

Psychosocial Issues pertaining to Menstrual Disorders among Slum Adolescents: Case Study

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Abstract: Menstruation is a natural and routine part of life for healthy girls and women. The onset of menstruation may be characterized by a number of irregularities. Menstrual cycles are often irregular during adolescence, particularly the interval from the first cycle to the second cycle. Some adolescent girls get through their monthly periods easily with few or no concerns. However, others experience menstrual disorders which profoundly affect their ability to function as they would like. The menstrual disorders may affect them physically, psychologically and behaviourally. This study aims to highlight the psychosocial issues of slum adolescents with respect to menstrual disorders and its influence in their rut using case study design. The study divulges the existence of issues of stigma, conflict with the family, lack of awareness and socialisation and discusses the applicability of social work practice in combating these issues.

Keywords: Psychosocial Issues, Menstrual Disorders, Slum, Adolescents, Case study, Social work practice

I. Introduction

The pride and dignity of any country lies in its future torch bearers, particularly in empowering today's children. In a country like India children in general and adolescent girls in particular occupies a place of primacy. Thence, enhancing adolescent girl's health is not just enhancing an individual or one family but the whole nations. Initiatives have been taken by the Governments, Non-governmental organisations to ensure free and safe living of adolescent girls in India but still problems exist affecting the whole concept of adolescent girl's wellbeing. For that no single organisation can be pointed out as the reason instead it should, be a team effort to see the adolescent girls live safe and secured in mother India.

According to 2011 census data, there are 253 million adolescents in the age group 10-19 years, which comprise little more than one-fifth of India's total population. Government of India recognized the importance of influencing health seeking behaviour of adolescents. The health situation of this age group is a key determinant of India's overall health mortality, morbidity and population growth scenario. Therefore investments in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraception need, reducing the maternal mortality, reducing STI incidence and HIV prevalence. This investment focus on health of married adolescent girls where it was only one third of the adolescent girls population. This study focuses on the unmarried adolescent girls and the psycho social issues they face in relation to their menstrual disorders.

Adolescence remains a period of stress and storm in girls than boys due to onset of menarche which make them extremely sensitive and experience a sense of embarrassment. In Indian society menstruation is considered to be dirty with many do's and don'ts. Although menstruation is a natural process, it is linked with several misconceptions and practices which sometimes results into adverse health outcome. Adolescent girls are often reluctant to discuss this topic with their parents and often hesitate to seek help regarding their menstrual problem. Hygiene related practices of them during menstruation are of considerable importance as it has health impact in terms of increased vulnerability to RTI (Singh Amit Kumar, Bandari Aradhana & Mallik Nidhi 2013).

II. Literature Review

Anupam Singh's (Singh) (1997) study on Adolescent Girls in Slums, Problems and Prospects focuses on the salient features of the problems of adolescent girls in slum area have been analyzed. The study examined the housing, educational, marital and employment problems of adolescent girls living in slums at two slums in Lucknow. It highlights the ignorance of adolescent girl's viewpoint at various levels and suggests the need for inclusive plan for adolescent girls.

Sharanya T's (T, 2014) cross-sectional study on Reproductive health status and life skills of adolescent girls dwelling in slums of Chennai divulges the reproductive and menstrual morbidity profile, personal and

environmental menstrual hygiene. This study focus on married adolescent girls and their reproductive behaviour the unmarried adolescent group was ignored as it is negligible group. 14 episodes of untreated illnesses were reported. Irregularity of treatment was the important aspect of chronic illnesses. The reasons for not treating illness are not studied in detail.

Dr. Neelam Gautam, Dr. R. N. Kulkarni and Dr. S. Suryawanshi's (Gautam, 2015) research paper on Reproductive Tract Infection (RTI) Among Late Adolescent Girls in Urban Slum on International Journal of Scientific Research is a community based cross sectional study carried among 450 adolescent girls in the age group of 15-19 years in the field practice area of urban health training center, Topiwala National Medical college, Mumbai using systematic random sampling technique. The result shows that 48.22% had reproductive tract infection. The most common symptoms was vaginal discharge, lower abdominal pain, burning micturition but only 35.48% consulted health provider. The main reason for not consulting was that they considered it normal; some felt shy while few had no awareness on where to consult and unavailability of health services.

H. K. G. Singh and Madhavi L. H. (G, 2003) study on Psychosocial Health Problems Among Adolescent Girls In Urban Area is a community based cross-sectional study carried out among 238 adolescent girls aged 15-19 years focusing on Anaemia, menstrual problems, social problems, behavioural and psychological problems. The study divulges that the prevalence of anaemia and anxiety neurosis. Most common menstrual problem was dysmenorrhea and stigma of being born as girl child.

Chandana Deka, A C Baishya, Jutika Ojah (Deka, 2015) study on reproductive health and health seeking behaviour of adolescent girls residing in urban slums of Guwahati city carried out to assess the menstrual health and hygiene practices of the adolescent girls and their health seeking behaviour is a community based cross-sectional study carried out among 400 adolescent girls of age group 10-19 in slums of Guwahati city. Majority of the girls were found to use old cloth during their menstrual period. Common menstrual disorders were dysmenorrhea but only few of the girls preferred seeking treatment. Necessity of treating menstrual disorders was not perceived by majority of the adolescents.

Mohite RV, Mohite VR, Kumbhar SM, Ganganahalli (Mohite, 2013) study on Common Menstrual Problems among Slum Adolescent Girls of Western Maharashtra, India assess the percentage of common menstrual problems among adolescent girls from urban slums and to determine the correlation between common menstrual problems with nutritional status of these girls. The common menstrual problems are oligomenorrhea, menorrhagia, metrorrhagia, hypomenorrhea, dysmenorrhea, and premenstrual syndrome.

Meenal V. Kulkarni and P. M. Durge (V, 2011) study on Reproductive Health Morbidities among Adolescent Girls: Breaking the Silence! is cross-sectional community based study was carried out in an urban slum field practice one slum is chosen from five slum by simple random sampling The finding reveals a high prevalence of dysmenorrhoea and girls who have not seek treatment reported 'no need of treatment' as a reason for not seeking health care which suggests that health education sessions regarding reproductive health and its morbidities should be conducted in schools and colleges and in communities.

Studies have shown that superstition, illogical beliefs and misinterpretations are more common than accurate understanding of the process of menstruation, menstrual hygiene and self care practices (Uzochukwu et al, 2009). Good hygiene practices such as use of sanitary pads, adequate washing of the genital area is important during menstruation. Learning about hygiene during menstruation is a vital aspect of health education for adolescent girls, as patterns that are developed in adolescence are likely to persist into adult life (Narayan, et al.2001).

III. Materials And Methods

The study involves the qualitative design and aims in understanding the menstrual disorders faced by adolescent girls and also the psycho-social issues bound behind seeking treatment for menstrual disorders. The study includes seven unmarried adolescent girls residing in the slums of North Chennai since it is the densely occupied by numerous slums. The study includes case study design, taking menstrual disorders as a phenomenon and explaining its myths and ill effects with the help of seven cases. The data is collected directly by visiting the respondents and their parents in their slums and by observing the health care services available around their place and its function. The collected information is organized and analyzed based on the thematic analysis method. The study includes a very few sample and hence the findings is limited and cannot be generalized.

IV. Discussion

This study focuses on menstruation which is a natural phenomenon unique to all females that initiates during the adolescent stage and forms the foundation for the puberty. First menstruation is often, horrifying and traumatic to adolescent girl because of little awareness about menstruation. Social taboos, misconceptions are still prevalent among parents and they do not discuss it openly with adolescent girls, which have blocked the access to right kind of information which sometimes result in adverse health outcomes.

4.1 Menstrual disorders perceived by self

The onset of menarche occurs on an average between 12 to 15 years in most of the adolescent girls, this would differ with physical, hereditary and cultural base of an individual. Earlier studies reveal that girls who attain age earlier develop risky behaviours and those who attain late menarche seem to be more mature. But, here, 15 year old adolescent girl had developed psychosocial stress due to delaying of puberty. She was isolated by her peers that disturbed her lot which reflects in reduction of her academic performance. This shows that the late attaining of puberty has adverse effect in causing stress.

"My friends ask me that am I girl? They are excluding me in the gang.. I feel very lonely.." – Case A

Other case, 14 year girls who attained puberty showed irregularities in menstruation. This caused a physical effect by making her obese. She remained in isolation from her peers and refused to take treatment to regularize her menstruation. She felt bad to face her peers as she stigmatized menstrual disorders would ruin her relationship.

"I never want to go to hospital. Already my friends and classmates are laughing at me.. If I go to hospital, somehow they will come to know and will make joke of myself.." – Case B

4.2 Menstrual disorders and family perception

Family is the biggest support system which is nearest available to all adolescent girls. In country like India, where family has unique value plays major role in the adolescent life cycle. This is a critical period where the adolescent girls need to be supported by their family than before. Unfortunately, the stereotypes of grooming girl initiates during this period, family fails to support rather expects a lot leading to the additional stress.

When adolescent girls start growing, family members also expect her puberty eagerly when it delays they too face difficulties in convincing the relations. They find hard to manage the stress of their child since they face similar problems in the community. In other case, the adolescent girl requests her parents for treating the irregular periods where their parents showed insensitivity about the issue and refused to treat the illness. In similar case, parents showed willingness to take her for treatment but hesitated about the stigma of how the community will look on their girl child.

"Wherever we go our relations ask why my child haven't attained puberty... I feel sad" – Case A's mother

"Irregular periods is quite normal... what is there to take her treatment... how could we talk about this to others" – Case C's mother

"My child is suffering a lot during her periods since it is not regular. I have secretly asking for some medicines from my close relatives... What others would think about my child if I take her to hospital... my relatives are working in hospital.. they would say bad about my daughter.." – Case D's mother.

This showed the lack of awareness among the parents and family members of adolescent girls in treating the menstrual disorders and to combat the stigma prevalent in the family and community.

4.3 Role of health care services

Health care service has major role in resolving the menstrual disorders and in regularizing the menstruation in adolescent girls since they better understand the consequences of menstrual disorders in later period of life. Government had implemented many facilities to serve adolescent community by initiating adolescent friendly clinics. Yet its function in the slums seems to be negligible. The clinics are situated in the unhygienic place with no maintenance which created inaccessible situation for adolescent girls. In a case, there is a lack of female medical officer to treat the adolescent girls who felt reluctant to open up menstrual issues to the male medical officer. In similar case, no proper facilities are available in the hospitals to screen and diagnose the cases with respect to menstrual disorders.

V. Recommendations

Menstruation is a regular process that occurs in each and every adolescent girl with minor variations in its initiation hence gaining adequate knowledge about menstruation before attain menarche is required by the girls get accustomed to the situation and accepts the experience in a positive manner. It is the responsibility of the family members to convey adequate knowledge on the menstruation, process of bleeding, keeping self clean,

regular ablution, using of sanitary napkins to absorb blood and its usefulness has to be imparted to the adolescent girls along with the menstrual disorders, its myth and consequence.

For which mere individual understanding is not enough rather the whole family has to be made aware of the process irrespective of gender. This would help them to support their girl child to avoid distress and ignorance/reluctant towards menstruation.

Disseminating the knowledge on the menstrual education/sexuality education and provision for open discussion can be offered by the adolescent friendly clinics situated in their own community every week in public would create rapport between the clinical staffs and community in addition.

Imparting awareness and special lectures can be organized in the clinic so that the stigma of visiting health care services would gradually reduce. Regular physical exercise, yoga and meditation are some alternative measures that would be helpful in regulating the menstrual cycle can be conducted in regular basis in the clinics irrespective of gender, age and community.

VI. Conclusion

Menstruation is a normal physiological process. Due to ignorance there exist unhygienic practices, false belief and misconceptions are still prevalent regarding menstruation among adolescent girls. This can be overcome by providing awareness and accurate knowledge on the practices of menstrual hygiene by social workers in the health care services. This will enable the girls cater to the right kind of information and the same will be passed on to their predecessors that will bring positive attitude towards practicing hygienic menstruation among adolescent girls.

References

- [1]. Barua, A. (2001). Reproductive Health seeking by married adolescent Girls in Maharashtra, India. *Reproductive Health Matters* , 9 (17), 53-62.
- [2]. Beguy, D. (2013). Entry into Motherhood among Adolescent Girls in Two Informal Settlements in Nairobi, Kenya. *Journal of Biosocial Sciences* , 45 (6), 721-742.
- [3]. Currie D, W. S. (n.d.). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/14742127>
- [4]. Dashiff, C. (2009). Poverty and Adolescent Mental Health. *Journal of Child and Adolescent Psychiatric Nursing* , 22 (1), 23-32.
- [5]. Deka, C. (2015). A study on Reproductive Health and Health seeking Behavior of Adolescent Girls residing in urban slums. *The New Indian Journal of OBGYN* , 2 (1), 51-55.
- [6]. G, S. H. (2003). A study on Psychosocial Health Problems Among Adolescent Girls in Urban area. *Indian Paediatrics* .
- [7]. Gautam, N. (2015). Study of Reproductive Tract Infection Among Late Adolescent Girls in Urban Slums. *International Journal of Scientific Research* , 4 (7), 584-586.
- [8]. Griffith. (2003). The Burden of Anemia among Women in India. *European Journal of Clinical Nutrition* , 57, 52-60.
- [9]. Haase. (2014). The Resilience in Illness Model: Exploratory evaluation in Adolescents and Young Adults with cancer. *Cancer Nursing* , 37 (3), E1-12.
- [10]. Initiative, H. P. (n.d.). Health Seeking Behaviour in Rural UttarPradesh: Implication of HIV Prevention, Care and Treatment. Uttar Pradesh, India.
- [11]. Kaviarasu, J. (2015). Women Health in Urban sub standard settlement of Chennai, Tamil Nadu, India. *European Academic Research* , 2 (11), 14474-84.
- [12]. Kumar, S. (2013). Women Health in India: An Analysis. *International Research Journal of Social Sciences* , 2 (10), 11-15.
- [13]. Mohite. (2013). Common Menstrual Problems among Slum Adolescent Girls of Western Maharashtra, India. *Journal of Krishna Institute of Medical Sciences University* , 2 (1), 89-97.
- [14]. O, B. A. (2012). Menstrual Knowledge and Health Care behavior among Adolescent Girls in Rural, Nigeria. *International Journal for Applied Science and Technology* , 2, 149-154.
- [15]. Padhyegurjar, M. (2012). Assessment of Felt Needs and Effect of Health Education Intervention on Knowledge Regarding Reproductive Health of School Students in a Slum in Mumbai. *National Journal of Community Medicine* , 3 (2), 221-226.
- [16]. Rani, M. J. (2014). Adolescent Girls' Empowerment: The Conduit for Nation Building. *Asian Journal of Multidisciplinary Disciplines* , 2 (10), 42-47.
- [17]. Rao, R. N. (1990). *Social Organisation in an Indian Slum*. New Delhi: Mitttal Publication.
- [18]. Rashid, S. F. (2006). Emerging Changes in Reproductive Behaviour among Married Adolescent Girls in an Urban Slum in Dhaka, Bangladesh. *Reproductive Health Matters* , 14 (27), 151-159.
- [19]. Singh, A. (1997). *Adolescent Girls in Slum Problems and Prospects*. New Delhi: Anmol Publication Pvt. Ltd.
- [20]. T, S. (2014). Reproductive Health status and Life skills of Adolescent girls dwelling in slums in Chennai. *National Medical Journal of India* , 27 (6), 305-310.
- [21]. Timsi Jain, Y. M. (2014). Sexuality in Adolescents: Have we Explored Enough? *Journal of Clinical And Diagnostic Research* , 8 (8), JC09-JC11.
- [22]. UNICEF. (2011). *Adolescents: An Age of Opportunity*. UNICEF.

- [23]. V, M. (2011). Reproductive Morbidities among Adolescent Girls: Breaking the Silence. *EthnoMed* , 5 (3), 165-168.
- [24]. Weaver, J. B. (2003). Health Information-Seeking Behaviors, Health Indicators and Health Risks. *American Journal of Public Health* .
- [25]. Yingchun. (2010). Factors associated with Health Seeking Behavior among Migrant workers in Beijing, China. *BMC Health Services Research* .