

A study of Knowledge and behaviors during menstruation among adolescent girls of Children's Home, Delhi

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Abstract

Menstruation is a natural and routine part of life for healthy girls and women. It is part of the female reproductive cycle that starts when girls become sexually mature. Studies have revealed a range of psychosocial factor affecting this phenomenon as well as a huge gap in the knowledge, attitude and practices of adolescent girls, regarding menstruation. Self-care practices as well as menstrual hygiene are basic requirements for promoting a satisfied life and personal esteem in a woman.

Institutional care is "a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult careers" (Browne, 2009). Most of the research conclusively states that institutionalization of children has an adverse impact on their development, growth, and health. It is therefore necessary to investigate the menstrual knowledge and behavior among adolescent girls who have attained menarche in children's home. The study involves the qualitative design and aim of study was to assess the knowledge and a practice regarding menstruation among school going adolescent girls of Children's home. Results indicated that traditional beliefs regarding menstruation still persist and menstrual hygiene among the adolescents was found to be unsatisfactory. Adolescent girls have an average level of self-care and menstrual hygiene, even though age and educational status did not significantly impact on the effect of self-care practice and menstrual hygiene. It highlights the need of targeted interventions to raise awareness and provision of family health education and discuss the applicability of social work practice in combating these issues

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

Introduction

Adolescence, as defined by the World Health Organization is the age range of 10 to 19 years. It is the period between childhood and adulthood is marked by enhanced basal metabolic activities, in addition to endogenous processes like secretion of hormones and their influence on the body. Adolescent girlhood is a critical time of identity formation and a period of transition from childhood to womanhood (Kirk and Sommer, 2005) and of great challenge to the parents, as well as the child and those concerned

for the upbringing of the adolescent. It is characterized by physical, psychological, mental and social changes that are critical to wellbeing (Szilagy, 2003).

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 behavior 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 girl's population. Parents' availability may serve as an indicator of guidance and structure to the adolescent but without elements of more explicit parental control that are often associated with negative adolescent outcomes. A positive standard of psychological well-being in adolescents includes both the development of an independent sense of identity and the maintenance of close relationships with parents (Bulanda and Majumdar, 2008). Consequently support, monitoring, and discipline are central dimensions of parental behavior that are linked with the adolescent's adjustment and well-being (Mullik, 1995). Thus the home and the family provide a protective and stimulating medium for the child's physical, mental and spiritual growth and hence it is considered to be the ideal place for every child. But not all children are blessed with such continued care and protection from infancy to adulthood. Various emotional, social and economic causes such as the absence of one or both parents due to either death, separation or divorce, marital discord, being born out of wedlock, chronic or contagious illness, single-parent families, displacement, disaster, communal riots, extreme poverty, unemployment, employment of the mother, migration, breaking up of joint families, abuse and misuse by the family etc., create situations where children cannot live with their parents. Under these circumstances alternative forms of care like, children's homes and treatment for the child becomes inevitable. Most of the research conclusively states that institutionalization of children has an adverse impact on their development, growth, and health. It is therefore necessary to investigate the menstrual knowledge and behavior among adolescent girls who have attained menarche in children's home.

The Government of India's Ministry of Women and Child Development provides different kinds of institutions for children based on need and designation. These include Observation Homes, where children accused of crime wait for their cases to be heard; Special Homes where juveniles are committed as per the decision of Juvenile Justice Board and Children's Homes for children whose parents are unable to provide adequate care. The children stay in these homes until they are able to return to their family, are placed in a different facility or turn 18. All institutions whether State Government run or Voluntary organizations for children should be registered under the Juvenile Justice(Care and Protection of Children) Act 2006. In the present study adolescent girls (age of 16 to 17yrs) from Children's homes were included. Menstruation is part of the female reproductive cycle that

starts when girls become sexually mature. Many studies have revealed a range of psychosocial factor affecting this phenomenon as well as a huge gap in the knowledge, attitude and practices regarding menstrual hygiene. WHO is focusing on making existing health facilities more 'friendly' to adolescents'. Menstrual hygiene and management is an issue that is insufficiently acknowledged. Indian society is interwoven into a set of traditions, myths and misconceptions, especially regarding menstruation and related issues in view of this.

Material and Methods

The study involves the qualitative design and aim of study was to assess the knowledge and a practice regarding menstruation among school going adolescent girls (age of 16-17years old) of Children's home of Delhi, India. The study includes thirty school going adolescent girls who were staying long term in the institution and all were studying in class IX to XI. The researcher used these findings to develop in depth interviews and focus group discussion guidelines. She conducted 30 depth interviews and 5 focus groups discussion to gather information on knowledge and behavior during menstrual period. Researcher translated the data from Hindi into English and coded the issues that emerged at the time of translation.

Key Findings

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.

The study explored the knowledge and attitude towards the menstrual period. All the study subjects were stay in the children's home from long time period (for last 3 years). One third part of total study subjects were belonged to Hindu families. Rest of them belonged to Muslim, and Christian families. The study reflects that one third part of respondent's belonged to urban area and living in nuclear families. Most of respondents admitted in children's home due to running from home in love affair, missing case, orphan, and family dispute. It is also noted that during adolescence, girls require some specific needs such as biological, emotional and social to be fulfilled adequately. Inadequate fulfillment or non-fulfillment of these needs give rise to a number of biological, social and psychological problems. If the social and psychological needs of these girls are identified, they can be instrumental in knowing their social and psychological problems and then a help can be planned to solve them. In this study the researcher focused on the concept of menstrual health to explore the knowledge, attitude and behavior of adolescent girls of children's home.

The study found that majority of the girl's attained menarche at 12 to 13 years of age. Girls in the study described their knowledge, attitude and practices towards menstrual time period. During menstruation most of the respondents feel sickness, pain in lower abdomen and emotional disturbances. So, most of

time they missed their school during this time period. One 17 year old girl remarked, "This is happening only with females....God did injustice with them."

All the study subjects used the sanitary napkins which are provided by the institution. Few respondents described that when they were living at their own home they used home-made reusable pads which were prepared from used cotton clothes. Most of the respondents shared their experiences towards changing the used pads. They change pad when they take bath, they used a single pad per day.

One 17 year old girl narrated how her friends teasing her due to late attaining of puberty. She remarked, "My friends ask me that am I girl? They are excluding me in the peer group.. I feel very lonely..They tease me called 'Hizra'."

The study subjects shared their perception about restrictions followed by Indian societies i.e. not worship during menstruation, not allowed to take bath, not allowed to enter kitchen and families and dietary restrictions. Most of the study subjects were follows the same but few of them not believe in this type of behavior. One 17 year old girl remarked, "This is our body, our blood which bleeds through vagina, how could we 'Apavitar'" during this time period."

In the study the girls discussed the menstruation related problems i.e. late attainment puberty, irregularities in menstruation, itching and unusual genital discharge, and genital ulcers/ sores Itching/reddening in the genital region, stress and anxiety. But they hesitated to share their problem in public (with staff of children's home) and to take treatment from hospitals due to fear of the stigmatization in the institution premises or society. They share their problems with their best friends only and believe in home remedy to get relief from genital problems. Several studies shown that friends/peers generally lack the knowledge regarding menstruation since they have also not been told about this process in life. Further, the strong bondage with the traditional beliefs, taboos and misconceptions during menstruation has led to much serious health and behavior problems. Inaccurate and incomplete information provided to the girls through limited sources can lead to health problems and complications.

The study indicates that institutions do not necessarily have to operate as they currently do. Interventions aimed at changing care giving practices to afford children more stimulation and closer relationships with their caregivers are fairly consistent in finding such steps improve children's physical and mental development. To improve the wellbeing of the children especially adolescent girls in the children's home need unique investigation and intervention.

Conclusion

The major findings of this study indicate that knowledge and practices regarding menstruation are not satisfactory. Adolescent girls have an average level of self-care and menstrual hygiene, even though age and educational status did not significantly impact on the effect of self-care practice and menstrual hygiene. There are several personal, behavioral and environmental factors which directly or indirectly influence these issues. Due to ignorance there exist unhygienic practices, false belief and

misconceptions are still prevalent regarding menstruation among adolescent girls. This age group needs to be targeted, in order to encourage the girls to practice good menstrual hygiene and bring about a positive change in their attitude and behavior as well as that of their families and community. 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.

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