



Psycho-Social Behaviour of Urban Indian Adolescent Girls during menstruation

Goel Manish Kumar¹, Mittal Kundan²

1. Assistant Professor, Department of Community Medicine, 2. Professor,
Department of Pediatrics, Pt. B.D. Sharma PGIMS, Rohtak

RESEARCH

Please cite this paper as: Goel MK, Page: 49
Mittal K. Psycho-social behaviour of urban Indian adolescent
girls during menstruation. AMJ 2011, 4, 1, 48-52
Doi <http://dx.doi.org/10.4066/AMJ.2011.534>

Corresponding Author:

Manish Kumar Goel
Astt. Professor, Dept. Of Community
Medicine, PGIMS, Rohtak
[Email@address;](mailto:drmanishgoel2000@yahoo.co.in)
drmanishgoel2000@yahoo.co.in

Abstract

Background

Adolescence in females signifies the transition from girlhood to womanhood and is marked with the onset of menarche. Indian society is interwoven into a set of traditions, myths and misconceptions, especially regarding menstruation and related issues. The present study was conducted to assess knowledge and psycho-social behavior related to menstruation among adolescent girls in urban Haryana (state), India.

Method

A total of 478 adolescent girls in the age group of 15 -19 years from three educational institutes of Rohtak city were selected randomly. It was a community-based, descriptive, cross-sectional questionnaire based study, and a pre-tested, pre-coded, closed ended questionnaire was used.

Results

Feeling of sickness was the most common (in more than two-third of subjects) followed by irritability and emotional disturbances. More than 3/4th of the subjects did not worship during menstruation, 45% were not allowed in kitchen and nearly one-fourth followed dietary restrictions. More than 16% subjects thought menstruation to be a sign of onset of a disease and little more than 7 % thought it to be a curse. Girls preferred to discuss their menstruation related problems either with their mothers or with their friends.

Conclusion

Girls have inaccurate and partial information regarding menstruation. There is a need of early intervention in the area of adolescent psycho-social behavior during menstruation.

Key Words

Psycho-social behavior, menstruation, adolescent girls, urban

Background

Adolescence is period when boys and girls are kindled into a new sense of self. This period can be difficult as it is full of anxiety and new emotions and especially in females it signifies the transition from girlhood to womanhood.¹ During this phase as a result of production of sex hormones, overt changes in physical size and shape occur in body. These changes are also associated with some behavioral changes.^{2,3} In females, this transitional period is marked with the onset of menarche. In Indian cultural milieu, the society is interwoven into a set of traditions, myths and misconceptions, especially about menstruation and related issues. People maintain very conservative attitude in the society where superposition, cultural and religious constrain are dominant.⁴ Isolation and restrictions imposed during menstruation may incorporate negative attitude towards this phenomenon in girls. The study was conducted to assess knowledge and psycho-social behavior related to menstruation among adolescent urban girls of Haryana State.

Method

The present study was a community-based, descriptive, cross-sectional study conducted among adolescent girls in the age group of 15-19 years, attending educational institutes of Rohtak city (Haryana). Three educational institutes were selected for the study from a total of sixteen educational institutes by random sampling technique. A total of 478 adolescent girls were selected for the study, which was more than the minimum sample size i.e. 440; calculated at 95%confidence interval, 10% allowable error and assuming the proportion of girls having correct psycho-social behavior during menstruation as 0.5⁵⁻⁷ with a non-response rate of 10%. To maintain uniformity in the study, the female students from the lower standards were enrolled first and the students were called according to



their roll numbers. The subjects from a particular standard were enrolled till the desired sample was achieved. All the girls from the last selected standard were enrolled. A pre-tested, pre-coded, close ended questionnaire was used for this study. Questionnaire consisted of questions targeted at information regarding menstruation and issues related to it e.g. restrictions, behavioral changes, perceptions etc. They were asked to drop the questionnaire in the drop box placed outside their classrooms. The students were also told that it was not mandatory to fill/return the questionnaire. Prior verbal consent was taken from the respondents and teachers for the study. The girls who were not willing to participate were told that they may not return the questionnaire. Anonymity was maintained by not including the names of the respondents. The study was approved by institutional ethical committee.

Results

The present study comprised of 478 adolescent girls, in the age group of 15-19 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 table 1.

Table 1: Behavioral changes during onset of menstruation (n = 478)

Behaviour changes*	Number	%ages
Irritability	292	61.09
Emotional disturbances	256	53.56
Depression	149	31.17
Feeling of sickness	318	66.53
Absent from school/college	67	14.02
Decreased physical activity	204	42.68

*Subjects had multiple responses

Feeling of sickness was the most common observation followed by irritability and emotional disturbances. Nearly one third of the subjects felt depressed and more than 14% missed school. Several restrictions were also followed during menstruation (Table 2) e.g. more than 3/4th of the subjects did not worship during menstruation, 45% were not allowed to enter kitchen and families of nearly one-fourth girls advocated some dietary restrictions.

Table 2: Activity restriction during menstruation (n = 478)

Social activities	Number	%ages
No worship	364	76.15
Not allowed in kitchen	217	45.40
Dietary restrictions	118	24.69
No daily bath	34	7.11

*Subjects had multiple responses

Most of the study subjects thought menarche to be a natural phenomenon. Some of them had different perception regarding menarche (Table 3).

Table 3: Perceptions regarding menstruation (n = 478)

Thoughts	Number	%ages
Natural process	289	60.46
Sign of onset of maturity	252	52.71
Onset of disease	78	16.32
Curse	35	7.32
No response	24	5.02

*Subjects had multiple responses

More than 16% subjects thought menstruation to be a sign of onset of a disease and nearly 7 % thought it is a curse. Nearly 30% of study subjects knew menstruation as the most important sign of attaining adulthood while others had a different opinion (Table 4).

Table 4: Most important sign of adulthood as per study subjects (n = 478)

Signs of adulthood	Number	%ages
Increase in weight	75	15.69
Increase in height	86	17.99
Breast enlargement	77	16.11
Menstruation	152	31.80
No response	88	18.41

For nearly one-third of subjects increase in height and weight was the criterion of attaining adulthood. Approximately 18% of the girls did not respond to this question. More than half of the girls discussed their menstruation related problems with their mothers and one-third preferred to discuss with friends. Six girls discussed their menstrual related problems with their father.

Discussion

The mean age at menarche in present study was 13.7 years, which was similar to that observed in the Chennai⁸ and Delhi⁹ surveys (13.6 years and 13.5 years respectively). It could be because of similar nutritional status and racial profiles of the girls in our study population.

Several other studies have also reported restrictions in daily activities such as, not being allowed to take bath, change clothes, comb hair and enter holy places.¹⁰⁻¹³ Apart from these, dietary restrictions like- taboo on consumption of food like rice, curd, milk, lassi, potato, onion, sugarcane etc,



during the menstrual period are also imposed.¹

Along with cultural constructs which lead to formation of a certain preconception, the reaction to menstruation also depends upon awareness and knowledge about the subject. Several behavioral changes were reported during menstruation by study subjects. This could be because only less than 40% of the subjects thought it to be a natural phenomenon. More than 7% of the subjects related menstruation as a curse. This showed that there are substantial lacunae in the knowledge towards menstruation among adolescent girls. Several research studies have also revealed this gap and showed that there is low level of awareness about menstruation among girls when they first experience it.^{5,11,14}

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.¹⁵ Even if parents have knowledge they are not ready to share with their children. Several factors are responsible for this but most important being the social prohibition. The negative attitude of parents/teachers in discussing menstruation related issues openly had blocked the access of adolescent girls to right kind of information making other sources important for their knowledge resulting in propagation of inaccurate and partial information. Further, the strong bondage with the traditional beliefs, taboos and misconceptions during menstruation has led to much serious health and behavior problems.^{16,17} Inaccurate and incomplete information provided to the girls through limited sources can lead to health problems and complications. Parents and print/electronic media can act as better source of knowledge transfer among adolescent girls, since most of girls have access to both. But it is very important that the information is correct. We must inform them about the good and reputable sources which they should access for correct information. For this parents should be educated first related to adolescent issues. Role of media can also be vital in this area. Media should share the responsibility for disseminating the correct information.

Conclusion

Current research in the area of adolescent psycho-social behavior 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 behaviour may develop any of several disorders including affective disorder, anxiety disorders, or impulse control disorder.¹⁸ Knowing the cultural setup of the community and educating appropriately will help in improving knowledge about menstruation. This in turn could change the practices followed by the families regarding menstruation and would be beneficial for improving their life processes and promoting their quality of life. 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. They can invite various experts at times to address the important issues. Teachers should also address some issues in the class and also inform the students about good and reputable sources which they should access for correct information.

Limitations

Due to the use of closed ended questionnaire the exploration of responses was limited with respect to some of the issues.

References

1. Dhingra R, Kumar A, Kour M. Knowledge and practices related to menstruation among tribal (gujjar) adolescent girls. *Ethno-Med* 2009;3(1): 43-8.
2. Eskin BA. Sex hormones and aging. *Adv Exp Med Biol* 1978; 97: 207-24.
3. Bhende A. A study of sexuality of adolescent girls and boys in underprivileged groups in Bombay. *Indian J Social Work* 1994; 40: 557-71.
4. Foss-Goodman DA. Males and contraception the relationship between contraceptive knowledge, attitude and behaviour. Ann Arbor: Michigan University Microfilms International; 1984. p.192.
5. Ahuja A, Tewari S. Awareness of pubertal changes among adolescent girls. *J Fam Welfare* 1995; 41:46-50.
6. Nair P, Grover VL, Kannan AT. Awareness and practices of menstruation and pubertal changes amongst unmarried female adolescents in a rural area of East Delhi. *Indian J Community Med* 2007;32:156-7
7. Drakshayani Devi K, Venkata Ramaiah P. A study on menstrual hygiene among rural adolescent girls. *Indian J Med Sci* 1994;48:139-43.
8. Shiela, W, Malathy K, Premila, S. Menstrual and gynaecological disorders in 500 school girls in Madras city. *J Obstet Gynaecol India* 1993; 43:940-5.
9. Grover V, Kannan AT, Indrayan A. Counselling: Effect of KAP against HIV/AIDS and STDs among a high risk group. In: Aggarwal OP, Sharma AK, Indrayan A, editors. *HIV/AIDS Research in India*. New Delhi: National AIDS Control Organisation, 1997: 275-7.
10. Talwar R. A Study of the Health Profile of Adolescent Girls in an Urban Slum and Their Knowledge about Reproductive Health. MD [thesis]. New Delhi: Delhi University; 1997.
11. Singh AJ. Place of menstruation in the reproductive lives of women of rural north India. *Indian J Community Med* 2006; 31(1): 10-4.
12. Centre for Social Research. Growing up in rural India: problems and needs of rural adolescent girls by Ranjana Kumari. New Delhi: CSR; 1990.
13. Paul D. A report of an ICMR funded research project: Knowledge and practices of adolescent girls



regarding reproductive health with special emphasis on hygiene during menstruation. New Delhi: National Institute of Public Cooperation and Child Development (NIPCCD); 2007.

14. Khanna A, Goyal RS, Bhawsar R. Menstrual practices and reproductive problems: a study of adolescent girls in Rajasthan. *Journal of Health Management* 2005; 7(1): 91-107.
15. Ghattargi CH, Deo DS. Perceptions and practices regarding menstruation: a comparative study in urban and rural adolescent girls. *Indian J Community Med* 2005; 30(1): 10-4.
16. Escobedo LG, Reddy M, Giovino GA. The relationship between depressive symptoms and cigarette smoking in US adolescents. *Addiction* 1998; 93:433-40.
17. Romeach MK, Sproule BA, Sellers EM, Somer G, Busto UE. Long-term codeine use is associated with depressive symptoms. *J Clin Psychopharmacol* 1999; 19:373-6.
18. Nicholas LM, Golden RN. Managing the Suicidal Patient. *Clinical Cornerstone* 2001; 3:47-57.

PEER REVIEW

Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

Nil

FUNDING

Nil