

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

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 fist 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.

2.2 Procedure

The participants in the chosen school completed an anonymous, self-administered, structured 18 items within classroom setting and were overseen by the study researcher. Girls were asked about personal demographic details, age of menstruation in year and months, current menstrual status and menstrual cycle length in days and whether they experience any menstrual problems and if so their severity. They were also asked to indicate whether they had sought medical advice or treatment for their menstrual problems in the last 12 months. They were also asked to indicate the materials they use as absorbent and the number of days absent 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 age distribution almost 50% of the girls belonged to the age group 14-16 years 26.3% 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 had primary, 20% of the mothers had secondary, 14% of the mothers had Higher Secondary and 13.3% of the mothers had degree (Fig.2).

Out of participants from illiterate mother 30% used clothing materials as absorbent, 11.3% used sanitary pad, and 16.7% used cotton. The literate mothers 10% were using clothing material, 20% were using sanitary pad and 12% were using cotton (Fig.3). Premenstrual symptoms in participants yield Irritability 25.4%, Tension 25.4%, Depression 14.4% and moodiness 17.3%.

For the physiological signs and symptoms premenstrual symptoms in participants weight gain was 25%, greasy skin 11%, Headache 15%, breast enlargement 24%, fatigue 14.5% and increase appetite 10.5%. With the menstrual symptoms weight gain yield 27.2%, greasy skin 22.2%, headache 13.8%, breast enlargement 12.2%, and fatigue 14.4% and increase appetite 10% (Figure 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).

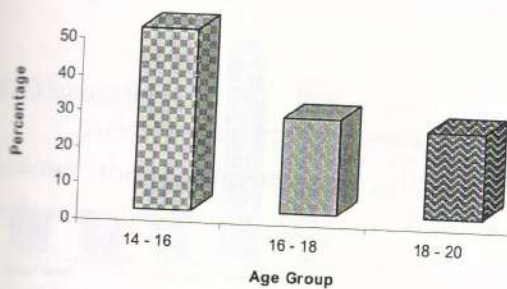


Figure - 1
Distribution of Girls by Age

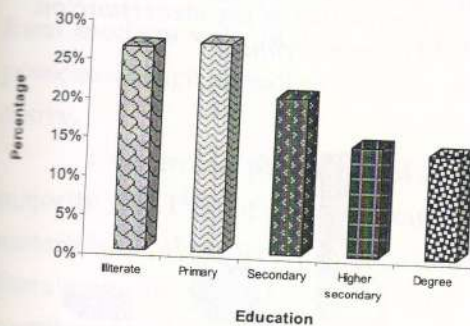


Figure - 2
Distribution of Girls by Mother Educational Status

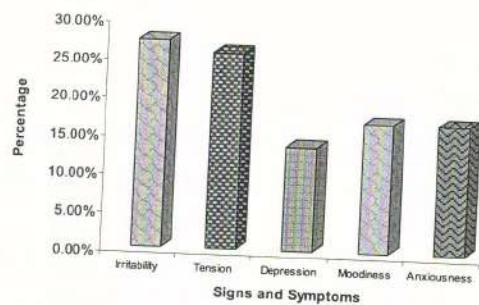


Figure - 4 (a₂)
Self - reported signs and symptoms of menstruation Psychological Symptoms

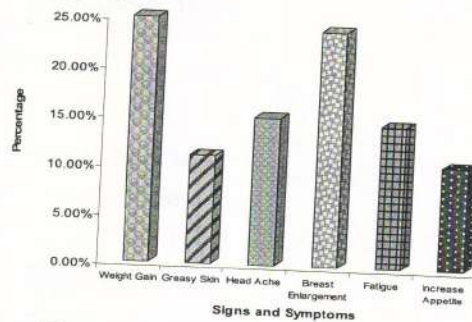


Figure - 4 (b₁)
Self - reported signs and symptoms of pre menstruation Physiological Symptoms

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

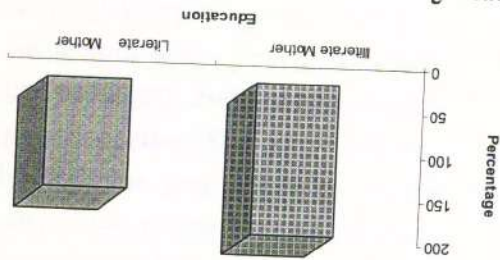


Figure - 4 (b₂)
Self - reported signs and symptoms of menstruation

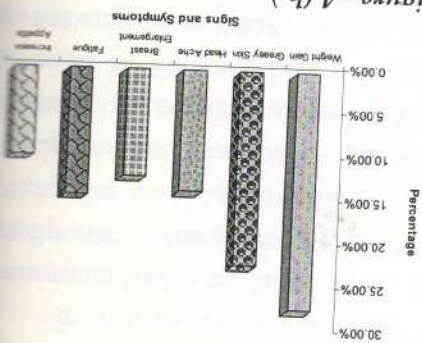


Figure - 4 (a₁)
Self - reported signs and symptoms of menstruation Psychological Symptoms

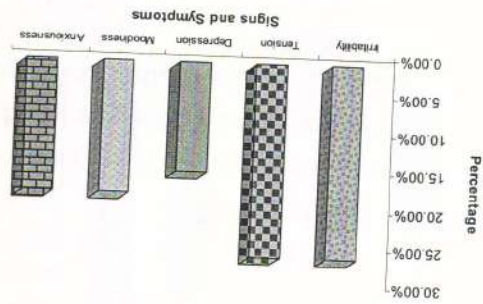


Figure - 4 (c₁)
Self - reported signs and symptoms of pre menstruation Dysmenorrhoea

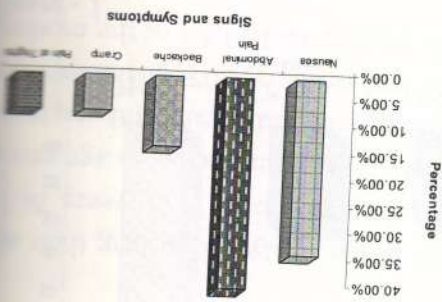


Figure - 4 (c₂)
Self - reported signs and symptoms of menstruation Dysmenorrhoea

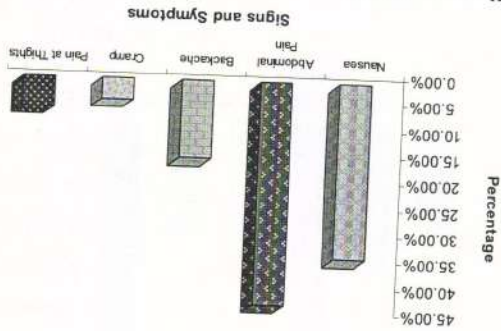
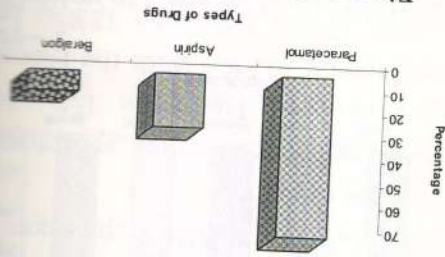


Figure - 5
Drugs used when having menstrual problems



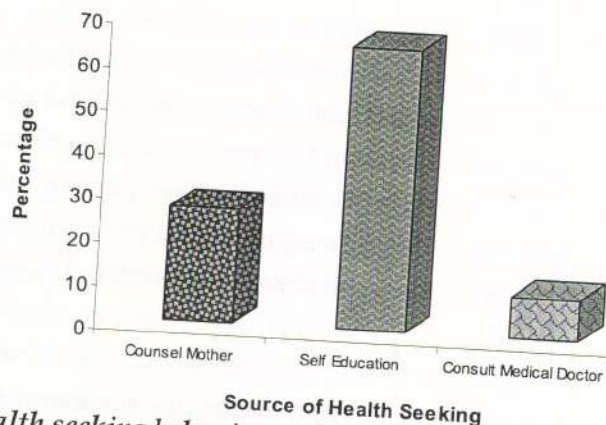


Figure - 6 Health seeking behaviour when experiencing menstrual problems

4. Discussion

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

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 or

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

every 1 to 2 hours is considered excessive, particularly when associated with flow

that lasts more than 7 days at a time. This type of acute menorrhagia, although most

often 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 Singh *et al.*, (1999) who

carried out a similar study in Haryana and found that the commonest reported

menstrual problem was dysmenorrhoea (40.7%) followed by irregular menses (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 patterns 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.

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

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

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

5. Conclusion

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

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