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## Problems of menstruation of the adolescent girls

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### Abstract

Adolescence in girls has been recognised as a special period in their life cycle that requires specific and special attention. Menarche the milestone in adolescence refers to the onset of fecundity that is the capacity to give birth to children. Menarche is a highly emotional experience for a young pubescent. The general concern now-a-days is on quality of individuals and therefore girls' reproductive health is very important. Probably the advent of technology and initiatives towards mitigation of illiteracy might have transformed the thinking positively. However, one should know the problems related to menstruation during the adolescent age, the severity of the problems and whether they are seeking treatment for curing them. The study focuses its attention to the factors and problems related to menstruation among girls that cannot be left unnoticed and to suggest solutions based on the findings. Study shows that many girls experience abdominal cramps during the first few days of their periods. Headache is the major problem reported by girls followed by backache. Adolescent sexual and reproductive health is being a sensitive issue, awareness programmes should be formulated only in consultation with community leaders, religious groups, parents and teachers in order to ensure the acceptability and effectiveness of interventions.

**Keywords:** Adolescence, Menarche, Intervention, Depression, Dysmenorrhoea, Metrorrhagia, Menorrhagia, reproductive physiology, inhibitions, odour, superstitious belief

### Introduction

The World Health Organization (WHO) at its meeting on Pregnancy and Abortion held in 1974 described adolescence as the period of sexual development from the initial appearance of secondary sex characteristics to sexual maturity, psychological development from child to adult identification, and socio-economic development from dependence to relative independence.

Adolescence in girls has been recognised as a special period in their life cycle that requires specific and special attention. Menarche the milestone in adolescence refers to the onset of fecundity that is the capacity to give birth to children. Menarche is often referred to as the day when a girl, "grows up". According to WHO, the majority is out of school youths and therefore does not receive services from school-based health programs. Within the family, girls – especially older ones – receive less health care and education, nutrition and fewer opportunities for employment than boys. Menarche is a highly emotional experience for a young pubescent. Some girls experience certain problems and difficulties during menstruation and some may not. The nature of problems felt by the girls in the urban and rural areas may be different.

In the urban sector, the girls from poorer families report poor hygiene practices and facing restrictions in a traditional customs and beliefs. Sometimes the severity of the problems may be high and affect their general as well as reproductive health but are not ready to leave the traditional customs that they followed.

The general concern now-a-days is on quality of individuals and therefore girls' reproductive health is very important. Probably the advent of technology and initiatives towards mitigation of illiteracy might have transformed the thinking positively. However, one should know the problems related to menstruation during the adolescent age, the severity of the problems and whether they are seeking treatment for curing them.

The study focuses its attention to the factors and problems related to menstruation among girls that cannot be left unnoticed and to suggest solutions based on the findings. Primary data were collected from rural and urban areas are used for the analysis. Unmarried girls are selected for the study. The rural and urban areas covered were Vattiyoorkavu,

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Manacaud, Kovalam, Neyyardam, Poonthura, Bheemapally, Malayadi, Panacode, Mannoorkonam, Pulikonam, Cherukonam.

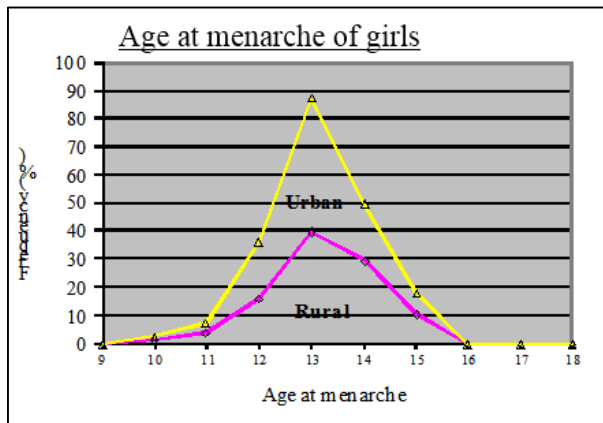
In the sample rural girls comprised of 216 numbers where as in case of urban the respective number is 310. The analysis deals with demographic and socio-economic characteristics of adolescents, problems and factors related to menstruation among unmarried girls.

**Demographic and socio-economic profile of the adolescent girls considered for the study**

The largest group of girls belongs to the age of 16 years in both rural and urban areas. Hindus formed the major group among rural girls with 73.15 percent. Among urban girls also, the percentage of Hindus was high (72.90 percent). Educational levels of the respondents are classified into four categories varying from illiteracy to +2. The analysis shows that among the group 83.33 percent of the rural girls and 86.77 percent of the urban girls have +2 level of education. From the study it is seen that majority of the girls have their family monthly income up to 1000 only. Among urban girls a small percentage (0.97 percent) have their monthly income of above 10,000 rupees.

**Menstruation and related Issues**

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 years to age 16 years. In this study, majority of the girls are seen attained menarche either at age 13 or 14 years. Percentage of girls whose age at menarche is 13 years is seen higher among urban girls. In this study, majority of the girls are seen attained menarche either at age 13 or 14 years. Percentage of girls whose age at menarche is 13 years is seen higher among urban girls.



In the case of menstrual regularity among adolescent girls more than 80% of the 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. They think that the process will become normal automatically as soon as they attain maturity. Shyness also prevents them from seeking the help of a third person. Whatever is the reason such problems, if not treated in time, will affect their health in the future. Menstrual frequency is once in a month for a large majority of girls in both rural and urban areas. Majority of the girls in both the areas have scanty bleeding.

**Pre-menstrual syndrome**

Premenstrual syndrome (PMS) includes both physical and emotional symptoms such as fatigue, backaches, sore breasts, headaches, constipations, diarrhoea, depressions, irritability, cramps etc. appears in many girls and women before their periods.

Symptoms are seen in varying combinations. Different girls may have some or all of these symptoms in. PMS is usually at its worst during the 7 days before the period starts and disappears once it begins. But it is seen that in some girls, symptoms associated with PMS may not prolong forever in future. It will disappear in between.

Although the exact cause of PMS is unknown, it seems to occur because of changing hormone levels. During the second half of the menstrual cycle, the amount of progesterone in the body increases. Then, about 7 days before the period starts and right around when PMS occurs, levels of both progesterone and estrogen get dropped. (<http://www.healthline.com/health/premenstrual-syndrome>) Many girls experience abdominal cramps during the first few days of their periods. They're caused by prostaglandin, a chemical in the body that makes the smooth muscle in the uterus contract. These involuntary contractions can be either dull or sharp and intense. The good news is that cramps usually become less severe as girls get older and they don't usually last long.

Pre-menstrual Syndrome	Rural	Urban	Total
Fatigue	59.42 (41)	40.58 (28)	100.00 (69)
Backache	48.87 (108)	51.13 (113)	100.00 (221)
Sore breasts	35.23 (31)	64.77 (57)	100.00 (88)
Headache	43.38 (118)	56.62 (154)	100.00 (272)
Constipation	52.08 (25)	47.92 (23)	100.00 (48)
Diarrhoea	56.00 (14)	44.00 (11)	100.00 (25)
Depression	52.78 (57)	47.22 (51)	100.00 (108)
Irritability	39.72 (56)	60.28 (85)	100.00 (141)
Cramps	52.63 (20)	47.37 (18)	100.00 (38)

Headache is the major problem reported by girls followed by backache. Irritability is also complained by 141 girls. Of the total, 108 girls suffer from depression and only 88 girls complaints about sore breasts.

Comparing rural and urban areas, fatigue is seen high among rural girls. While among those who suffer from irritability, headache and sore breasts predominance is seen among urban girls and a comparatively higher percentage of the rural girls suffer from depression.

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 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. It is seen that

all problems are seen among both rural and urban girls. Girls suffer from depression in both the areas. Percentage distribution of girls having problems of menstruation by residential background

Problems	Adolescent Girls		
	Rural	Urban	Total
Dysmenorrhoea	43.78 (162)	56.22 (208)	100.00 (370)
Metrorrhagia	32.14 (27)	67.86 (57)	100.00 (84)
Menorrhagia	33.93 (19)	66.07 (37)	100.00 (56)
Headache	44.79 (43)	55.21 (53)	100.00 (96)
Backache	48.13 (129)	51.87 (139)	100.00 (268)
Loss of appetite	34.34 (57)	65.66 (109)	100.00 (166)
Anger	43.20 (70)	56.80 (92)	100.00 (162)
Tiredness	42.44 (101)	57.56 (137)	100.00 (238)
Leg pain	44.12 (90)	55.88 (114)	100.00 (204)
Weakness	46.09 (59)	53.91 (69)	100.00 (128)
Depression	36.36 (16)	63.64 (28)	100.00 (44)
Other irritations	63.41 (26)	36.59 (15)	100.00 (41)

The most important problem reported by the girls is dysmenorrhoea (painful menses) 55.4 percent of the girls suffer from this problem. Even though the problems such as heavy menses and irregular menses are present, the proportion of girls suffering from these problems are less. But we have to consider the matter seriously. It is seen that all the problems are seen higher in the urban areas. Among the other problems reported by the girls, backache is the second major one. 51 percent of the girls are suffering from backache. Only a small percentage of girls (5.0 percent) have reported that they are facing depression during menstrual period.

#### Problems of white discharge

The study reveals that majority of the girls in both the areas have normal white discharge. It is also seen that almost equal percentage of the rural girls complaints about the colour of their 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 but an almost equal percentage of the girls' complaint about itching. White discharge in the form of curd or thin layer is infectious. A slightly lesser percentage of the urban and rural girls (around 31 percent and 28 percent respectively) have either curd like or thin layer like discharge. A large majority of the rural and urban girls have normal discharge. White discharge after menstruation is also infectious. It is also observed from the data that in rural areas 37.96 percent of the girls have white discharge after menstrual cycle. In the urban areas 25.81 percent of the girls have same experience as of the rural girls.

Urinary tract infection (UTI) 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 shows that a large majority of the girls in both the groups had no urinary tract infection. Among rural girls very few had urinary infection. Of the girls who had infection, majority had it only once. Only a few had it twice. It may be noted that higher percentages of both rural and urban girls take bath twice a day during menstrual period. Most of them are educated which shows that they are giving more importance to personal hygiene. Large majority of the rural girls are using clothes as pads. Only a few girls are using both clothes and readymade napkins.

When menstrual flow reaches the peak, more than 50 percent of the both rural and urban girls change their pads thrice. Above 70 percent of the rural 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.

It is hygienic to use the menstruated clothes only for two months. But in the present study it can be seen that 59.65 percent of the urban girls use the clothes either for two months or one month, while 40.35 percent of the girls in the urban areas use the clothes for three or more than three months.

Sunlight can kill germs and bacteria and can prevent many diseases and infections. A question was asked as to where the clothes are kept during menstruation. More than 80 percent of the girls in both rural and urban areas put their clothes under sunlight. 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.

Among rural and urban girls 50-55 percent experience bad odour in their menstrual blood. The type of food especially different types of fish (both big and small) taken at the time of menarche may be one of the reasons for the bad odour of the menstrual blood. Generally girls show a tendency to prefer particular type of food or hate food during menstrual period. The analysis of the data shows that among girls in both the areas almost equal percentage either like or dislike food. Only a very low percentage of the girls in both the areas reported that they feel vomiting tendency during menstrual periods.

In the study, it is seen that a large majority of the girls in both the areas do only light household work. The analysis shows that a minority of the girls are doing exercise. Study shows that above 90 percent of the girls in both rural and urban areas have superstitious beliefs.

#### Inference from the study

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.

It is understood that people are aware about the consequences of irregular menstruation. But only very few are undergoing treatment for menstrual regularity. Problems that may affect the reproductive health are seen more in some respondents. Absence of effective mechanisms to make them aware on the consequences of such issues and helps them to take appropriate measures to solve these issues, are noted.

The existing superstitious beliefs in the families cause stress and frustration to the girls. This affects the girls psychologically.

Before bringing any change in menstrual practices they should be educated about the facts of menstruation and its physiological implications. The girls should be educated about the significance of menstruation and development of secondary sexual characteristics, importance of cleanliness, selection of a sanitary menstrual absorbent and its proper disposal. This can be achieved through educational television programmes, school nurses / health personnel, compulsory sex education in school curriculum and knowledgeable parents, so that she does not develop psychological upset and the received education would indirectly wipe away the age old wrong ideas and make her to feel free to discuss menstrual matters without any inhibitions.

Patterns of menstrual hygiene that are developed in adolescence are likely to persist into adult life. Our data suggest that young girls should be taught more on effective procedures of washing their menstrual clothes, as well as careful, more sanitary, storage of the pads, or preferably using new cloths for each monthly cycle. Sanitary napkins for menstruation are now advertised in television commercials, and the use of commercially available pads has increased. Some simple procedures are likely to be available to most young girls, even in relatively poor families. Some of the traditional beliefs and practices could be linked to new forms of dissemination of hygiene information. The teaching of hygienic practices related to menstruation should be linked to an expanded health education in which young girls can learn about reproductive physiology and functioning, as well as practical information about reproductive tract infections, sexually transmitted infections, and other useful knowledge.

Adolescent girls may also be involved more actively in designing and implementing appropriate responses and thereby taking full responsibility for their own health. The lack of knowledge about reproductive health including the emerging threat of HIV/AIDS, may have grave consequences for the country.

However, it may be noted that programmes for adolescents need to recognize the vast diversity among this segment of the population as this include a wide spectrum of categories: in-school and out-of-school; married and unmarried; tribal, rural and urban; the employed and the unemployed; those who have been sexually exploited; those in institutions; those who are disabled and those in conflict with the law. Adolescent sexual and reproductive health is being a

sensitive issue, awareness programmes should be formulated only in consultation with community leaders, religious groups, parents and teachers in order to ensure the acceptability and effectiveness of interventions.

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