MENSTRUAL DISORDER AMONG ADOLESCENT SCHOOL GIRLS IN THENI DISTRICT

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Abstract

Menstruation is a normal physiological process that begins during dysmenorrhoea and may be associated with various symptoms, occurring before or during the menstrual flow. Menstrual problems are generally perceived as only minor health concerns and thus irrelevant to the public health agenda, particularly for women in developing countries. The beginning of menstruation in a girl marked the start of reproductive life. The menstrual period is a natural phenomenon that occurs throughout the reproductive life of every female. In Tamilian culture on the other hand, the subject of menstruation and puberty hygiene discussed at home as well as at school in most parts of the country especially in the rural areas was not adequate. Additionally girls often are reluctant to discuss this very private topic with a parent, although they may confide in another trusted, adult. Ignorance has led to many kinds of practices especially among the schools girls, some of which are very much harmful. Hence the present study has been carried out to determine the menstrual abnormalities experienced by young female school students from selected secondary schools of Periyakulam Taluk located in the Southern part of Theni District.

Key Words: Menstruation, Dysmenorrhoea, Adolescence, Puberty.

1. INTRODUCTION

Young patients and their parents frequently have difficulty in assessing what constitutes normal menstrual cycles or patterns of bleeding. Girls may be unfamiliar with what is normal and may not inform their parents about menstrual irregularities or missed menses. Some girls will seek medical attention for cycle variations that actually fall within the normal range. Others are unaware that their bleeding patterns

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potential health concerns for adulthood. abnormal menstrual patterns through adolescence may permit early identification the key to diagnosis of potentially serious health conditions, identification adolescence. Just as abnormal blood pressure, heart rate, or respiratory rate may about normal range for menstrual cycle, length and the duration of flow through the potentials for long-term health consequences. Clinicians also may be unsure are abnormal and may be attributable to significant underlying medical issues

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psychologically safe with parental education (Chan et al., 2009). Singh et al., (1999) percent were totally ignorant about menstruation and 84 percent were not youngsters. Although menstrual knowledge was higher in post-menarche girls, 10 some cultural restrictions preventing the flow of correct information given to particularly in more traditional and poorly educated environment mainly due to be inconvenient or embarrassing (Houston et al., 2006). This problem is observed Some women, even in the developed countries, considered menstruation to

uterine bleeding, dysmenorrhea and premenstrual syndrome. Dysmenorrhea, disorders. The most prevalent menstrual disorders among adolescents are excessive than lay interviews (5 to 15 %). Women can experience a variety of menstrual ranged from 5 to 16%, with higher prevalence after medical interviews (9 to 16%) Brookman - Amrssah, (2004) reported that the frequency of irregular cycles poor awareness and health seeking practices during menstruation. from Haryana reported that among 130 girls students aged 13 - 17 years reported

progression of puberty are environmental factors, including socioeconomic (Wang, 2002). Other possible explanations for the perceived trend in timing and in body mass index (BMI) during childhood is related to an earlier onset of puberty from less well-developed Nations, 2 large studies have confirmed that a higher gain Although onset of puberty and menarche typically occur at a later age in females developed countries, the mean age at menarche is 15.37 years (Thomas et al ., 2001) (Marva, 1999). Age at menarche varies internationally and especially in less Nigerian University students 72% dysmenorrhoeal was reported on adolescents absenteeism among adolescent (Sharma et al., 2008). A study conducted amongst usually of the primary type, is a common symptom and a common cause of school

conditions, nutrition and access to preventive health care (Sun, 2002).

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However studies have shown that most of what they knew is often information obtained from their mothers and their peers. There are only limited numbers of studies on the level of information and understanding of bleeding disorders in women; nevertheless, the studies have dearth of information in the medical community and lay public about normal vs. abnormal menstrual bleeding. The literature suggests that menstrual problems may be as common in developing countries as they are in developed countries, and that when services are available, this will prompt women to seek care for menstrual complements.

Hence the present study has been carried out to determine the menstrual abnormalities experienced by young female school students from selected secondary schools in Periyakulam Taluk located in the Southern part of Theni District. This information will be useful in modifying health condition and educating the young females and to create an awareness of how to tackle the situation with by improving reproductive health services.

2. Materials and Methods

Research Design adopted in this study is descriptive survey. The instrument used to obtain the data is Menstrual Knowledge Practices and Health Care Behaviour Questionnaire. It has two sections (A and B) section A consists of demographic data such as age, class, mother's level of education, age at first menstruation while section B consists of 10 items on menstrual knowledge and health care behaviours of adolescent girls.

2.1 Sample and Sampling Techniques

This study was carried out in selected high schools and higher secondary schools in Periyakulam Taluk, which are located in the Southern part of Theni District. The samples of study included adolescent girls, selected at random from 10 schools. The ten schools were selected through cluster random sampling method. A sample of 300 adolescent girls in the age range of between 11 and 20 years participated in the study. A questionnaire with 18 items, contained also items on demographic characteristics of the respondents was designed by the researcher and was initially pilot tested on 25 students with similar characteristics of the research students. The concepts of menstruation knowledge and health care behaviours regarding menstruation were utilized in developing the questionnaire.

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2.2 Procedure

The participants in the chosen school completed an anonymous, administered, structured 18 items within classroom setting and were overseen by study researcher. Girls were asked about personal demographic details, age menstruation in year and months, current menstrual status and menstrual problems and it so the severity. They were also asked to indicate whether they had sought medical admost treatment for their menstrual problems in the last 12 months. They were asked to indicate the materials they use as absorbent and the number of days about from school during menstruation.

Simple percentage count was the statistical analysis adapted in this study.

3. Results

A total of 300 adolescent girls participated in the study. Regarding their addistribution almost 50 % of the girls belonged to the age group 14-16 years 50 were between age group 16-18 years while the least 23.7% were between age group 16-18 years while the least 23.7% were between age group of 18-20 years (Fig.1). Majority of the participants 26% had their mothers to find secondary, 14% of the mothers had Higher Secondary and 13.3% of the mother had degree (Fig.2).

Out of participants from illiterate mother 30% used clothing materials absorbent, 11.3% used sanitary pad, and 16.7% used cotton. The literate mothers were using clothing material, 20% were using sanitary pad and 12% were cotton (Fig.3). Premenstrual symptoms in participants yield Irritability 25.4 Tension 25.4%, Depression 14.4% and moodiness 17.3 % Anxiousness 17.3 Menstrual symptoms yield Irritability 27.0%, Tension 25.6%, Depression 14.4% and moodiness 16.8% and Anxiousness 16.8%. (Figure 4a1 & 4a2)

For the physiological signs and symptoms premenstrual symptoms participants weight gain was 25%, greasy skin 11%, Headache 15%, enlargement 24%, fatigue 14.5% and increase appetite 10.5%. Nith the mense symptoms weight gain yield 27.2%, greasy skin 22.2%, headache 13.8%, enlargement 12.2%, and fatigue 14.4% and increase appetite 10% (Figure 4b₁ & 4b₂ & 4b₃ & 4b₄ & 4b₄ & 4b₅ &

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in this study.

arding their age 16 years 26.3% ween age group mothers to be of the mothers of the mothers

materials as te mothers 10% 2% were using tability 25.4%, usness 17.3%. pression 13.6,

symptoms in 15%, breast the menstrual 13.8%, breast 4b₁ & 4b₂).

In dysmenorrhoea complex 33.3% of the participants had nausea, 40% of the participants had abdominal pain, 13.3% of the participants with cramp, 67% of the participants of the pain at thighs 6.7%. During the menstrual period 33.2% of the participants had nausea, 42.4% of the participants had backache, 41.8% of the participants had cramp, 4% participants had pain at thighs 5.6% (Fig. 4c₁ & 4c₂). Statistical parameter of psychological, physiological and dysmenorrhoea were expressed in Figure 4a, b, c. 68.6% of the respondents used paracetamol when experiencing menstrual problems 22. 8% used Aspirin and 8.4% used to baralgan (Fig.5). Responses to each of the three items revealed that 26.1 percentages chose to consult mother, 64.2% chose to self education and 9.5% choose to medical doctor (Fig. 6).

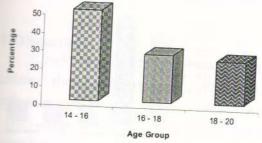


Figure - 1
Distribution of Girls by Age

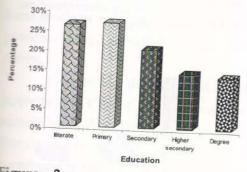


Figure - 2
Distribution of Girls by Mother Educational
Status

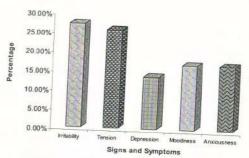


Figure - 4 (a₂)
Self - reported signs and symptoms
of menstruation Psychological
Symptoms

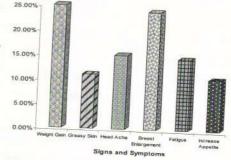


Figure - 4 (b₁)
Self - reported signs and symptoms of pre menstruation Physiological Symptoms

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Figure - 4 (c.2) Self - reported signs and symptoms of menstruation Dysmenorrhoea

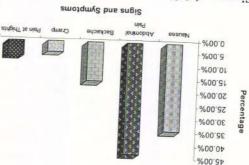


Figure - 4 (a_1)

Self - reported signs and symptoms of menstruation Psychological Symptoms

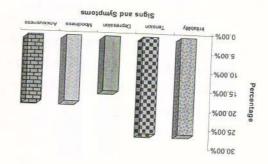
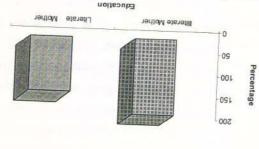
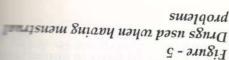


Figure - 3
Distribution of girls based maternal educational status and materials used as absorbent





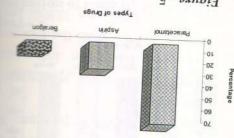
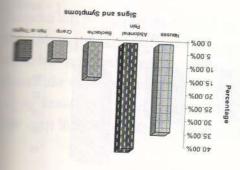
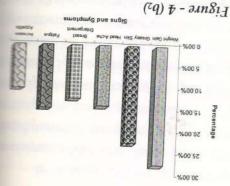


Figure - 4 (c₁)
Self - reported signs and pre
Symptoms of pre menstruation
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Self - reported signs and supported signs and supported signs of menstruation Physical Symptoms



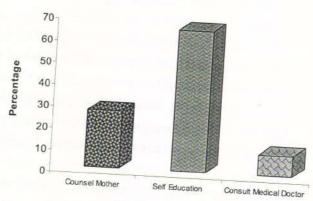


Figure - 6 Health seeking behaviour when experiencing menstrual problems

4. Discussion

truation

Adolescents who participated in this study were residents of the rural area, it follows therefore that, their cultural background and upbringing is expected to influence their menstrual knowledge and health care attitude.

Almost 50% of study participants belonged to a group 14-16 years. 23.7% were between ages 16 and 18 while the least between (23.6%) age ranges of 18 and 20 years. Table-2 indicates, distribution of girls by mother educational status shows that 11.3% of the study participants were from illiterate mothers. 18% of them were from mothers with primary school leaving certificate. 20% of the study participants were from mothers with middle school leaving certificates. 32% of participants mothers possessed high school certificate, while 18.7% had higher secondary certificate and above.

Concerning the maternal educational status on materials used as absorbent, majority (44.1%) of the participants from the illiterate mothers used clothing materials as absorbent for menstruation, While 62.5% of the participants from the literate mothers used sanitary pad as absorbent for menstruation. This finding corroborates that of Cronye and Kritezinger (1999) which indicated that menstrual knowledge was positively associated with parental education. The finding of this study indicates the majority of the girls from literate home were familiar and were

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using modern absorbent (sanitary pad) while those from the illiterate mothers were still using clothing materials as absorbent.

Attempts to measure menstrual blood loss on the basis of number of pads of tampons used per day or frequency of pad changes are subject to variables such as the individual's meticulousness, her familiarity or comfort with menstrual hygiene products and even variation among types and brands of pads or tampons (Frank and Williams(1999); Karthiga et al., 2011). Changing a pad approximately 3 to 6 times a day, although depends on external constraints such as school rules and limited time between classes which may make menstrual hygiene more problematic for adolescents than adults. Menstrual flow requiring changes of menstrual products that lasts more than 7 days at a time. This type of acute menorrhagia, although most offen associated with anovulation, also has been associated with the diagnosis of hematologic problems, including von Willebrand disease and other bleeding disorders, or other serious problems, including hepatic failure and malignancy (Allsworth, 2007; Hickey and Balen (2003).

Responses of the health seeking behaviour of the participants when experiencing menstrual problems shows that 25% consult their mothers, 40% engaged in self medication, 18% engaged in use of herbs, 10% endure it while 7% consult medical doctor. This study supports the findings of Singhs et al., (1999) who menstrual problem was dysmemorrhea (40.7%) followed by irregular mensus (2.3%) while only 5.3% consulted a doctor, 22.4% preferred to take counter medication from chemist shops.

Girls who have educated about early menstrual patterns experience less anxiety as development progress. It is equally important for clinicians to have an understanding of bleeding patters of young females, the ability to differentiate between normal and abnormal menstruation, and the skill to know to evaluate young female patient approximately. The list of other cause is extensive and includes infection of the genital tract, fibroids, malignancies, medication, blood dyscrasias and of the thyroid gland, adrenal gland, kidney, or liver.

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Gynaecologists recommend preventive health visits during adolescence to a dialogue and to establish an environment where a patient can feel good taking responsibility for her own reproductive health and feel confident that the concerns will be addressed in a confidential setting.

Using menarche or the menstrual as a sensitive vital sign adds a powerful to the assessment of normal hormonal development and the exclusion of serious manufactures, such as anorexia, nervosa, inflammatory bowel disease, and many chronic illnesses. Menstrual conditions that suggest they need for further lation.

Majority (38%) of the study participants used paracetamol (Milpharm when experiencing menstrual problems followed by the use of baralgan tablets by Aventis Pharma Ltd).

E Conclusion

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Menstrual irregularities can be caused by disturbance of the central madotropin-releasing hormone pulse generator as well as by significant weight strenuous exercise, substantial changes in sleeping or eating habits, and severe severe. Menstrual disturbances also occur with chronic diseases, such as poorly madoted diabetes mellitus; with genetic and congenital conditions, such as Turner and with other forms of gonadal dysgenesis. Through the present study certain extent we can avoid the above mentioned problems and the young girls the free from their imaginary fear and aware of their adolescent problems.

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