



Psycho-Social Issues of School girls having Menstruation

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Abstract

Adolescence girls is an age of opportunity for children, Adolescence as defined by the World Health Organization is the age ranging between 10 to 19 years. It is widely acknowledged that each individual experiences this period differently depending on her or his physical, emotional and cognitive maturation. In the life of every adolescent girl menarche is a significant event. In Indian context, there are several traditions, myths, misconceptions, mystery and superstitions with regard to menstruation. **Objective:** To assess the psycho-social issues of adolescent girls during menstrual period. **Method:** The study was based on primary data. The total sample size was 30 respondents from 8th 9th and 10th standard were selected for the study by using simple random sampling method. **Results:** Many of the girls lacked knowledge about menstruation and often they believed that women are vulnerable to be possessed by devils and spirits during menstruation. Most of the adolescents were in 15 year age group (40%) and were hailing from below poverty line families.

Keyword: *Adolescent, Children, Mystery, Poverty, Families*

Introduction

Girls are more likely to have engaged in early sex in adolescence. The word adolescence comes from a Latin word 'adolescere', meaning to grow in maturity. Although there is no internationally accepted definition of adolescence, the United Nations defines adolescents as individuals aged 10–19: in effect, those in the second decade of their lives. This is the definition that applies to much of the analysis and policy advocacy presented in this report. While the term 'adolescents' is not mentioned in international conventions, declarations or treaties, all adolescents have rights under the Universal Declaration of Human Rights and

other major human rights covenants and treaties. India has the largest national population of adolescents (243 million), followed by China (207 million), United States (44 million), Indonesia and Pakistan (both 41 million). On current trends, however, the regional composition of adolescents is set to alter by mid-century. In 2050, sub-Saharan Africa is projected to have more adolescents than any other region, marginally surpassing the number in either of the Asian regions.

Psycho-social problems, particularly involving menstrual, their behavior and school issues, are more common during adolescence than at any other time during childhood. In schools, girls with serious psycho social problem like attention problems, conduct and behavior problems, anxiety problems, affect and mood problems, and social/interpersonal problems due to during menstrual period. Adolescents who have anxiety or mood disorders may have physical symptoms such as fatigue or chronic fatigue, dizziness, headache, and abdominal or chest pain.

Mental health problems among adolescents are associated with low educational achievement, unemployment, substance use, risk-taking behaviours, crime, poor sexual and reproductive health, self-harm and inadequate self-care – all of which increase the lifetime risk of morbidity and premature mortality. Mental health problems among adolescents carry high social and economic costs, as they often develop into more disabling conditions later in life. The risk factors for mental health problems are well established and include childhood abuse; family, school and neighborhood violence, poverty, social exclusion and educational disadvantage. Psychiatric illness and substance abuse in parents, as well as marital violence, also place adolescents at increased risk, as does exposure to the social disruption and psychological distress that accompany armed conflict, natural disasters and other humanitarian crises.

Early adolescence (10–14 years)

Early adolescence girls might be broadly considered to stretch between the ages of 10-14. It is at this stage that physical changes generally commence, usually beginning with a growth spurt and soon followed by the development of the sex organs and secondary sexual characteristics. These external changes are often very obvious and can be a source of anxiety as well as excitement or pride for the individual whose body is undergoing the transformation. The internal changes in the individual, although less evident, are equally profound.

Late adolescence (15–19 years)

Late adolescence girls encompasses the latter part of the teenage years, broadly between the ages of 15 and 19. The major physical changes have usually occurred by now, although the body is still developing. The brain continues to develop and reorganize itself, and the capacity for analytical and reflective thought is greatly enhanced. Peer-group opinions still tend to be important at the outset, but their hold diminishes as adolescents gain more clarity and confidence in their own identity and opinions.

The onset of menstrual periods in a girl is a sign of reproductive maturity, denoting the achievement of a major functional state. It marks the transition of a girl to a woman. The menstrual period is a biological phenomenon that occurs throughout the reproductive life of every female. Despite the fact that menstruation is a normal physiological process it is often not discussed openly especially in the rural areas due to some cultural restrictions. These impede the flow of information across generations. (Busari,2012). Considering menstruation as unclean imposed many restrictions and isolation of women during the cycle have created negative attitude towards this phenomenon in adolescent girls (Khanna et al,2005).

Review of Literature

Healthier adolescents today, despite lingering risks

Despite popular perceptions to the contrary, adolescents across the world are generally healthier today than in previous generations. This is in large measure a legacy of greater attention to and investment in early childhood, higher rates of infant immunization and improved infant nutrition, which yield physiological benefit, that persist into adolescence.

Yet in 2004 almost 1 million children under age 18 died of an injury. AIDS, early pregnancy, unsafe abortions, risky behaviours such as tobacco consumption and drug use, mental health issues and violence. These risks are addressed below, with the exception of violence, which is tackled later on in the section on gender and protection. Injuries are a growing concern in public health in relation to younger children and adolescents alike.

A further serious risk to health that arises as a consequence of adolescent sexual activity is unsafe abortion, which directly causes the deaths of many adolescent girls and injures many more. A 2003 study by the World Health Organization estimates that 14 per cent of all unsafe abortions that take place in the developing world – amounting to 2.5 million that year – involve adolescents under age 20 of the unsafe abortions that involve adolescents, most are conducted by untrained practitioners and often take place in hazardous circumstances and unhygienic conditions.

The experience of menarche can often be negative and traumatic to an adolescent girl having many psycho-social difficulties during the menstrual period with various misconceptions and restrictions practiced during menstruation. They may develop a negative attitude towards this physiological phenomenon. Majority of the girls are hesitant to discuss this topic with their parents and lack knowledge about menstruation and puberty. They often are unaware about the physiological changes in the body of an adolescent girl.

Objectives:

- This study attempted to understand the psycho-social difficulties of menarche and menstruation among adolescent girls with respect to their life situation.
- To know the family issues of adolescent girls during menstruation period.

Hypothesis:

- There will be no significant between psycho-social difficulties of menarche and menstruation among adolescent girls with respect to their life situation
- There will be no significant between family issues of adolescent girls during menstruation period.

Methods:

Population: Adolescent girls studying at government high school of Patna district, Bihar.

Sampling: The simple random sampling method was used.

Sample Size: The total sample size was 30 respondents from 8th, 9th and 10th standard.

Rural High School	Urban High School	Age Range Between
15	15	12-15

Tools: A semi-structured questionnaire validated by field experts was used to collect information from respondents.

Procedures: After obtaining written informed consent from participants' further history was obtained. Adolescent girls who had not attained menarche, who were unwilling to participate and girls with mental retardation were excluded from the study. On day one the first two adolescent girls meeting the inclusion criteria were recruited, after completing their interviews, which took about 60-90 minutes, the next participant meeting the criteria were recruited. In this way, about 2-4 girls were recruited on each day.

Results:

The present study comprised of 30 adolescent girls, in the age group of 12-15 years. The mean age of menarche among the study group was 13.7 years. Several behavioral changes were reported during the onset of menarche in the study subjects as shown in

BEHAVIORAL CHANGE ADOLESCENT GIRLS DURING ONSET OF MENSTRUATION (N=30)

BEHAVIOUR CHANGES	NUMBER	AGES
Irritability	11	14
Emotional disturbances	04	13
Depression	04	12
Feeling of sickness	06	15
Absent from school/college	05	12

Table No.1**ACTIVITY RESTRICTION ADOLESCENT GIRLS DURING MENSTRUATION (N=30)**

SOCIAL ACTIVITIES	NUMBER	AGES
No worship	08	15
Not allowed in kitchen	11	13
Dietary restrictions	07	14
No daily bath	04	12

Table No.2

There were 30 participants with a mean age of 14 years, 60% of students were from the 10th standard belonging to below poverty line of Hindu religion hailing from a rural background. The parents were working at household or as coolies in the agricultural lands. Mothers of most girls were illiterate and some had primary school education. Interestingly respondents reported that the visiting of holy places during menstruation was strictly restricted. Results showed that Feeling of sickness was the most common followed by irritability and emotional disturbances and adolescent girls were restricted from visiting holy places (89%) and also visits to relatives, friends and neighbours' house were restricted (80.4%) during menstruation. Over three fourth (76.6%) did not attend ceremonies like marriage, naming ceremony during the cycle. Over two third (68.6%) didn't work outdoors during cycle. A minority were not allowed to attend school during these days. Over half reported (63%) living in a separate room during menstrual days. A third did not sleep on their bed and over half (55%) were not allowed to do household activities. The food restrictions were practised by over half (56.7%) during menstrual days. They involved foods like butter milk/curd, egg, milk, jaggery and sweet. Adolescent Girls during menstruation period preferred to discuss their menstruation related problems either with their mothers or with their friends

Discussion:

This study highlights the important psycho-social issues faced by adolescent girls faced during menarche and menstrual periods. This period can be difficult as it is full of anxiety,

low mood, loss of interest work and new emotions and especially in females it signifies the transition from girlhood. 50% of the girls expressed feeling stressed, lonely and sad. They also expressed concern that they are not allowed to sleep on their routine bed and need for staying in a separate room. They are also not allowed to attend any ceremonies and visit holy places. These influenced the need to study their knowledge level and the practices they follow during menstruation. 30% of the adolescent girls reported of facing gynaecological problems due to unhygienic practices during menstruation and 20% of the girls having problems of family issues (untouchability) during menstruation period. This is consequent to their strong bondage with the traditional beliefs and misconceptions during menstruation. In our study the girls discussed the menstruation related problems with their mothers and friends/peers as also shown by several studies. Mothers and friends/peers generally lack the knowledge regarding menstruation since they have also not been told about this process in life. Many studies have revealed that mothers and friends are the main source of providing information about menstruation

This study highlights the need for professional social workers to provide appropriate intervention

programmes for adolescent girls as well the parents and other family members. This may assure a better quality of life for the adolescent girls from rural background. The intervention should provide scientific knowledge and resolve misconceptions about the menstrual periods and with a better understanding of facts. This may be further facilitated by incorporating the topics in the school curriculum and in form of workshops, conferences, training modules etc.

Conclusion

Current research in the area of adolescent psycho-social behavior issues during menstruation indicates a need of early intervention, rather than dismiss these as a transitory experience. In the absence of intervention, adolescents with abnormal psycho-social behavior issues may develop any of several disorders including affective disorder, anxiety disorders, sleep, depression, impulse control disorder and social, family adjustment problem. Based upon our study findings we recommend that school authorities should take up at least a weekly session on the issues related to menstruation with the parents.

Suggestions:

- Increased understanding and awareness about the psycho-social issues and problem related to that in the adolescent girls and their family.
- Increased involvement and interactions.
- Family decided to resolve the IPR and family issues.

Limitation of the Study:

This study was conducted at selected areas, one rural and one urban Patna government high school going adolescent girls and total respondents was 30 only

Interest of Conflict: None

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