

MENSTRUATION HYGIENE AND RELATED DISORDERS IN INDIAN ADOLESCENT GIRLS**Aakanksha Mrugeshbhai Patel****12th Science Student, The H B Kapadia New High School, Chhatral, Dist Gandhinagar, Gujarat.***Corresponding Author: Aakanksha Mrugeshbhai Patel**12th Science Student, The H B Kapadia New High School, Chhatral, Dist Gandhinagar, Gujarat.

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ABSTRACT

Adolescence is a period of physiological, psychological, and social transition between childhood and adulthood. Menstrual disorders are a common presentation and leading reasons for the physician office visits by adolescents. Knowledge of adolescent girls regarding reproductive health including menstruation is not learnt in systematic manner and hence may be half baked and influenced by socio-cultural barriers. Most adolescent girls in India have little knowledge on menstruation, reproduction, and sexuality. As menstruation remains a taboo, several misconceptions and restrictions are followed in the community. During menstruation, poor personal hygiene and unsafe sanitary conditions increase susceptibility to reproductive tract infections and gynecological problem. In resource poor contexts, where women do not have access to basic facilities such as water, bathroom and privacy, the standard of hygiene one can maintain is severely compromised. There is a need to improve the housing conditions with respect to basic facilities. Universalized use of sanitary pads can be advocated to every girl only by making it available at affordable prices. Setting up of a separate 'adolescent gynaecological clinics' is the need of the hour. Sensitization and counseling in schools along with comprehensive school education program on menarche and menstrual problems may help girls to cope better and seek proper medical assistance.

KEY WORDS: Adolescence, Menstrual disorders, Reproductive Health, Sanitary Pads.**INTRODUCTION**

Adolescence (from Latin *adolescere* 'to mature') is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth. As per WHO, adolescence includes the age group of 10-19 years. Adolescents constitute over 21.4% of the population in India.^[1] Adolescence marks the transition between childhood and adulthood. The biological determinant of adolescence is universal, however there is variation in the duration, defining characteristics of this period across time, demography, culture and socio-economic conditions. Over the time, we have come across many changes in the pattern of this phase like the time of onset of puberty, urbanization, changing attitude towards sexuality, behavior, sanitation and hygiene.

Menstruation is the most important aspect of women's reproductive health. Menarche an important marker of puberty and an important event in the life of adolescent girl. Studies suggested that menarche tends to appear earlier in life as the sanitary, nutritional and economic conditions of a society improve.^[2,3] It has different patterns within the few years after the menarche, which might not be well understood by many adolescent girls. Largest adolescent population in the world is in India.

They constitute 47% of the population. Physical, physiological and psychological developmental changes occur at this age. Adolescent girls often lack knowledge regarding reproductive health including menstruation which can be due to sociocultural barriers in which they grow up. Because of differences various problems for the adolescent girls are manifested. So very crucial is to provide information, education and suitable environment for girls in order to make them competent to deal with menstrual issues.^[4] The immediate family environment, peers, societal norms, school environment, and the workplace influence the development of adolescents' personality, capacities and vulnerabilities.^[4] Poor water, sanitation and hygiene (WASH) facilities in schools, inadequate puberty education and lack of hygienic items (absorbents) cause girls to experience menstruation as shameful and uncomfortable.^[5] Moreover poor personal hygiene and unsafe sanitary conditions result in gynaecological problems among the adolescent girls. Also there is high prevalence of reported cases of infections due to lack of hygiene during menstruation. It has been reported that repeated use of unclean napkins or the improperly dried cloth napkins before its reuse results in harbouring of micro-organisms and causing vaginal infections.^[6]

Hygiene-related practices of women during menstruation are of considerable importance, as it has a health impact in terms of increased vulnerability to reproductive tract infections (RTI). The interplay of socio-economic status, menstrual hygiene practices and RTI are noticeable. Today millions of women are sufferers of RTI and its complications and often the infection is transmitted to the offspring of the pregnant mother. For most females, it occurs between the age of 10 and 16 years; however, it shows a significant range of variation.^[7] The normal range for ovulatory cycles is between 21 and 35 days. While most periods last from 3 to 5 days with duration of menstrual flow normally ranging from 2 to 7 days. During this process, there are sequential phases that mark the maturation of the complex endocrinological system comprising of the hypothalamus, pituitary gland, and ovary, and their interactions. Healthy reproductive function is the expected endpoint of this process.^[8-10] Women having better knowledge regarding menstrual hygiene and safe practices are less vulnerable to RTI and its consequences. Therefore, increased knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women.

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psychological remodeling of someone in the transition between childhood and womanhood.

Attitude toward Menstruation

Although menstruation is a physiological process, it is still not normalized in society. The attitude toward menstruation is not the same in society. It is sometimes perceived as a curse of God or as a disease. On one side, menarche is celebrated, while on the other side the monthly cycles are surrounded by taboos, without much discussion in public. All these have instilled a negative and confusing impact about menstruation among adolescent girls. This highlights the need for adequate education to bring about a change in attitude on menstruation. Attitude toward menstruation also depends on the problems during premenstrual, menstrual, and postmenstrual symptoms. The most common symptoms are abdominal pain, backache, pain in legs or breast, irritability, disturbance in sleep, excessive bleeding, and prolonged bleeding.^[27-32]

Restrictions during Menstruation

There are several misconceptions that are passed on for generations. As the mother and family members themselves are not aware of the ways to manage menstruation, several restrictions are imposed by self or by others on the women and adolescent girl during menstruation. These restrictions are observed in attending religious practices, not allowed to touch anyone before taking bath, made to sleep at separate place, not allowed to touch plants, not allowed to play, etc. Restrictions are placed even for eating certain foods like papaya, sesame, nonvegetarian items, and sweets.^[33,34]

Practice on Menstrual Hygiene

Menstrual hygiene depends on the type of material used, frequency of changing the material, bathing daily, washing the genital area and proper disposal of used materials. The appropriate practices are using clean cloth/pads, changing pads more than or equal to 3 pads/day, taking bath daily, and washing the genital area using soap and water. Menstrual products have evolved from time to time. These products are clothes, sanitary napkins, tampons, menstrual cups.^[30,31] The most commonly used menstrual material is the sanitary napkin. Reusable and environmental friendly napkins are also available now. Regarding the disposal of menstrual absorbent materials, these are the common practices ordered unsafe to safe—(i) throwing these unwrapped into fields, rooftops, etc., (ii) wrapping in paper/ plastic bag and throwing outside, (iii) drying, wrapping in paper/ plastic bag, and throwing in dustbins (mostly nonrural), (iv) burying for decomposing, (v) throwing in latrine/toilets, (vi) burning (rural areas and periurban areas), (vii) using small scale incinerators (community or school level), (viii) municipal waste management/ burning in health clinics (urban). Safe disposal means ensuring that the destruction of used absorbents is done without human contact and with the least environmental

pollution. Improper disposal of pads like flushing in toilets can cause problems as the polymers used in napkins block sewage lines. In situations where sanitary napkins are not used, the reasons are high cost, not available easily, and difficulty in disposal.^[33] Sanitary napkins are also provided by the government through schools for school-going adolescents and through ICDS to those who do not attend schools.^[31,32]

Absenteeism to School

Absenteeism to school during menstruation is also observed in society. The common reasons apart from menstrual symptoms are lack of water supply for cleaning, shame, lack of privacy for changing and cleaning, sociocultural beliefs, and fear of stain on the clothes.^[29] Freedom from the fear of leakage increases a girl's confidence to be at school during menstruation. Since it is difficult for girls to predict their menstrual cycle, schools should always have a ready supply of sanitary napkins.^[31]

Effective Management of Menstrual Hygiene^[28]

Although only women and adolescent girls menstruate, it is necessary that everyone in society has a basic understanding about this.

At national, state, and community levels

National- and state-level officials have the responsibility to frame relevant policies, allocate budget, and provide strategic oversight. District level officers like magistrates, collectors, public health engineers, district education officers, ICDS officers, health staff, and community frontline workers must ensure implementation and monitoring.

Management at school level

According to the Annual Status of Education Report, only 68.7% of government schools in India had working toilet facilities, meaning one in four toilets is dysfunctional. The reason being the focus is only on the availability of toilets and not on their functionality.^[19]

Hence, usable, well maintained separate toilets for girls and boys, water supply, soap availability for hand washing, and space for washing or laundering menstrual absorbent should be ensured in study places. Creation of module that focuses on understanding changes during puberty, biology around menstruation, choice of menstrual absorbent, hygienic practices, handling menstrual absorbents, normalizing menstruation, debunking myths around menstruation, dealing with pain and nutrition during menstruation.

Norms and beliefs of community and families need to be changed in this regard. School teachers, community leaders, self-help groups, families including men and boys should positively support the women around them.

Families may act as a source of many taboos, restrictions and cultural beliefs with detrimental effects. Similar results were reported by Dasgupta and Sarkar (2008)^[36],

where 16.18% girls did not attend school and 70.59% girls did not attend any religious occasion. Tarhane and Kasulkar (2015)^[37] reported 84% girls were restricted from visiting holy places; according to Kumar et al (2011)^[38] 76.15% were not allowed to visit religious places.

CONCLUSION

Menstrual irregularity in adolescent needs to be evaluated with utmost sensitivity and treated promptly. Adolescent gynecology is an important sub-speciality of gynecology. Lack of privacy is an important problem. In resource poor contexts, where women do not have access to basic facilities such as water, bathroom and privacy, the standard of hygiene one can maintain is severely compromised. There is a need to improve the housing conditions with respect to basic facilities. Universalized use of sanitary pads can be advocated to every girl only by making it available at affordable prices.

At present, adolescent gynecology remains a neglected area by researchers, clinicians, society and should be addressed by setting up specialized "adolescent gynecological clinics". Setting up of a separate 'adolescent gynaecological clinics' is the need of the hour. Sensitization and counseling in schools along with comprehensive school education program on menarche and menstrual problems may help girls to cope better and seek proper medical assistance. Awareness through print and social media is the easiest way to bring attention to the importance of the teenage girl to the society.