

## Awareness and health seeking behaviour of adolescent school girls on menstrual and reproductive health problems

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### ABSTRACT

The transition from childhood to adulthood occurs during adolescence period which is characterized by major biological changes like physical growth, sexual maturation and psycho-social development. During this phase of growth the girls first experience menstruation and related problems which is marked by feelings of anxiety and eagerness to know about this natural phenomenon. The study was conducted to assess the health problems, to evaluate health seeking behaviour to find the awareness about pregnancy among them and the awareness about reproductive health among them. The study was conducted on the girls age group (14 – 18) in Banasthali University located in Tonk district of Rajasthan. The study subjects were 100 girl students of 9th – 12th classes. Majority of them (82.5%) attained menarche at 13-14 years. Regarding menstruation, 84 per cent girls perceived it to be a normal process while 16 per cent girls felt that it was abnormal. Commonest reported menstrual problem was dysmenorrhoea (67%) followed by irregular menses (4%) of which only 6.2 per cent consulted doctor and 20.3 per cent, took ever the counter medications from the chemist shops. Knowledge about normal duration of pregnancy was good and need for extra food during pregnancy was poor. Most of the girls knew about importance, duration of child spacing and need for three medical examinations during pregnancy. Major sources of information were television (10.2%), radio (13.3%), peer group (24.3%) and mothers (52.2%). Girls preferred to consult parents (59.2%) and doctors (34.6%) for help at times of having reproductive health problems. The study highlights the need for educating school girls about adolescent health, pregnancy and reproductive health problems through schools and 'parents by the health professionals.

**KEY WORDS :** Health seeking behaviour, Physical growth, Adolescence

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Menarche is a significant milestone in the transitory developmental journey of an adolescent. A normal menstrual cycle is an important determinant of reproductive development during adolescence. An adolescent girl should be made aware of the phenomenon of menstruation at least a little ahead of its occurrence, so as to enable her to accept it as a normal developmental process and manage it appropriately.

The transition from childhood to adulthood occurs during adolescence period which is characterized by major biological changes like physical growth, sexual maturation and psycho-social development. One might expect young girls to react positively to their menarche; however, negative responses such as shame, fear, anxiety and depression are more common. The manner, in which a girl learns about menstruation and its associated changes, may have an impact on her response to the event of menarche. Menarche may remain a traumatic event for

her unless she is prepared for it. In traditional countries like India, the attainment of menarche has a lot of cultural significance as it marks the transition from girlhood to womanhood and the event is celebrated with the girl as the central figure. During this phase of growth the girls first experience menstruation and related problems which is marked by feelings of anxiety and eagerness to know about this natural phenomenon. However, they do not get the appropriate knowledge due to lack of a proper health education programme in schools. Moreover, the traditional Indian society regards talks on such topics as taboo and discourages open discussion on these issues. This leads to culmination in repression of feelings which can cause intense mental stress and seek health advice from quacks and persons who do not have adequate knowledge on the subject. Such health seeking behaviour by the adolescent girls is undesirable. Moreover, the routine health services do not have provisions for adequate care of adolescent

health problems. Adolescent girls are exposed to several problems associated with menarche, which could have a negative impact on the education and activities of the adolescent girls. Physical discomfort and other related problems during menstruation might have an adverse effect on their performance in academic and other activities of life. Most of the adolescent girls report menstrual problems, mainly due to psychosocial stress and emotional changes. As the physiological process of menstruation is still regarded as an unclean state, such perceptions segregate girls from the activities of normal life.

A normal menstrual cycle is an important determinant of reproductive development during adolescence. An adolescent girl should be made aware of the phenomenon of menstruation at least a little ahead of its occurrence, so as to enable her to accept it as a normal developmental process and manage it appropriately. Menstruation is a normal physiological process that may be associated with various symptoms, occurring before or during the menstrual flow. The normal menstrual cycle relies on action and interaction of hormone released from hypothalamus-pituitary and ovaries and their effect on the endometrial. The normal menstrual pattern is such that age of menarche is less than 16 years, length of menstrual cycle 24-32 days, length of flow 3-7 days and amount of flow =80mL. Women can experience a variety of menstrual disorders. The most prevalent menstrual disorders among adolescents are excessive uterine bleeding, dysmenorrhea and premenstrual syndrome. Dysmenorrhea, usually of the primary type, is a common symptom and a common cause of school absenteeism among adolescents. Most studies on dysmenorrhea have focused on adolescents. Although it is normal physiological process, many adolescents have little or no information about normal and abnormal menstruation. Common menstrual disorders include heavy flow (menorrhagia), unusually light (hypomenorrhea), unusually frequent (polymenorrhea), unusually infrequent (oligomenorrhoea) and unusually painful (dysmenorrhea).

The objectives are as follows: to assess the health problems related to menstruation among adolescents girls, to evaluate health seeking behaviour of the adolescent girls, to find the awareness about pregnancy among them and to find the awareness about reproductive health among them.

## RESEARCH METHODS

### Study location:

The study was conducted in Banasthali University Girl's located in Tonk district of Rajasthan. The school

was selected based on convenience with respect to accessibility by the study investigator.

### Sampling method:

Purposive sampling technique has been used in the study. Prior informed consent was obtained from the School Principal and all participating girl students in the 9<sup>th</sup>-12<sup>th</sup> classes, using the random sampling technique.

### Data collection:

Data were collected using pre-tested and semi-structured schedule was self administered for obtaining information related to age at menarche, menstrual problems: cycle length, duration of flow, amount of flow and pain with menstruation and treatment practices, awareness about pregnancy, care during pregnancy, persons intended for seeking advice and care for reproductive health problems. Respondents were also asked whether they had consulted any physician on their menstrual problems. Further, questions were asked to assess their level of awareness on menstrual abnormalities.

### Variables and definitions:

The common menstrual and reproductive health problems were defined as follows:

#### *Dysmenorrhea:*

Dysmenorrhea is defined as difficult menstrual flow or painful menstruation. The term dysmenorrhea is derived from the Greek words *dys*, meaning difficult/painful/abnormal, *meno*, meaning month, and *rrhea*, meaning flow.

#### *Menorrhagia:*

Menorrhagia is an abnormally heavy and prolonged menstrual period at regular intervals. Causes may be due to abnormal blood clotting, disruption of normal hormonal regulation of periods or disorders of the endometrial lining of the uterus. Depending upon the cause, it may be associated with abnormally painful periods (dysmenorrhea).

## RESEARCH FINDINGS AND DISCUSSION

The study subjects included 100 girl students of 9<sup>th</sup> – 12<sup>th</sup> classes. Of the 100 eligible students identified for the survey, 98 students responded (98% response rate). Majority of them 81 (82.5%) attained menarche at 13-14 years (Table 1).

Regarding menstruation, 82 girls (84%) perceived it to be a normal process while 16 girls (16%) felt that it is

**Table 1: Socio-demographic profile of study subjects**

Characteristic	No. of subjects (n=98)	%
Age (years)		
>13	14	14.3
13-14	81	82.5
14<	3	3.1
Class		
9-10 <sup>th</sup>	43	43.9
11-12 <sup>th</sup>	55	56.1

abnormal. All the girls had experienced menstruation, majority of the girls 76 (78%) felt embarrassed and anxious. 79 (81%) suffered from various menstrual problems, commonest being dymenorrhoea among 53 girls (67%). More than half 50 girls (63.1%) of the study subjects had one or the other symptoms of pre-menstrual syndrome (PMS). Backache 45 girls (56.6%), fatigue 38 (48%), breast heaviness and joint pain 19 (24.2%), increased weight during and a few days before menstruation 14 (17.2%), headache 13 (16.7%), abdominal bloating 9 (11.1%) were the common premenstrual symptoms complained by the subjects. 3 girls (4%) suffered from irregular menses cycle, 4 girls (5%) from menorrhagia and another 2 girls (3%) had both menorrhagia and dysmenorrhoea (Table 2). Association of these problems present with the perception of study subjects regarding their menstrual cycle was studied. It was observed that dysmenorrhea or presence of one or more pre-menstrual symptoms (backache, fatigue, breast heaviness, increased weight) were considered as significant factors that made the girls perceive the cycle as discomforting and problematic. Abnormal duration of menstruation, disturbed sleep and decreased hunger were other distressing problems but were not found to be significantly associated with their perception of difficult cycles. Effect of menstrual problems on daily routine:

**Table 2: Menstrual problems among adolescent girls**

Problems	No. of subjects (n=79)	%
Dysmenorrhea	53	67
Pre-menstrual syndrome (PMS)*	50	63.1
Backache	45	56.6
Fatigue	38	48
Increased weight	14	17.2
Breast heaviness and joint pain	19	24.2
Abdominal bloating	9	11.1
Headache	13	16.7
Irregular cycles	3	4
Menorrhagia	4	5
Menorrhagia and dysmenorrhoea	2	3

menstrual problems affected daily routine of 59 girls (60%) of subjects in one or more ways.

Table 3 shows that 23 girls (29.5%) were forced to have prolonged bed rest *i.e.* longer resting hours meant more than six hours of extra bed rest per cycle attributed to physical discomfort, 20 (25.6%) had missed social activities/commitments, 20 (25.6%) had disturbed sleep and 18 (22.4%) had decreased appetite.

**Table 3: Effect of menstrual problems on daily routine**

Type of disturbance	n=79	Disturbance in daily routine (%)
Prolonged rest	23	29.5
Missed social activities	20	25.6
Sleep disturbance	20	25.6
Decreased appetite	18	22.4
Missed class	4	5.1

Only 5 girls (6.2%) out of 79 girls consulted a doctor, 16 (20.3%) took medications from the chemist shops, 36 (45.6%) took herbal medicines from traditional medical practitioner, 22 (27.9%) girls did not use any medication and took rest for relieving the symptoms (Table 4).

**Table 4: Techniques for relieving the symptoms**

Techniques	n=79	%
Consulted a doctor	5	6.2
Medicine from chemist shops	16	20.3
Took herbal medicines	36	45.6
Not use any medications	22	27.9

Knowledge about normal duration of pregnancy was good and need for extra food during pregnancy was poor. Normal duration of pregnancy was known to 87 girls (88.8%). Only 41 girls (41.8%) knew about the need or extra food during pregnancy. Most of 76 girls (77.6%) knew about importance, duration of child spacing and need for three medical examinations during pregnancy (Table 5).

**Table 5: Knowledge about pregnancy and medical examinations**

Knowledge about pregnancy	n=98	%
Normal duration of pregnancy	87	88.8
Need or extra food during pregnancy	41	41.8
Duration of child spacing and medical examinations	76	77.6

Major sources of information were television (10.2%), radio (13.3%), peer group (24.3%) and parents (52.2%) (Table 6).

Responding to a question regarding persons intended

**Table 6: Major sources of information**

Sources	n=98	%
Television	10	10.2
Radio	13	13.3
Peer group	24	24.3
Parents	51	52.2

for seeking advice on having reproductive health problems, mothers were preferred by most of the girls (59.2%) and doctors (34.6%). Few of them consulted to their friends (13.3%), while 7.1 per cent did not wish to consult anyone for their problems (Table 7).

**Table 7: Discussants opted by study subjects for their problems**

Discussants	n=98	%
Mother	58	59.2
Doctor	34	34.6
Friend	13	13.3
Nobody	7	7.1

### Conclusion:

As the problems related to menstruation were quite frequent and often resulted in interruption of daily routine of the adolescent girls. It is important that school officials and school health programme personnel may be sensitized to their problems. The school health programme should include provision for screening of adolescent girls for menstruation related problems and provide them with relevant information on the subject clearing up the misconceptions and offer them the possible treatment options. This may help in improving school attendance rates and academic performance of the girl students.

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