
Behaviour of Adolescent Girls during Mensuration: A Study

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Abstract:

For healthy girls and women, menstruation is a normal and common aspect of life. It begins when girls reach sexual maturity and is a component of the female reproductive cycle. Studies have found a variety of psychosocial factors influencing this phenomena, as well as a significant discrepancy in teenage females' knowledge, attitudes, and behaviours about menstruation. Self-care and menstrual hygiene are important prerequisites for a woman to have a happy life and have high self-esteem.

Female adolescence is indicated by the commencement of menarche, which marks the shift from girlhood to womanhood. Traditions, myths, and misunderstandings abound in Indian culture, particularly when it comes to menstruation and associated difficulties. “The purpose of this research was to analyse teenage girls' knowledge and psychosocial behaviour around menstruation in Delhi (India). A group living arrangement for more than ten children without parents or surrogate parents in which care is given by fewer paid adult staff”, according to institutional care (Browne, 2009). Institutionalizing children harms their development, growth, and health, according to most studies. In a children's home, study on adolescent girls' menstrual knowledge and behaviour is vital. The qualitative study examined adolescent girls' understanding and practise of menstruation at the Children's Home. Menstrual hygiene among teenagers is inadequate, according to the study. Age and educational level showed no significant impact on teenage females' self-care and menstrual hygiene. It emphasises the need for targeted interventions to raise awareness and offer family health education, as well as social work's role in resolving these difficulties.

Key words: Menstrual Knowledge and Behavior, Adolescent Girls, Children’s Home, Social Work Practice.

Introduction

The “World Health Organization defines adolescence as the period between the ages of 10 and 19. It is characterised by increased baseline metabolic activity, as well as endogenous processes like as hormone release and effect on the body, between infancy and maturity. Adolescent girlhood is a vital phase of identity development and a period of transition from childhood to womanhood (Kirk and Sommer, 2005)”, and it poses a significant challenge to parents, children, and others responsible for the adolescent's upbringing. Physical, psychological, emotional, and social changes define it, all of which are important to one's well-being (Szilagyi, 2003).

According to census figures from 2011, there are 253 million adolescents aged 10 to 19, accounting for little over 1/5th of India's overall population. The Indian government recognised the importance of encouraging adolescent health-seeking. This age group's health affects India's mortality, morbidity, and population growth estimates. Investing in adolescent reproductive and sexual health will postpone marriage”, reduce teen pregnancy, satisfy unmet contraceptive needs, minimise maternal mortality, and reduce STIs and HIV. This investment focuses on the health of married teenage girls, who make up just one-third of the population of adolescent females. The presence of parents may indicate direction and structure for the teenager, but without the features of more explicit parental control that are commonly linked to unfavourable adolescent outcomes. Because the development of an independent sense of self and the maintenance of close relationships with parents are both important aspects of adolescent psychological well-being (Bulanda and Majumdar, 2008), “parental support, monitoring, and discipline are central dimensions of parental behaviour that are linked with” the adolescent's adjustment and well-being (Mullik, 1995). As a result, the house and family offer a safe and stimulating environment for a child's physical, mental, and spiritual development, and it is often regarded as the ideal environment for all children. However, not every kid receives the same level of care and safety from infancy through maturity. Various emotional, social, and economic factors, such as the death, separation, or divorce of one or both parents, marital discord, being born out of wedlock, chronic or contagious illness, single-parent families, displacement, disasters, communal riots,

extreme poverty, unemployment, mother's employment, migration, breaking up of joint families, abuse and misuse by the family, and so on, create situations in which children cannot live with their parents. Alternative types of care, such as children's homes and therapy for the kid, become unavoidable under certain situations. The majority of evidence shows that institutionalising children has a negative influence on their development, growth, and health. As a result, research on the menstrual knowledge and behaviour of teenage girls who have reached menarche in a children's home is important.

The Indian government's Ministry of Women and Child Development provides a variety of institutions for children, based on their requirements and categorisation. Youngsters in Observation Homes “wait for their cases to be heard; Special Homes are locations where juveniles are committed based on the Juvenile Justice Board's decision; and Children in Youngsters' Homes are places where children whose parents are unable to provide” sufficient care are placed. The children remain in these facilities until they are reunited with their families, transferred to another institution, or become 18 years old. All institutions for children, whether state-run or non-profit, shall be registered under the “Juvenile Justice (Care and Protection of Children) Act 2006”. Adolescent females (ages 16 to 17) from Children's Homes were included in this research. Menstruation is a natural aspect of a woman's reproductive cycle, which begins when she reaches sexual maturity. Many research have found a variety of psychosocial factors influencing this phenomena, as well as a significant disparity in menstrual hygiene knowledge, attitudes, and behaviours. The WHO is concentrating on making current health facilities more "adolescent-friendly." Menstrual hygiene and management is a topic that receives minimal attention. In light of this, Indian culture is entwined in a web of traditions, myths, and misunderstandings, particularly when it comes to menstruation and associated difficulties.

Material and Methods

The research used a qualitative approach, with the goal of determining the knowledge and practise of menstruation among school-aged teenage girls (ages 16-17) at the Children's Home in Delhi, India. The research included thirty school-aged teenage females who were residing in the

facility for an extended period of time and were all in grades IX to XI. These results were utilised to create standards for “in-depth interviews and focus group discussions. She performed 30 in-depth interviews and 5 focus group discussions” to acquire information on menstrual period knowledge and behaviour. The researcher coded the difficulties that arose during the translation of the data from Hindi to English.

Key Findings

Menstruation is frowned upon in Indian culture, with a slew of dos and don'ts. “Although menstruation” is a normal occurrence, it is associated with a number of myths and habits that may lead to negative health consequences. Adolescent girls are typically hesitant to bring up this subject with their parents, and they are often hesitant to seek treatment for their menstruation problems.

The research looked at people's knowledge and attitudes about menstruation. All of the research participants spent a significant amount of time in a children's home (for last 3 years). Hindu households made up one-third of the overall survey participants. The others came from Muslim and Christian households. According to the survey, one-third of respondents were from metropolitan areas and lived in nuclear households. The majority of respondents claimed to being in a children's home as a result of running away from home for a love affair, a missing case, orphanage, or a family feud. It should also be mentioned that throughout puberty, females have distinct biological, emotional, and social requirements that must be met. A variety of biological, social, and psychological issues arise as a result of inadequate or non-fulfillment of these requirements. If these girls' social and psychological requirements are recognised, they may be useful in determining their social and psychological difficulties, and then a plan of action can be devised to address them. The researcher focused on the idea of menstrual health in this study to investigate the knowledge, attitude, and behaviour of teenage girls at a children's home.

The majority of the girls in the research reached menarche between the ages of 12 and 13. The study's participants reported their knowledge, attitudes, and habits around menstruation. During menstruation, the majority of responders experience nausea, lower abdominal discomfort, and

mood difficulties. As a result, they were often absent from school during this time. "This is only occurring with ladies," one 17-year-old girl observed. They were treated unfairly by God."

The sanitary napkins given by the institution were utilised by all of the research participants. Few respondents said they used home-made reusable pads made from old cotton clothing while they lived alone. The majority of those who responded recounted their experiences with replacing used pads. They changed pads every time they had a bath; before, they had only used one pad every day.

One 17-year-old girl described how her peers teased her because she was late in reaching puberty. "My friends ask me whether I'm a female," she said. They're keeping me out of the peer group. I'm extremely lonely right now. They nickname me 'Hizra,' and they ridicule me about it."

The survey participants discussed their perceptions about Indian society's constraints, including as not being permitted to pray during menstruation, not being allowed to bathe, not being allowed to visit kitchens and families, and food restrictions. The majority of the research participants did the same, however a handful of them did not believe in this sort of activity. "This is our body, our blood, which flows via vagina," one 17-year-old girl observed, "how could we 'Apavitar' at this time period?"

The girls mentioned menstruation-related issues such as late puberty, irregular menstruation, itching and atypical genital discharge, and genital ulcers/ sores in the research. Itching and reddening of the vaginal area, as well as worry and anxiety. However, they were afraid of being stigmatised in the institution or society if they shared their condition in public (with the employees of the children's home) or sought therapy from hospitals. They only communicate their difficulties with their closest pals and rely on home remedies to alleviate genital problems. Several studies have shown that friends/peers are often unaware about menstruation since they were not informed about it as children. Furthermore, the strong ties to traditional beliefs, taboos, and misunderstandings about menstruation have resulted in a slew of major health and behavioural issues. Inaccurate and inadequate information received by the girls from a restricted number of sources might lead to health issues and consequences.

According to the findings, institutions do not have to function in the same way they do now. Interventions targeted at improving caregiving behaviours to provide children with greater stimulation and deeper interactions with their carers have been shown to promote children's physical and mental development in a fairly consistent manner. The wellness of the children in the children's home, particularly teenage females, need a specific examination and response.

Conclusion

The study's main results show that women's understanding and habits around menstruation are inadequate. Despite the fact that “age and educational status had no impact on self-care and menstrual hygiene, teenage girls had an average level of self-care and menstrual” cleanliness. Several psychological, behavioural, and environmental variables impact these challenges directly or indirectly. Unsanitary habits, incorrect beliefs, and misunderstandings about menstruation still prevail among teenage females due to misinformation. This age range should be addressed in order to encourage girls to practise excellent menstrual hygiene and improve their attitudes and behaviours, as well as those of their families and communities. This may be solved by social workers in health care services raising awareness and giving appropriate information about menstrual hygiene habits. This will allow the girls to get the appropriate knowledge, which will be passed on to their foremothers, resulting in a good attitude regarding sanitary menstruation among teenage girls.

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