at anytime from age 9 to age 16. However the analysis shows that in most cases the menstruation begins at the age of 13. The following table gives an idea on the area wise classification on the age at the onset of menstruation in among unmarried adolescent girls in Thiruvananthapuram

Age at Menarche	Rural	Urban	Total
10	0.93 (2)	1.29 (4)	1.14 (6)
11	3.70 (8)	3.55 (11)	3.61 (19)
12	15.74 (34)	20.65 (64)	18.63 (98)
13	39.35 (85)	47.74 (148)	44.30 (233)
14	29.63 (64)	19.68 (61)	23.76 (125)
15	10.65 (23)	7.10 (22)	8.56 (45)
Total	100.00 (216)	100.00 (310)	100.00 (526)

Menstrual status Understanding the menstrual status is a key factor in analyzing the reproductive health issues and hence maintenance of the menstrual regularity carries its important on higher side. It is seen in more than 80% of the adolescent girls in both urban and rural areas have regular menstrual cycle. Only a small percentage of the girls have irregular menstrual cycle. However, it may be noted that most of the girls who have the problem of irregular menses are not seeking any treatment. This may be because either they think that the process will be normal automatically as soon as they attain maturity or may be their shyness prevent them from seeking the help of a third person. Whatever be the reason, the analysis reveals the unawareness they have in the consequences of such problems which may even affect their health in the future.

Premenstrual Syndrome of the adolescent girls

Premenstrual syndrome (PMS) includes both physical and emotional symptoms that many girls and women get right before their periods, such as fatigue, backaches, sore breasts, headache, constipation, diarrhoea, depression, irritability, cramps etc. The premenstrual syndromes are seen higher among the unmarried girls in both the areas. Sore breasts and irritability are seen higher among majority of the urban girls. Fatigue followed by cramps, depression and headache are the other major complaints among rural girls. Sore breasts followed by irritability are the other complaints for the urban girls.

	Rural		Urban		Total	
Fatigue	39	58.21%	28	41.79%	67	100%
	18.06%		9.03%		12.74%	
Backache	85	44.74%	105	55.26%	190	100%
	39.35%		33.87%		36.12%	
Sorebreasts	31	36.05%	55	63.95%	86	100%
	14.35%		17.74%		16.35%	
Headache	99	50.00%	99	50.00%	198	100%
	45.83%		31.94%		37.64%	
Constipation	20	46.51%	23	53.49%	43	100%
	9.26%		7.42%		8.17%	
Diarrhoea	7	43.75%	9	56.25%	16	100%
	3.24%		2.90%		3.04%	

Depression	55	51.89%	51	48.11%	106	100%
	25.46%		16.45%		20.15%	
Irritability	56	40.00%	84	60.00%	140	100%
	25.93%		27.10%		26.62%	
Cramps	20	54.05%	17	45.95%	37	100%
	9.26%		5.48%		7.03%	
Total	216	41.06%	310	58.94%	526	100%
	100.00%		100.00%		100%	

Other Problems related to menstruation

It is seen that almost all problems are seen among the adolescent girls. Girls suffer from depression in both rural and urban areas. Dysmenorrhoea, the painful menstruation,

perhaps the most common problem affecting by all. Analysis also shows that the 70.34% of adolescent girls are facing this problem during their menstrual period.

	Rural		Urban		Total	
Dysmenorrhoea	162	43.78%	208	56.22%	370	100%
	75.00%		67.10%		70.34%	
Metrorrhagia	27	32.14%	57	67.86%	84	100%
	12.50%		18.39%		15.97%	
Menorrhagia	19	33.93%	37	66.07%	56	100%
	8.80%		11.94%		10.65%	
Headache	43	44.79%	53	55.21%	96	100%
	19.91%		17.10%		18.25%	
Backache	129	48.13%	139	51.87%	268	100%
	59.72%		44.84%		50.95%	
Loss of appetite	57	34.34%	109	65.66%	166	100%
	26.39%		35.16%		31.56%	
Anger	70	43.21%	92	56.79%	162	100%
	32.41%		29.68%		30.80%	
Tiredness	101	42.44%	137	57.56%	238	100%
	46.76%		44.19%		45.25%	
Leg pain	90	44.12%	114	55.88%	204	100%
	41.67%		36.77%		38.78%	
Weakness	59	46.09%	69	53.91%	128	100%
	27.31%		22.26%		24.33%	
Depression	16	36.36%	28	63.64%	44	100%
	7.41%		9.03%		8.37%	
Other irritations	26	63.41%	15	36.59%	41	100%
	12.04%		4.84%		7.79%	
Total	216	41.06%	310	58.94%	526	100%
	100.00%		100.00%		100%	

Urinary tract Infections (UTIs)

Urinary tract infection is an infection of a part of or whole of the urinary tract, usually caused by bacteria. UTIs are most commonly caused by intestinal bacteria, such as *E. coli*, which are normally found in faeces. These bacteria can cause infections anywhere in the urinary tract, including the kidneys. Most UTIs occur in the lower urinary tract, especially in the bladder and urethra. UTIs are about equally common in males and females during the first year of life. In

school-age children, girls are three times more likely to develop UTIs than boys; which may be because girls have shorter urethra than boys. The study also reveals that majority of the girls in both the areas have normal white discharge. Odour of discharge is also another factor that causes infection. It is seen that 12.6 percent urban girls are worried about the bad odour. Itching is also an important factor that may cause infection. A very low percentage of girls complaint about itching.

Affected By Urinary infection	Rural	Urban	Total
Yes	11.57 (25)	5.81 (18)	8.17 (43)
No	88.43 (191)	94.19 (292)	91.83 (483)
Total	100.00 (216)	100.00 (310)	100.00 (526)
If Yes, how many times			
1	68.00 (17)	66.67 (12)	67.44 (29)
2	20.00 (5)	27.78 (5)	23.26 (10)
3	4.00 (1)	5.56 (1)	4.65 (2)
4	8.00 (2)	-	4.65 (2)
Total	100.00 (25)	100.00 (18)	100.00 (43)

The study shows that a large majority of the girls in both the areas had no urinary tract infection. Among rural girls, only a very few had urinary infection. Of the girls who had infection, majority had it only once. Only a few had it twice.

Personal hygiene and related factors

Personal hygiene during menstruation is an important factor. It may be noted that higher percentages of both rural and urban girls take bath twice a day during menstrual period. Taking a bath with warm water during early periods of menstruation would not only lead to development of positive mental social behaviours, but could also be effective in reducing hygiene related problems.

While majority of urban married girls are using readymade sanitary napkins constitute, majority of the rural girls are using clothes. Only a few girls are using both clothes and readymade napkins. Above 70 percent of the rural & urban girls wash their menstruated clothes and keep it for the next month. The girls, who are not washing their menstruated clothes, either burn the clothes after using it for the first month or throw it in the dustbin.

More than 80 percent of girls in both rural and urban areas put their clothes under sunlight, which kill germs and bacteria. This prevents many diseases and infections. A small percentage of the girls in both urban and rural areas put their clothes under shades and other places. Other places include rooms, sheds, bathrooms etc.

It is hygienic to use the menstruated clothes only for two months. But, 40.35 percent of the girls are seen use the clothes for three or more than three months.

Area where immediate attention is required

Eventhough people are aware about the consequences of irregular menstruation, only very few are undergoing treatment.

No adequate measures are seemingly available for taking care of issues that may even affect the human population in future.

Absence of effective mechanisms creating awareness of the consequences of issues during adolescence and helps them to take appropriate measures to solve these issues

Absence of effective mechanisms creating awareness on the need of giving more attentions to the physiological changes during adolescence

Power of superstitious beliefs often make the people leave issues need more attention, remain un-noticed

Conclusion

Adolescents constitute perhaps the healthiest group in the population, having the lowest mortality and morbidity compared with other population age groups. However, the period of adolescence, beginning with the onset of puberty, is a crucial transition into adulthood. Most adolescents go through adolescence with little or no knowledge of the body's impending physical and physiological changes. In a country like India, where discussion about sexuality with young children is almost absent, adolescents are not prepared mentally or psychologically to cope with these changes. Moreover, in India, the reproductive health of a woman is linked with the status in the society.

Poor personal hygiene, myths and misconceptions about sexual and reproductive health lead to complications in pregnancies and maternal mortality. Often young girls do not get information on physiological implications of

menstruation. Instead they are subject to taboos during menstruation such as, isolation, not permitted to cook/or mingle in the family. Reproductive health can be tracked and cured by the close monitoring of problems occurred during the menstruation. Menstrual problems may occur at any time between menarche and menopause. Careless management of Issues related to Menstruation may affect the reproductive health. Such issues can be managed only through awareness programmes.

In this context, the following measures are suggested for a healthy future

- Bring the following as part of the curriculum
- Facts of menstruation and its physiological implications
- Importance of hygienic practices and the ways and means to maintain cleanliness Importance of reproductive health
- Reproductive tract infections and sexually transmitted diseases
- Available sources of information
- Effective Strengthening of non-governmental institutions to conduct seminars / classes with support of gramapanchayaths
- Ensure supports from the Government to implement the plans with in coordination with well established NGOs like FPAI who are very much active in this area, may be ensured
- Conduct of periodical seminars / Workshop
- Periodically monitoring to ensure the proper utilization of funds and the effectiveness of the programmes under the Governmental machineries
- Development of state-of-the-art educational programs, materials, and services to meet the current and future needs of adolescents by networking with health professionals, policy makers, and the public

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