Socio-Cultural Aspects of Menstruation among Unmarried Girls in Chandigarh

Authors
Dr. Dinesh Kumar[1], Dr. N.K.Goel[2], Dr. Sonia Puri[3], Dr. Nancy Gupta[4*]
Department of Community Medicine, GMCH, Chandigarh
Emails: *dinesh.walia17@gmail.com[1], goelnaveen2003@yahoo.co.in[2], soniagpuri@gmail.com[3]*
nancygupta90@yahoo.co.in[4]
Corresponding Author
Dr. Nancy Gupta
Department of Community Medicine, GMCH, Chandigarh
Email: *nancygupta90@yahoo.co.in*
Telephone   +91-9815561975

ABSTRACT

Menstruation is linked with several misconceptions, ignorance and practices among young girls. Adolescent girls often lack knowledge about menstruation because of social and cultural barriers which sometimes results into adverse reproductive health outcomes. With the objectives of finding misconceptions and socio-cultural aspects of menstruation among unmarried girls, A community based cross-sectional study was conducted during April 08 to March 09 in Rural, Urban and Slum strata of UT Chandigarh. A total of 744 unmarried girls who have attained menarche were surveyed using Stratified Multistage Random Sampling Design with probability proportional to size (PPS).Data was collected using a pre –tested questionnaire. Maximum proportions of respondents 50% preferred comedy literature /films followed by romantic ones. Mother was found to be the preferred discussant by majority of respondents 405(54.4%) followed by Girl friends. Majority of respondents 264 (35.5%) got scared at initiation of menarche. About 75% respondents considered it is a normal phenomenon while 174 (23.4%) respondents considered it as a sign of impurity Problems related with menstruation are quite frequent and girls should be imparted health education for clearing up their misconceptions and be offered them possible treatment options.

KEY WORDS: *Stratified Multistage Random Sampling, Menarche.*

INTRODUCTION

Adolescence is a particularly important time of the cycle for the health of girls and women. For girls, it is a turbulent period, which includes stressful events like menarche, considered as a land mark of female puberty[1]. From both social and medical perspectives it is often considered the central event of female puberty, as it signals the possibility of fertility.

The manner in which a girl learns about menstruation and its associated changes may have an impact on her response to the event of menarche. The event of menarche may be associated with taboos and myths existing in our traditional society which has a negative implication for women's health, particularly their menstrual hygiene[2]. Menstruation is still regarded as something unclean or dirty in Indian society. Without prior knowledge, the first menstruation is often horrifying and frightening experience to them. The reaction to menstruation depends upon awareness and knowledge about the biological basis of menstruation.

Although menstruation is a natural process, it is linked with several misconceptions among young girls. Adolescent girls often lack knowledge about menstruation because of the social and cultural barriers which sometimes results into adverse reproductive health outcomes. Menstruation disorders are also responsible for emotional, physical, behavioural and dietary practice changes. These changes affect their normal functioning and social life.

Despite the fact that menstruation is closely associated with reproductive health matter of females, community based research among unmarried girls on this particular topic has been relatively unexplored. Present study was conducted with the objectives to compare their knowledge and beliefs regarding menstruation in different sub groups and to assess the influence of menstruation on different socio-cultural aspects of their lives.

MATERIALS & METHODS

This community based cross-sectional study was conducted during April 08 to March 09 in total duration of 12 months in Rural, Urban and Slum strata of UT Chandigarh .The study was conducted among unmarried girls , who have already attained menarche to find perceptions, beliefs and socio-cultural practices. Stratified Multistage Random Sampling Design with probability proportional to size (PPS) was used to select respondents and 744 respondents were selected.

Optimum Sample Size:

Optimum sample size was calculated on the basis of a pilot survey using the formula : -

$$N_{(optimum)} = (1.96)^2 P (1-P)/L^2$$

Where

P = Prevalence of adolescent girls having some menstrual health problem.

L = Permissible error in estimation

House-to-house surveys were conducted to collect the desired information by personal interview method. Respondents were interviewed individually in privacy. A well-trained team of female investigators were involved in data collection.

Informed consent following Ethical Guidelines of World Medical Association Declaration of Helsinki [3] was taken.

Statistical Methodology: Statistical methodology like normal-test, student's t-test, chi-square test were used for analyzing data. Data analysis was done by using SPSS-12 Software package.

RESULTS

Literature/ films preferred by respondents are shown in table-1. Maximum proportions of respondents 50% preferred comedy whereas about 31% preferred romantic literature/films. Against the usual hypothesis of high degree of exposure to internet in highly urbanized city of Chandigarh, it was found to be only among 75 (10.1%) respondents.

Table – 1: Respondents By Type Of Literature/ Films Preferred

Type of literature/ films preferred	No	%
Spiritual	66	8.9
Family Drama	161	21.6
Romantic	232	31.2
Comedy	376	50.5
Thriller	92	12.4
Fiction	45	6.0
Adult	7	0.9
Any other	8	1.1
Exposure Mass Media		
TV	572	76.9
Radio	232	31.2
Newspaper	209	28.1
Internet	75	10.1
Overall	**744**	**100.0**

Respondents were also asked regarding person to whom they discuss their menstrual problems as shown in table-2. Mother was found to be the preffered discussant by majority of respondents 405(54.4%).Respondents were also asked about their satisfaction in problem sharing from different discussants. Overall degree of satisfaction was found to be quite high (89.5%).

Table -2: Respondents By Discussant Regarding Menstrual Problems

Discussant	No (%)	Person Specific Satisfaction No (%)
Mother	405 (54.4)	366 (90.4)
Elder sister	119 (16.0)	112 (94.1)
Female relatives	25 (3.4)	16 (64.0)
Girl friends	145 (19.5)	130 (89.7)
Boy friends	27 (3.6)	23 (85.2)
Others	23 (3.1)	19 (82.6)
Overall	**744 (100.0)**	**666 (89.5)**

First reactions at start of menarche and prior knowledge regarding menstruation are shown in table-3. There were 264 (35.5%) respondents who got scared at initiation of menarche while 212 (28.5%) felt discomfort while 65 (8.7%) adopted indifferent attitude.

Table - 3: Respondents By First Reaction At Menarchi

Reaction	No	%	Prior knowledge N0 (%)	P-value
Scared	264	35.5	150 (56.8)	P=0.09
Discomfort.	212	28.5	148 (69.8)	P<0.001
Shyness	183	24.6	138 (75.4)	P<0.001
Felt guilty	63	8.5	49 (77.8)	P<0.002
Indifferent	65	8.7	51 (78.5)	P<0.001
Overall	**744**		**448 (60.2)**	**P<0.001**

Table-4 presents attitude of respondents towards menstruations. About 75% respondents were of the opinion that it is a normal phenomenon while 72.6% treated it as an essential sign of adulthood.

Table – 4: Attitude Of Respondents Towards Menstruation

Attitude	No	%
No Response	146	19.6
Normal phenomenon	557	74.9
Essential sign of Adulthood	540	72.6
Sign of virginity	434	58.3

Essential for fertility in women	541	72.7
Sign of impurity	174	23.4
Any other	77	10.3
Overall	**744**	

General family environment and perceived satisfaction of respondents from problems sharing is presented in table-5. Only 117 (15.7%) respondents reported restrictive family environment while 258 (34.7%) respondents were the opinion that their family environment is free/ harmonious and religious environment was reported by 330 (44.4%) respondents.

Table – 5: Perceived Satisfaction Of Respondents By General Family Environment

Environment	N	No satisfied	% Satisfied
Religious	330	275	83.3
Free/Harmonious	258	210	81.4
Social	207	127	61.3
Unsociable	16	11	68.7
Restrictive	117	43	36.7
Overall	**744**	**666**	**89.5**

Table - 6: Satisfaction From Problem Sharing (N=744)

Characteristics	No.	Problem Sharing		χ^2 (P-value)
		No	**Yes**	
Age				
10-12	20	1(5.0)	19 (95.0)	χ^2=5.4
13-15	282	29 (10.3)	253 (89.7)	(P=0.25)
16-18	240	33 (13.8)	207 (86.3)	
18-21	162	12(7.4)	150 (92.6)	
22-25	40	3 (7.5)	37 (92.5)	
Mean ± SD	**16.84±3.05**	**16.53±2.70**	**16.87±3.08**	

Educational Status				
Literate / Just Literate	188	30 (16.0)	158 (84.0)	χ^2=8.3
School Level	447	40 (8.9)	407 (91.1)	(P=0.02)
College Level	109	8 (7.3)	101 (92.7)	
Medium (N=556)				
Hindi	356	30 (8.4)	326 (31.6)	χ^2=0.05
English	122	11 (9.0)	111 (91.0)	(P=0.92)
Panjabi	78	7 (9.0)	71 (91.0)	
Total	**556**	**48**	**508**	
Type of Family				
Joint	133	18 (13.5)	115 (88.5)	χ^2=1.6
Nuclear	601	59 (9.8)	542 (90.2)	(P=0.45)
Extended	10	1 (10.0)	9 (90.0)	
Educational Status of Mother				
Literate / Just Literate	323	38 (11.8)	285 (88.2)	χ^2=5.6
School Level	287	21 (7.3)	66 (92.7)	(P=0.06)
College Level	134	19 (14.2)	115 (85.8)	
Occupation of mother				
Housewife	433	46 (9.0)	465 (91.0)	χ^2=3.8
Others	311	32 (13.7)	201 (86.3)	(P=0.05)
Family Size				
Upto 3	100	8 (8.0)	92 (92.0)	χ^2=1.03
4-5	384	40 (10.4)	344 (89.6)	(P= 0.79)
6-8	229	26 (11.4)	203 (88.6)	
above 8	31	4 (12.9)	27 (87.1)	
Mean ± SD	**5.15±1.67**	**5.38±1.64**	**5.12±1.67**	
Socio-economic Status				
Low	219	34 (15.5)	185 (84.5)	χ^2=17.0
Middle	364	21 (5.8)	343 (94.2)	(P<0.001)

High	161	23 (14.3)	138 (85.7)	
Discussant				
Mother	405	39 (9.6)	366 (90.4)	χ^2=0.69 (P=0.24)
Others	339	39 (11.5)	300 (88.5)	
Pre mens problems				
No	611	64 (12.3)	457 (87.7)	χ^2=6.01 (P=0.01)
Yes	223	14 (6.3)	209 (93.7)	
Mens Problems				
Yes	477	39 (14.6)	228 (85.4)	χ^2=7.5 (P=0.006)
No	267	39 (8.2)	438 (91.8)	

Age at Menarche				
Upto 13 years	518	49 (9.5)	469 (90.5)	χ^2=1.91 (P=0.17)
14 years & above	226	29 (12.8)	197 (87.2)	
Mean ± SD				
Mens cycle*				
Regular	454	50 (11.0)	404 (89.0)	χ^2=1.38 (P=0.50)
Irregular	159	18 (11.3)	141 (88.7)	
Overall	**744**	**78 (10.5)**	**666 (89.5)**	

*   Remaining non respondents

Table 6: shows that overall satisfaction from problem sharing was 18.5%. Satisfaction in different categories shows that educational status of respondents, but not of mother was significantly associated with problem sharing. Highly educated respondents were more satisfied with problem sharing.

DISCUSSION

In the present study percentages of respondents having prior knowledge was about 60% whereas only 45.5% were having prior knowledge of menstruation in a study by Nair et al (2007) [4] while only 13% and 17% of girls got first hand information about menstrual cycles from their female school teachers and mothers Awareness levels in the present study do not agree with

findings of earlier studies by Gandhi et al (1993) [5] and Ahuja et al (1995) [6]. In an ICMR survey [7] awareness level was found to be 66.1%. In a study conducted by Deo & Ghattargi [8], 42.5% urban girls were found to be aware about menstruation prior to attainment of menarche and mothers were the main source of information. In a recent study conducted by Dasgupta & Sarkar (2008)[9], 67.5% girls were aware about menstruation prior to attainment of menarche and mother was the first informant only in 37.5% cases. Maximum participants in this study discussed their menstrual related problems with their mothers followed by elder sisters. Mothers were the most common source of information by 41% respondents followed 22.4% elder sisters in a study conducted in East Rural Delhi [4]. More than half (52%) of the subjects discussed their problems with their mother [10]. The percentage of adolescent girls who were aware of menstruation before its onset increased significantly, from 35.1% to 55.4% as an effect of intervention in a study by Dongre et al in Sewagram [11]. Mother as the most important source of information for girls is also reported in several other studies [12,13,14]. However, this finding does not agree with finding of Dongre et al [10] wherein 69% of adolescent girls got information regarding their menstrual cycle and its hygienic management prior to its onset from their friends. The most common belief of respondents regarding menstruation in the present study was normal phenomenon reported by about 75% respondents while about 73% treated it as an essential sign of adulthood. There were several misconceptions regarding practices during menstruation like menstrual blood is dirty/impure, illness and heat comes out from the body in the form of menstrual blood etc. were prevalent among respondents in the present study.

CONCLUSIONS AND SUGGESTIONS:

Their knowledge in terms of several aspects of menstruation is poor. They have a number of misconceptions and are facing undesired restriction during menstruation. Some of the restrictions and unhealthy practices during menstruation are being followed at their own level also. There is an urgent need of imparting health education not only to girls but to mothers too. By providing mothers with good information, they will be able to communicate with their daughters to sort out mis-information regarding menstrual issues. They should also be encouraged to adopt proper menstrual hygiene and correct perception and belief can protect their reproductive lives and psycho-social suffering. Since mothers came out to be the most common discussants in the present study, all mothers irrespective of their socio-economic status should be taught to break their inhibitions about discussing their daughters regarding menstruation much before the age of menarche. Problems related with menstruation are quite frequent and girls should be imparted health education for clearing up their misconceptions and be offered them possible treatment options.

The social mobilization skills of an Accredited Social Health Activist **(ASHA)**, a village-based female health worker under the National Rural Health Mission **(NRHM)** of Government of India,

could also be utilized for overcoming the social barriers to an effective community-based adolescent-friendly program.

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