



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2017; 3(7): 783-786
www.allresearchjournal.com
Received: 01-05-2017
Accepted: 02-06-2017

Dr. B Sajitha
Project Manager, AMCHSS,
Sree Chithra Thirunal Institute
for Medical Science and Health
Technology,
Thiruvananthapuram, Kerala,
India

Growing reproductive health issues - warrants urgent attention

Dr. B Sajitha

Abstract

The period of adolescence, beginning with the onset of puberty, is a crucial transition into adulthood. Menstrual problems may occur at any time between menarche and menopause. But its severity varies across individuals as among some women it may be severe but mild in some others. These problems, if not treated well may affect the reproductive health.

The data used for analysis are primary in nature collected through questionnaires from the areas like Malayadi, Panacode, Pulikonam, Cherukonam etc in Trivandrum District. The tribal settlement colonies namely Pankavu, Mancode and Chonanpara were also covered. The focus was given on the reproductive health issues of adolescent girls in the age group 12 to 19 years.

It is reported that, highest proportion of girls in these areas had attained menarche at the age of 13 years and the analysis shows that girls who had attained menarche between 12-15 age group have health issues. But no efforts are seen to be initiated for taking care of issues that may even affect the human population in future. Stomach pain appeared to be a common issue being faced by the girls during menstruation.

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.

Keywords: Menstruation, Dysmenorrhoea, menorrhagia, metrorrhagia, Ayalkoottams

Introduction

India has one of the fastest growing youth populations in the world. Girls below 19 years of age comprise one quarter of India's rapidly growing population. The period of adolescents is considered to be in between 10-19 years of age and they, perhaps, constitute 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.

Many studies reveal that, 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 awareness on the need and importance of sexual health among young children is almost absent, adolescents are not prepared mentally or psychologically to cope with these changes. This group commands attention as the existence of the future is footing totally on the health and the nature of the adolescence. According to WHO, the majority is out of school 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.

According to Devi (1994)^[1], menstruation is a phenomenon unique to the females. Menarche the onset of menstruation, signals the possibility of fertility. Often young girls do not get information on physiological implications of menstruation. The girls, who are free birds, now enter a new restricted phase of life after menarche. Restrictions are imposed on her slowly at the day of menarche particularly while interacting with male members outside the family. At home also she is asked to maintain some distance even from brothers and the girl is compelled to spend more with peer.

Correspondence
Dr. B Sajitha
Project Manager, AMCHSS,
Sree Chithra Thirunal Institute
for Medical Science and Health
Technology,
Thiruvananthapuram, Kerala,
India

The nature of problems felt by the girls in the urban and rural areas may be different. Restrictions are more imposed in rural areas than in urban areas. Traditional systems being followed also adverse the situation further in rural areas. However, the girls from poorer families in the urban sector also report unhygienic practices and meaningless traditional restrictions and beliefs.

Poor personal hygiene, myths and misconceptions about sexual and reproductive health lead to complications in pregnancies and maternal mortality. Unfortunately factors that need to be addressed get less importance. Instead they are subject to taboos during menstruation such as, isolation, not permitted to cook/or mingle in the family.

The Study

Reproductive health can be tracked and cured through close monitoring of problems occurred during menstruation and timely intervention. Menstrual problems may occur at any time between menarche and menopause. Dysmenorrhoea (painful menses) menorrhagia (heavy menses), metrorrhagia (irregular menses), abnormal bleeding etc are seen as the general problems of menstruation. But its severity varies across individuals as among some women it may be severe but mild in some others. These problems, if not treated well may affect the reproductive health.

The study has its importance in the hailing family cultural background in Kerala. This could help to chalk out various plans at state level to bring attitude changes with the help of awareness programmes and can be effectively implemented through various women Groups namely Ayalkoottams, SHGs, AHSA etc set up in the system under the control of panchayaths / Municipalities / Corporations.

The data used for analysis are primary in nature collected through questionnaires from the areas like Malayadi, Panacode, Mannoorakonam, Pulikonam, Cherukonam etc in Trivandrum District. The tribal settlement colonies viz Pankavu, Mancode and Chonanpara of Kottur forest in the rural areas are also covered. The focus was given on the reproductive health issues of adolescent girls in the age group 12 to 19 years.

Analysis and findings

A total of three hundred and forty six girls selected from the rural area formed the sample for analysis, out of which 130 girls are married. Apart from the univariate and bivariate analysis, multivariate techniques like logistic regression analysis was used for data analysis.

Ninety percent of the girls were above 16 years of age. Majority of the respondents in the areas have +2 level of education. Majority of the respondents are with poor financial background with their family income under Rs.1000 per month. Even though the age of onset of menstruation of the respondents falls between the age of 12 to 14 years, the highest proportion of girls had their menarche at the age of 13. Menstruation was seen regular for majority of the girls. The menstrual frequency for majority of the girls was once in a month with a scanty flow of bleeding.

Presence of abdominal pain, heavy bleeding and painful bleeding among these girls indicates health problems. The degree of severeness indicates the possibilities of probable reproductive health problems in the future. Even the natures of discharge also matters. Very few girls had coloured, thick discharge with foul smell. Some others had white discharge

even after menstruation. These two if not treated may lead to infection thereby poor reproductive health. Though only very few girls suffered from urinary infection, very few percent of them had reported its frequency of thrice or four times in one year indicate the future reproductive health problem. However smaller the problem may be, the symptoms should be given due attention and adequate measures should be taken.

Cleanliness is another key area that should be considered with due weightage while looking into the reproductive health issues among adolescents. The study shown that most of the girls were using clothes as pads and a few of them reused it three to six times. While away from home majority were not in the habit of changing pads. At the same time 50 percent of the girls reported that they felt bad odour in their menstrual blood.

Analysis of the food habits of the girls revealed that they were in the habit of taking vegetables especially during the menstrual period. During this time majority of the girls were seen to do only light work and were not doing any type of exercise. Taboos still exist among these girls' families. Majority of the girls had the problem of headache and so a few think that they are not healthy.

More than 50 percent of the married were Muslims and majority of unmarried girls were Hindus. A great majority of the unmarried girls are having an educational level upto +2, but most of the married girls are having school level education only. Almost all the married girls and 70 percent of the unmarried girls were from poor families.

Only a lesser number of respondents reported irregularity in their menstrual cycle. However, unmarried girls are more among them. Only a few of them undergone treatment for maintaining regularity. Though menstrual frequency was once in a month for majority of the girls, variation in the menstrual cycle were seen more among married girls. Almost one-third of the married girls had heavy bleeding (menorrhagia) which indicates the presence of reproductive health problems.

Pre-menstrual syndrome and menstrual problems were found more among unmarried girls. The married girls who suffered from urinary tract infection were double the percentage of unmarried. The personal hygiene habits differed much among the married and unmarried girls. While majority of the married girls took bath only once during menstruation, the unmarried had the practice of taking bath twice. While three-fourths of the unmarried girls used clothes as pads. Only 56 percent of the married girls are using clothes. Only half the percentage of married girls was using readymade pads. Most of the girls were in the habit of changing pads thrice. Among those who used clothes as pads, majority of the unmarried girls washed it for reuse, only 56 percent of the married girls were having this habit. But both these groups, after washing used to dry it under sunlight. A slightly higher percentage of the married girls used the washed clothes more than three times than the unmarried.

Bad odour of the menstrual blood was felt among more unmarried girls. In the same manner more unmarried girls showed hatred towards usual food than the married girls. While fruits and vegetables together were taken especially by more than half of the married girls, almost 58 percent of the unmarried girls consumed more vegetables during menstrual periods. Both seemed to be doing work during menstrual periods. While married girls were not in the habit

of doing exercise a minority among the unmarried were doing exercise. Though headache was seen to be the major problem affecting both groups, almost half of the married girls felt no problems at all.

The Pre-menstrual syndrome and other menstrual problems were seen more among the unmarried girls and they had reproductive health issues also. Urinary tract infection and problems related to discharge was felt more by the married girls. Therefore it can be inferred that the girls are experiencing reproductive health issues especially girls from the poor families who are illiterate and from a rural background. Reproductive health issues were seen high among those who had irregular menses and menorrhagia. Unmarried formed the majority among this group.

It is reported that, highest proportion of girls in these areas had attained menarche at the age of 13 years and the analysis shows that girls who had attained menarche between 12-15 age group have health issues. But no efforts are seen to be initiated for taking care of issues that may even affect the human population in future. Stomach pain appeared to be a common issue being faced by the girls during menstruation.

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 study showed that reproductive health issues were seen more among girls who are using clothes as napkins. So use of readymade pads should be encouraged among the girls in rural areas. For this media is playing a vital role. As a result of advertisements, people are aware of the fact that using readymade napkins would help them by giving confidence for attending all normal activities as well as effective in solving hygiene related issues. But their economic status is preventing them from using costly readymade napkins. Therefore they should made aware about the methods of using clothes, that is, changing them thrice daily, washing and drying them under heavy sunlight and reusing them only once. Eating fresh green leafy vegetables at the time of periods would help them to compensate the deficit of vitamins and minerals lost during this period and also for proper growth.

The existing superstitious beliefs in the families cause stress and frustration to the girls. This affects the girls psychologically. The notion that girls should not do heavy work or exercise during menstrual period, prevent them from doing it. As expressed in the Patient education material from the American College of Obstetrics and Gynecology, menstruation usually does not affect a woman's daily activities. Women athletes exercise vigorously while menstruating. Many women notice that increased exercise during menstruation reduces dysmenorrhoea. So awareness has to be created among them with regard to the better side of doing exercise.

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, 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. Study 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 clothes 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. Some of this knowledge is spreading in the adolescent population, but the dissemination is slow and uncertain. In view of the fact that issues surrounding puberty and menstrual hygiene are extremely sensitive and conventional sources of health information such as popular media or brochures do not generally include them, more informal means of dissemination may be needed. Community groups, peer groups, school curriculums, and other such channels are likely to be more effective means of transmitting important health messages and advice to young women entering puberty. The visible, expressive public celebration of girls' coming of age in Tamil Nadu would seem to offer a vehicle for broadened transmission of information about reproductive health issues, including specific information about menstrual hygiene. Although people increasingly look to the school system to impart this knowledge, some of this transmission could take place in the informal sector, provided health educators and providers develop new strategies of dissemination. More effective education about hygienic menstrual practices could be a major contribution to improving women's reproductive health, including reduction of reproductive tract infections.

Social situations have strong influence on adolescent sexual behaviour. Many young people need support in delaying sexual intercourse; others need to know how to protect themselves from pregnancy and infection, others require comprehensive services (including maternal health care). But little research has been carried out into how adolescents view their sexuality and how their views differ from those of adults. Research should also investigate how laws and official policies influence adolescent reproductive health. Besides the efforts and independent initiatives taken by different government and NGOs, till recently adolescent girls health had not received special attention. Adolescents need a package of services/ facilities, which will enhance their capacity for advancement and enable them to become capable citizens.

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.

During the study it is found that there are NGOs who are putting sincere efforts for improving awareness among women on the reproductive health issues, Sexually Transmitted Diseases etc. through conducting various programmes. NGOs are found to be working sincerely by conducting health programmes along with other services on a periodical basis even in the tribal settlement area where transportations are yet to reach.

However it may be noted that programmes for adolescents need to recognize the vast diversity among this segment of the population as adolescents 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. As adolescent sexual and reproductive health is such a sensitive issue, programmes must consult community leaders, religious groups, parents and teachers in order to ensure the acceptability and effectiveness of their interventions.

The “Adolescent Reproductive Health Issues” shall form the part of National Youth Policies with emphasis on the biological, psychological and social aspects. Policy should be framed by giving priorities to generate opportunities by enabling emergence of NGOs with the objective of reducing reproductive health issues by strengthening awareness of adolescence covering all regions. Special financial packages shall be designed and developed for providing financial support to achieve the objective in a productive manner. In order to ensure the proper utilization of the funds being spent in this area, systems are to be developed and put in place under the control of a Government Body to monitor the service of these NGOs.

References

1. Devi Drakshayani K. A study on menstrual hygiene among rural adolescent girls. Indian Journal of Medicine and Science. 1994, 48.
2. Kumar Anant. Poverty and Adolescent girls health. Yojana, 2001.