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STUDY OF MENSTRUAL PROBLEMS AMONG THE ADOLESCENCE GIRLS OF RURAL AREA OF ALIGARH

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ABSTRACT

Introduction: Menstrual practices are still bounded by social restrictions and taboos. This may result in ignorance of hygienic practices during menstruation. So there should be proper knowledge given to the girls since childhood. The present study was conducted in rural areas of Aligarh. It was conducted in 70 adolescent girls before taking verbal consent from them. The aim of the study was to find menstrual pattern among the rural adolescent girls, the various menstrual problems among them and the effect of this problem on their daily routine.

Material and Methods: A cross sectional study was conducted among girls of age group 13 to 19 years attending the rural health training centre of Department of Community Medicine, J.N. Medical College, Aligarh. Seventy girls who had given verbal consent were interviewed. Data was collected by personal interview and semi structure questionnaires. Data was analyzed using SPSS software. 35.7% were in 13-15 years age group, 21.4% were in 15-17 years age group and 42.9% were in 17-19 years age group. Regarding problems related to menstrual cycle, dysmenorrhea (71.4%) was the commonest problem. Other than this, girls had pre-menstrual syndrome (57.14%), backache (50%), fatigue (42.8%), breast heaviness (28.5%), joint pain (21.4%), increased weight (28.5%), headache (28.5%) and abdominal bloating (50%). The menstrual problems affected their daily routine. Around 71.4% of the subject were forced to have prolonged bed rest, 64.28% had missed social activities. 50% of them had disturbed sleep, 35.7% had decreased appetite, 42.8% had missed classes, 50% who were employed had to abstain from their work.

Conclusion: Menstruation problems usually cause interruption of daily routine of adolescent girls. School health programme should include provision for screening of adolescent girl for menstruation related problem and providing them with relevant information. Clearing up the misconception relating to menstruation and offering possible treatment options should be done. This may help in improving school and academic performance of students.

Key words: Menstrual problems, adolescent girls, dysmenorrhea, rural.

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INTRODUCTION

Menarche is the first menstrual period, or first menstrual bleeding. In India, adolescents form 21.4% of the total population. Menstruation is a normal physiological process but the onset of menstruation is a unique phenomenon for adolescent girls. The age of onset of the menstrual cycle varies from 9-18 years. According to a multicountry survey, menstrual disturbances were among first and fourth most commonly reported causes of morbidity among adult women.^{1,2} The first menstruation is often horrifying

and traumatic to an adolescent girl because she does not have any knowledge about her.³ Dysmenorrhea is the commonest problems, among all other menstrual problem in adolescents.^{4,5} Similarly amenorrhea, abnormal/excessive uterine bleeding, Premenstrual Syndrome etc. are some of the important complaints among the adolescents. There is low level of awareness among girls about menstruation.⁶ Adolescent girls are curious about their bodily changes.⁷ Lack of hygiene may result in adverse outcomes like Reproductive Tract Infections.⁸

The aim of the study was to find menstrual pattern among the rural adolescent girls, the various menstrual problems among them and the effect of this problem on their daily routine.

MATERIAL AND METHODS

The present study was non interventional. Pre-tested semi structured questionnaires were prepared and verbal consent was taken by the girls before study commencement. The permission was taken from the department review board. A cross sectional study was carried out in Rural Health Training Centre, Jawan, attached to the Department of Community Medicine of J.N. Medical College, A.M.U., Aligarh. The approximately population of this area is around 17000. The study population includes all adolescent girls in the area of age group 13-19 years who had menarche for at least one year at the time of study. All the girls, who gave verbal consent, in the target group, were included in the study. The problems related to menstruation in the last three cycles after menarche were asked. A total of 70 adolescent girls in the age group of 13-19 years were included. The study was conducted from March – April, 2016.

The cramping lower abdominal pain which may radiate to back and lower legs during or before onset of menstruation has been classified as Dysmenorrhea. Pre-Menstrual Syndrome (PMS) is recurrent, variable cluster of trouble some physical and emotional symptoms that develop 7-14 days before the onset of menstruation and subsides when menstruation occurs. The PMS consists of low backache, fatigue, breast heaviness, abdominal bloating, increased weight, headache, irritability, skin disorders, aggressiveness, depression, gastrointestinal symptoms and loss of appetite. The data was collected by personal interview on pre-tested semi-structured questionnaires. The confidentiality of information was assured and their verbal consent was taken before collecting data. The data was analyzed with Microsoft Excel using SPSS software.

RESULTS

The total girls under study were 70 out of which 35.7% were in 13-15 years age group, 21.4% were in 15-17 years age group and 42.9% were in 17-19 years age group. (Table 1) Regarding problems related to menstrual cycle, dysmenorrhea (71.4%) was the commonest problem. Other than this, girls had pre-menstrual syndrome(57.14%), backache (50%), fatigue (42.8%), breast heaviness(28.5%), joint pain (21.4%), increased weight (28.5%), headache(28.5%) and abdominal bloating (50%).

It was observed that dysmenorrhea and presence of one or more pre-menstrual symptoms (backache, fatigue, breast heaviness, increased weight) were considered as significant factors that made girl perceived the cycle as problematic. Abnormal duration of menstrual cycle, disturbed sleep, decreased hunger and other distressing problems were not found to be significant. (Table 2)

Table 1: Socio-Demographic Profile of Study Subjects

Characteristic	No. of Subjects (n=70)	%
Age (years)		
13 – 15	25	35.7
15 – 17	15	21.4
17 – 19	30	42.9
Status of Studies/Employment		
Student	35	50
School dropout	25	35.7
Working	10	14.3

Table 2: Menstrual Problems among Adolescent Girls

Problems*	No. of Subjects (n=70)	%
Dysmenorrhea	50	71.4
Pre-Menstrual Syndrome (PMS)	40	57.14
Backache	35	50
Fatigue	30	42.8
Increased weight	20	28.5
Breast heaviness	20	28.5
Joint Pain	15	21.4
Abdominal bloating	35	50
Headache	20	28.5
Other problems pertaining to Menstruation		
Irregular Cycles	40	57.14
Abnormal duration of menstruation	35	50
Abnormal Bleeding	25	35.7
Missed cycle	15	21.4

*not mutually exclusive

Table 3: Effect of Menstrual Problems on Daily Routine

Type of Disturbance	n*	Disturbance in Daily Routine	
		No.	%age
Prolonged Rest	70	50	71.4
Missed Social activities	70	45	64.28
Sleep Disturbance	70	35	50
Decreased appetite	70	25	35.7
Missed class	35	15	42.8
Missed work	10	05	50

*No of subjects

Table 4: Discussion Opted by Study Subjects for their Problems (n=70)

Discussions	No.	%
Mother	35	50.0
Relative	10	14.28
Friend	10	14.28
Nobody	05	7.14
Doctor	05	7.14
Not applicable	05	7.14

The menstrual problems affected their daily routine. Around 71.4% of the subject were forced to have prolonged bed rest, 64.28% had missed social activities. 50% of them had disturbed sleep, 35.7% had decreased appetite, 42.8% had missed classes, 50% who were employed had to abstain from their work. (Table 3) Most of the girls discussed their problem with their mothers followed by their relatives like sisters and friends. Only 5% discussed their problem with their doctors and only 5% never discussed their problem with anybody. (Table 4)

DISCUSSION

Dysmenorrhea was the common problem reported by the subject. Dysmenorrhea has been related to be the commonest menstrual problem by other researcher also.⁹⁻¹³ Pre-menstrual syndrome was reported by 57.14%. Backache fatigue, breast heaviness, joint pains, increased weight were the most common pre-menstrual syndrome experience by the participant. This has been reported by other literatures also.¹¹⁻¹⁵ Other problems were related to duration and bleeding pattern. Many participants indicated that they discussed their menstrual problems with their mothers followed by their friends. It has been observed that awareness among girls is very limited related to this topic.¹⁵ Mothers, television, friends, teachers etc are the sources of information on menstruation to the adolescent girls.¹⁶ Dysmenorrhoea and PMS has reported to be one of the frequent causes of absenteeism from school and work.¹⁷ Only 5% of the subjects discussed their problems with doctors. For these problems, most of them took over the counter medications from local pharmacist and quacks. Local remedies were also used by the participants and mothers.

Conclusion

Menstruation problems usually cause interruption of daily routine of adolescent girls. School health programme should include provision for screening of adolescent girl for menstruation related problem and providing them with relevant information. Clearing up the misconception relating to menstruation and offering possible treatment options should be done. This may help in improving school and academic performance of students. It was observed that dysmenorrhea and presence of one or more pre-menstrual symptoms (backache, fatigue, breast heaviness, increased weight) were considered as significant factors that made girl perceived the cycle as problematic. Abnormal duration of menstrual cycle, disturbed sleep, decreased hunger and other distressing problems were not found to be significant. The menstrual problems affected their daily routine. Around 71.4% of the subject were forced to have prolonged bed rest, 64.28% had missed social activities. 50% of them had disturbed sleep, 35.7% had decreased appetite, 42.8% had missed classes, 50% who were employed had to abstain from their work. Most of the girls discussed their problem with their mothers followed by their relatives like sisters and friends. Only 5% discussed their problem with their doctors and only 5% never discussed their problem with anybody.

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