

Reproductive Health Problems among the Adolescent Girls of Khulna Government Girls High School

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Abstract

The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood. Several factors contribute to the adolescents' growth. A vast majority of adolescent girls in Bangladesh are suffering from menstrual problems, reproductive morbidities and nutritional deficiencies such as dysmenorrhoea, pre-menstrual syndrome, irregular menses, heavy menstrual bleeding, amenorrhoea, white discharge per vagina, UTI, anaemia etc. The present study was carried out to assess menstrual problems, reproductive health problems and nutritional status of adolescent girls of Khulna Government Girls High School. Among respondents, 32 (32%) had painful bleeding (Dysmenorrhoea), 12 (12%) had excessive bleeding (Menorrhoea), 6 (6%) complained of irregular bleeding and 8 (8%) suffered from scanty bleeding (Oligomenorrhoea). Regarding other reproductive health related problems, majority 66 (66%) respondents mentioned no problem and rest 34 (34%) mentioned about some problems. The study may conclude that majority of the adolescent girls suffer from reproductive health related problems which demand raising their awareness, education and appropriate health care facilities as well as mental support to improve their reproductive health.

Keywords: Adolescent girls, Menstrual Problems, Nutritional status, Reproductive health morbidities

Introduction

World Health Organization has defined adolescence as a period between 10-19 years of age.¹ Adolescence is defined as period of personal development during which young people develops a personal sense of individual identity and feeling of self-worth, which also includes an alteration of his or her body image, adaptation to more mature intellectual abilities, adjustment to society's demand for behavioral maturity, internalizing personal value system and preparing for adult role.² It is a changing stage of physical, physiological and psychological development from puberty to adulthood. At present, more than 1.2 billion are adolescents in the world this means that roughly one in every six persons is an adolescent.³ About 21% of Bangladeshi population is adolescents (about 243 million)⁴. Bangladesh has the largest adolescent population in the world. They are the future of the nation, forming a major demographic and economic force. It is a period of preparation for undertaking greater responsibilities like familial, social, cultural and economic issues in adulthood. It is particularly a special period in girl's life that requires specific and special attention. The study was undertaken to assess menstrual problems, reproductive health problems and nutritional status of adolescent girls.

Materials and Methods

This cross sectional study was conducted among the female

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students of class eight to ten of Khulna Government Girls High School, Boyra, Khulna. Total students of this institution were 750. It was possible to collect data from 100 respondents during the scheduled period of data collection. Structured questionnaires were prepared, which include the basic sociodemographic profile, menstrual and other reproductive health problems. The questionnaire was pre-tested in few selected female students. The pre-test was conducted near the study area which had similar characteristics to the areas where the actual study was carried out. A purposive type of non-probability sampling is applied, therefore sample size of the study was finalized to 100 respondents.

Results

Table 1: Distribution of respondents by age (n=100)

Age in year	Number	Percentage
13-15	35	35
16-18	65	65
Total	100	100

Table 1 shows that among 100 respondents, 65 (65%) respondents was in 16-18 years of age and 35 (35%) was in 13-15 years of age. The mean age of respondents was 16 years.

Table 2: Distribution of respondents by their age at menarche (n=100)

Age in year	Number	Percentage
10	6	6
11	10	10
12	54	54
13	20	20
14	10	10
Total	100	100

Table 2 shows among 100 respondents, 54 (54%) started their menstruation at age 12 years, and only 6 (6%) respondents had their menarche at age 10 years.

Table 3: Distribution of respondents according to menstrual problems (n=100)

Menstrual Problems	Number	Percentage
Scanty bleeding	08	08
Excessive bleeding	12	12
Painful bleeding	32	32
Irregular bleeding	06	06
Other problems	00	00
No problems	42	42
Total	100	100

Table-3 shows that 32 (32%) respondents had painful bleeding, 12 (12%) had excessive bleeding, most of the respondents 42 (42%) mentioned about having no menstrual problems.

Table 5: Association among economic status of adolescent girls and painful menstrual bleeding and per vaginal whitish discharge (n=100)

Economic Status	Painful Menstrual Bleeding		χ^2 value and p value	Per vaginal Whitish Discharge		χ^2 value and p value
	Present	Absent		Present	Absent	
Lower middle class	14 (35%)	26 (65%)	0.407 and >0.05	18 (45%)	22 (55%)	13.1 and <0.05
Upper middle class	12 (28.57%)	30 (71.43%)		4 (9.52%)	38 (90.48%)	
Upper class	6 (33.33%)	12 (66.67%)		6 (33.33%)	12 (66.67%)	
Total	32 (32%)	68 (68%)		28 (28%)	72 (72%)	

Table 5 shows that dysmenorrhea was poorly present in respondents of upper class family which was 6 (33.33%) and relatively high in lower middle class family that was 14 (35%). So there was no association between economic status and painful menstrual bleeding, but there was statistically significant association ($p < 0.05$) between economic status and per vaginal whitish discharge.

Table 6: Association among preventive measures of painful bleeding and per vaginal whitish discharge during menstruation of adolescent girls (n=100)

Preventive measures	Dysmenorrhea		Total	χ^2 value and p value	Leucorrhoea		Total	χ^2 value and p value
	Present	Absent			Present	Absent		
Hygienic (use sanitary pads)	18 (31.03%)	40 (68.97%)	58 (58%)	0.0592 And >0.05	4 (6.89%)	54 (93.11%)	58 (58%)	30.51 And <0.05
Unhygienic	14 (33.33%)	28 (66.67%)	42 (42%)		24 (57.14%)	18 (42.86%)	42 (42%)	
Total	32 (32%)	68 (68%)	100 (100%)		28 (28%)	72 (72%)	100 (100%)	

Table 6 shows that most of the respondents were practicing preventive hygienic measures among which 18 (31.03%) suffered from dysmenorrhea and 4 (6.89%) suffered from leucorrhoea. Among 42 (42%) respondents practicing unhygienic protective measures, 14 (33.33%) had painful bleeding and 24 (57.14%) suffered from leucorrhoea. So there was no significant association between protective measures during menstruation and painful bleeding but there was significant association ($p < 0.05$) between preventive measures and per vaginal whitish discharge.

Table 4: Respondents according to their other reproductive health problems in genitalia (n=100)

Problems in genital area	Number	Percentage
Whitish discharge	28	28
Itching	6	6
Swelling/Ulceration/Others	00	00
No problems	66	66
Total	100	100

Table 4 shows that majority of the respondents 66% had no problem in genital area. Only 28% suffered from per vaginal whitish discharge and 6% suffered from itching.

Discussion

In this study, total sample was 100 among them the highest and lowest variation of age was 18 and 13 years respectively. The mean age of respondents was 16 years. Out of 100 adolescent girls the highest percentage (54%) started their menstruation at the age of 12 years. These findings were consistent with the study done by BANS 94, where mean age at menarche was 12.6 years & by 13.9 years, 90% of female adolescents attained their menarche. Another study in Mumbai (India) revealed similar findings, where the mean age at menarche was 12 years. This similarity (12 and 12.6 years) may be due to same socio-economic status & living standard of the adolescent girls⁵⁻⁷. Regarding menstrual problems, total 58% complained some sort of problems. Among them 32% had painful bleeding, 12% had excessive bleeding, 6% mentioned about irregular bleeding and 8% suffered from scanty bleeding. This observation was closely related with BIRPERHT study where they found, over 65% adolescent girls had menarche with menstrual problems⁸. In this study, it also revealed that majority 66% had no problems in genital area while 28% and 6% suffered from whitish discharge and itching respectively. A study was conducted by BRAC showed that most of the adolescent girl complaints of whitish discharge accompanied severe abdominal pain which may be due to improper drying of reused sanitary napkin /cloth that become a source of fungal infection and ultimately leads to vaginal discharge⁹. In this study we observed no association between economic status and painful menstrual bleeding, but there was significant association ($p < 0.05$) between economic status and per vaginal whitish discharge statistically. There was statistical significant association of among hygienic and unhygienic practiced by adolescent girls. It may be due to improper cleaning procedure of menstrual protective measures like cleaning without using disinfectant and improper preservation place of sanitary napkin/cloth. The frequently reuse of sanitary napkin/cloth and longtime preservation may lead to infection.

Conclusion

For many adolescents who need sexual and reproductive health services, such as appropriate information, contraception and treatment for sexually transmitted

infections, these are either not available or are provided in a way that makes adolescents feel unwelcome and embarrassed. Health services have to be sensitive to the needs and developmental attributes of adolescents to be able to attract them. Initiatives should be taken to develop adolescent-friendly health services and strengthening them. Parents should be involved in the reproductive education and one-to-one home-based counselling.

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