



Experiences of girls about their menarche

S.

Bhattacharya*

ABSTRACT

This is a study conducted among the first year nursing students, who were enrolled in the Nursing campuses at Maharajgunj, Kathmandu, and at Birgunj. The study is descriptive in nature, and 123 students took part in the study. The finding indicates that the majority of girls were unprepared for such a phenomenon as menstruation, and for most of them it was a frightening experience with very little knowledge about maintaining menstrual hygiene.

The objectives of the study were to find out:

- how the adolescents in Nepal perceive their first menstrual period;
- if these girls had some knowledge about menstruation;
- how the girls coped with the sudden changes in their physiology;
- the average age of menarche in Nepali girls;
- who the first person was they confided when it occurred to them;
- traditional customs observed during menarche and their importance.

Keywords: Menarche; menstruation; puberty.

INTRODUCTION

Puberty is the time of the greatest sex differentiation since the early intra-uterine life. Certain changes occur all over the body including size, shapes and appearance of secondary sex characteristics. But the major changes occur in the reproductive organs and their function. The word adolescence is being increasingly used to refer the period during which the sexual maturity is developed along

with the psychological and behavioural changes occurring in a person. A distinct mark for a girl reaching puberty stage is the first onset of menstruation which is termed "menarche".¹

Among one fifth of the World's population is comprised of adolescence aged 10-19, and this group falls into a vulnerable group in the community. This is the stage of life when sexual maturity occurs and girls of this age

* Lecturer, Nursing Campus, P.O. Box 6269, Maharajgunj, Kathmandu, Nepal. E-mail: sha@bhatr.wlink.com.np

need more emotional support as they can become pregnant, even though their physical maturity is not yet complete to produce a healthy offspring without endangering their own life. The adolescent reproduction health situation and the needs and perspectives of adolescents vary by socio-cultural context.

The onset of menstruation (menarche) is a sign of reaching puberty in girls. The process of menstruation is linked with the process of reproduction. It is a phenomenon occurring in every normal healthy girl at around the age of 13-14 years. This phenomenon should be accepted as a normal physiology of the body and experienced without any horror. However, in the absence of knowledge about this physiology, it may become a frightening experience for the young girls. In Nepalese culture, it is a very secret affair and is not discussed in public. Particularly, before marriage girls are very shy to talk about menstruation, and it is rarely discussed with elders in the family. In all traditional culture, the onset of menstruation is regarded as a special event and certain rituals are observed during this period. Nepal has a diverse ethnic group, but whether all the ethnic group follow the same rituals or there are differences is not known. Therefore, it was felt necessary to conduct a study to learn about the culture and what impact such culture had upon the adolescents.

METHODOLOGY

All those students enrolled in the first year Proficiency Certificate Level Nursing at Maharajgunj, Kathmandu, and Birgunj Nursing Campus (intake of 1996 and 1997) were

asked to participate voluntarily in the study. Those students who wanted to participate were asked to write in their own words about their experience of their first menstrual period. A total of 123 students responded to the request; students were not required to write their name. Their responses were collected by their concerned teacher/s. Their responses were all in descriptive forms, and it was then grouped in the following headings:

- Age at onset of menarche
- Rituals observed
- Anxiety
- Depression

FINDINGS OF THE STUDY

Age at menarche ranged from 11 years (n=3) to 18 years (n=2). The mean age was 14 years. However, the majority fell between 13 (n=41) and 14 years (n=42), followed by 15 years (n=20).

The rituals observed during the period were mentioned by almost all that they were kept isolated in a dark room. The number of days for seclusion, however, varied from 4-12 days. Other characteristics during the period of seclusion mentioned were: they were kept away from their parents preferably in neighbour's home, no bath until the day of purification, no sunlight, no male visitors which included their own father and/or brothers, were not allowed to get out of the room even for bowel/bladder evacuation. On the day of purification they were offered a cleansing bath and given a new set of clothes to wear (mostly red in colour and always a saree). Such attires usually signify the girls'

puberty and readiness for marriage in many societies.

State of their mind (usually anxiety and depression)

The responses were as follows:

Very unhappy and sad	n=36
Wanted to cry	n=27
Very embarrassed	n=57
Felt it was the result of their sin	n=7
Had difficulties because of total ignorance about it	n=23
Felt isolated and suffocating	n=41
Did not feel bad as had some knowledge about it	n=16

The above figures indicate that because of lack of knowledge, they were not prepared to accept the physiology as normal process of their body. The taboo regarding the discussion on menstruation in the family caused embarrassment, and some even felt that having menstruation was the result of committing sin. The rituals of keeping them in a dark room had made them feel suffocated.

There were several reasons given for feeling unhappy and sad which are listed below:

- Increased parent's control.
- Fear of getting pregnant (it is note worthy here that those who said so thought they can get pregnant if they touched a man).
- Time for outdoor play was decreased.
- Untouchability made them feel inhuman.
- Afraid that their parents would now get them married.
- Missing school and how to face their classmates (specially boys).

- Not knowing how to keep themselves clean during menstruation.
- Physical discomforts eg, cramps, backpain etc.
- Changes in the body shape.

CONCLUSION AND RECOMMENDATIONS

The female population in Nepal exceeds 10 million, and approximately 20% of them fall into adolescent group² and their physical wellbeing is one of the concerns for those who are concerned with reproductive health issues, as the process of menstruation is linked with the process of pregnancy and childbirth. However, the knowledge on sociological aspect of adolescent reproductive health is yet to be discovered. Menstruation is a normal phenomenon occuring in a normal and healthy girl and it should not pose any physical threat or cause emotional upset. But due to certain stigma attached to it and also due to lack of knowledge about its physiology, many girls go through very frightening experiences which may leave negative impact on their reproductive health later. Nepal has a multi cultural society with people having different religion, caste, ethnicity, but hinduism has a great influence on its people. Child marriage is still the existing norm in spite of the legal prohibition. In such groups, sexual activities in adolescents occur within the context of marriage, but due to certain taboo attached with sex education it can pose serious problems for the girls compared to that with the boys of the same age group as they are freer to go out and discuss their problems with

their friends. One of the means to reduce the teen age pregnancy in Nepal is to educate girls about how to take care of their reproductive health even before they have their first menstruation. Family health including basic physiology of reproduction should be included in the curriculum for lower secondary level.

Since this study was limited to a small sample, a large sample with diverse ethnicity would give more insights about the customs and problems of adolescents.

Development of pamphlets, posters and booklets on menstrual hygiene is required for providing information not only to the adolescents but to their parents also, as the attention paid to adolescent health is almost non-existent, and their reproductive health is poorly understood by most parents and society.

Some modifications should be made in the rituals, such as isolation may not be necessary but maintaining personal and perineal hygiene should be encouraged.

Setting up of a counselling service particularly for adolescent girls would be very beneficial where preparatory classes on menstrual hygiene, how to cope with minor physical discomfort etc. would be appreciable.

REFERENCES

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