



A study of problems faced by adolescent girls during menstruation

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Abstract:

The study was conducted on problems faced by adolescent girls during menstruation. The data were collected from 50 girls selected randomly. Information regarding menstruation was collected through structured interview schedule from the girls. The study reveals that 50% of the respondents were aggressive behaviour during menstruation. Majority of the respondents (86.66%) were like to live alone during menstruation. 80% of the respondents were feel stress during menstruation.

Key Words: Menstruation, Aggressive, Stress.

Introduction:

Adolescence is a face of maturation. It is a transitional period of physical and psychological development between childhood and adulthood. Adolescence occurs from 13 to 21 years. Adolescence is marked by the onset of puberty and the termination of physical growth which changes in the sex organs and characteristics including height, weight and muscle mass. Puberty is the period of sexual maturation, when a person becomes capable of reproducing. spermarche at age 13 year for boy and Menarche at age 12 year for girls. Adolescent girls should expect to start their menstrual cycle around the age of 12 years. This typically comes after other physical changes happen such as breast development, their growth spurt and growth of body hair. Having a regular menstrual cycle usually means having a period once per month. Adolescent girls first start their period their body is still going through hormone changes that cause periods to be irregular within the first two years after starting. Menstruation is coming frequently, longer than five to seven day and flow is heavy, this can lead to iron deficiency anaemia which can cause of tiredness, weakness, low energy level and dizziness. This condition need to consult medical expert (<https://www.hopkinsmedicine.org>).

Menstruation cycle is an important indicator of girl reproductive health. However menstruation has a different pattern within a few years after menarche. Menarche is one of markers of puberty and therefore can be considered as an important symptoms in the life of adolescent girl. It occurs between the age of 10 to 16 year, it shows a remarkable range of variation. The normal range for ovulatory cycles is between 21 to 35 days. While most period last from 3 to 5 day duration of menstruation flow normally range from 2 to 7 days. For the first few year after menarche irregular and longer cycle are common (Kalpowitz, 2006; Abioye-Kuteyi et al., 1997; Diaz et al., 2006; Thomas et al., 2001 and Adams Hillard, 2002).

The problem of improper menstrual hygiene is scarcely in developing countries such as India. Lack of menstrual hygiene is connected with negative effects such as infection of the reproductive and urinary tract,

which may lead to future infertility (Gosavi et al., 2015). Girl's health, education and integrity are all dependent on good menstrual hygiene (Udayar et al. 2016).

Methods and Material:

The study was conducted on problems faced by adolescent girls during menstruation. The data were collected from 50 girls selected randomly. Information regarding menstruation was collected through structured interview schedule from the girls.

Result and Discussion:

Table 1 shows the nature of girls behaviour during menstruation was reported 50% calm and cool and 50% aggressive by respondents. How do you like to live during menstruation was reported 89.66% alone and 13.33% in group by respondents. 75% of the respondents were complains of lower abdominal pain during menstruation. 60% of the respondents were required pain relievers during menstruation. 50% of the respondents feel comfortable going out of the house during menstruation and 50% of the respondents were feel uncomfortable going out of the house. 90% of the respondent were feel weakness during menstruation. 60% of the respondents were using sanitary pads during menstruation. 100% respondents were reported infection occur due to lack of hygiene during menstruation. 80% of the respondent were feel stress and 20% of the respondents were feel no stress during menstruation. 80% of the respondents were reported behaviour changes during menstruation. 90% of the respondents were reported 5 o 6 days duration of flow and only 10% of the respondents were reported less than 4 days duration of flow. 80% of the respondents were reported regular periods on time. 70% of the respondents were consumed normal diet and 30% of the respondents were consumed balanced diet during menstruation. 92% of the respondents were feel necessary to spread awareness about menstruation for good health of girls.

Findlay (2020) reported that individual responses to menstrual issues and emphasises to need for clinicians and support staff to undertake menstrual cycle profiling, monitoring and continue to develop awareness, openness, knowledge and understanding of the menstrual cycle. Yonkers et al. (2008) found that psychological symptoms manifested as worry, distraction, negative mood states, feeling tearful and emotional, reduced motivation and feeling of agitation. Wang et al. (2020) reported that long and irregular menstrual cycles are associated with an increased risk of death before age 70 years. Diaz et al. (2006) reveals that regular menstrual cycle reflect normal functioning of the hypothalamic- pituitary- Ovarian axis, a vital sign of women general health. Real et al. (2007) found that irregular and long menstrual cycle often attributed to the functional disruption of the hypothalamic-pituitary- Ovarian axis are however common among women of reproductive age. Cirillo et al. (2016) reported that greater risk of non communicable disease including ovarian cancer. Solomon et al. (2002) found that greater risk of non communicable disease including coronary heart disease. Solomon et al. (2001) reveals that greater risk of non communicable disease including type II diabetes. Yu et al. (2016) found that greater risk of non communicable disease including mental health problems. Grieger and Normon (2020) found that typical average 28 day cycle length is not common for a high percentage of women and only 13.08% of cycle had an estimated ovulation on day 14. Handy et al. (2022) reported that anxiety, stress and binge eating appear to the be elevated more generally throughout the luteal phase. Zaka and Mahmood (2012) reveals that physical discomfort such as dysmenarrhea, breast tenderness and joint pain around menstruation. Brock et al. (2016) found that physical discomfort can be associated with increase in psychological distress, irritability and decrease self esteem. Laessle et al. (1990) reported that increased inter personal conflict and reduce social engagement premenstrually and during menstruation. Owens et al. (2020) reported that inter personal conflict and reduce social engagement during menstruation which may be contribute to depression and isolation.

Table 1: Problems faced by adolescent girls during menstruation.

S. No.	Variable	Percentage
1.	The nature of girl's behaviour <ul style="list-style-type: none"> • Calm and cool • Aggressive 	50 50
2.	How do you like to live <ul style="list-style-type: none"> • Alone • Group 	86.66 13.33
3.	Complain of lower abdominal pain <ul style="list-style-type: none"> • Yes • No 	75 25
4.	Pain reliever require <ul style="list-style-type: none"> • Yes • No 	60 40
5.	Feel comfortable going out of the house <ul style="list-style-type: none"> • Yes • No 	50 50
6.	Feel weakness <ul style="list-style-type: none"> • Yes • No 	90 10
7.	Use sanitary pads <ul style="list-style-type: none"> • Yes • No 	60 40
8.	Infection occur due to lack of hygiene <ul style="list-style-type: none"> • Yes • No 	100 00
9.	Feel stress <ul style="list-style-type: none"> • Yes • No 	80 20
10.	Your behaviour change <ul style="list-style-type: none"> • Yes • No 	80 20
11.	Duration of flow <ul style="list-style-type: none"> • 5-6 days • less than 4 day 	90 10
12.	Regular periods <ul style="list-style-type: none"> • Yes • No 	80 20
13.	Diet consume <ul style="list-style-type: none"> • Normal diet • Balanced diet 	70 30
14.	Do you feel it is necessary to spread awareness <ul style="list-style-type: none"> • Yes • No 	92 08

Conclusion:

Menstruation is health issues which is one of the major area of concerned in reproductive health affects a large number of women throughout their reproductive life. The study was conducted to explore the problems faced by adolescent girls during menstruation. 75% of the respondents were complains of lower abdominal pain and 90% of the respondents were feel weakness during menstruation. 80% of the respondents were reported behaviour changes such as irritation, tiredness and anxiety. Menstrual health and hygiene is essential to the wellbeing and empowerment of girls. It can help overcome problems during menstruation. It is protects dignity, built confidence, strengthen sexual and reproductive among adolescent girls.

References:

1. <https://www.hopkinsmedicine.org>.
2. Kaplowitz, P. (2006). Pubertal development in girls: secular trends. *Curr. Opin Obstet Gynecol.* 18: 487-91.
3. Abioye-Kuteyi, E.A., Ojofeitimi, E.O., Aina, O.I., Kio, F., Aluko, Y., Mosuro, O., et al. (1997). The influence of socio economic and nutritional status on menarche in Nigerian school girls. *Nutr. Health.* 11: 185-95.
4. Diaz, A., Laufer, M.R., Breech, L.L. (2006). American academy of paediatrics committee on adolescence, American college of obstetricians and gynaecologist committee on adolescent health care. Menstruation in girls and adolescent: using menstrual cycle as a vital sign. *Paediatrics.* 118: 2245-50.
5. Thomas, F., Renaud, F., Benefice, E., de Meeus, T., Guegan, J.F. (2001). International variability of edges at menarche and menopause: patterns and main determinants. *Hum. Biol.* 73: 271-90.
6. Adams Hillard, P.J. (2002). Menstruation in young girls: a clinical perspective: *Obstet. Gynecol.* 99: 655-62.
7. Gosavi, S.V., Almal, B., Gujarthe, A. (2015). Awareness and practices about menstrual hygiene and its impact among migrant adolescent girls in Dera: A community based cross sectional study from Nashik. *Int. J. Sci. Rep.*, 1:123-26.
8. Udayar, S.E., Anand, K., Devi, P.V. (2016). Menstrual hygiene practices among adolescent girls residing in tribal and social welfare hostel in Andhra Pradesh: A community based study. *Community Med.*, 7:681-685.
9. Findlay, R.J., Macrae, E.H.R., Whyte, I.Y., Easton, C., Forrest, L.J. (2020). How to menstrual cycle and menstrual affect sporting performance: experiences and perception of elite female rugby players. *Br. J. Sports. Med.* 54: 1108-1113.
10. Yonkers KA, O'Brien PMS, Eriksson E. (2008). Premenstrual syndrome. *Lancet.* 371:1200–10.
11. Wang, Y.X., Arvizu, M., Edwards, J.W.R., Stuart, J.J., Manson, J.E., Missmer, S.A., Pan, A., and Chavarro, J. (2020). Menstrual cycle regularity and length across the reproductive life span and risk of premature mortality: prospective cohort study. *BMJ*, 371-M3464.
12. Real, .FG., Svanes, C., Omenaas, E.R., et al. (2007). Menstrual irregularity and asthma and lung function. *J. Allergy Clin. Immunol.* 120:557-64.
13. Cirillo, P.M., Wang, E.T., Cedars, M.I., Chen, L.M., Cohn, B.A. (2016). Irregular menses predicts ovarian cancer: Prospective evidence from the Child Health and Development Studies. *Int. J. Cancer*, 139:1009-17.
14. Solomon, C.G., Hu, F.B., Dunaif, A., et al. (2002). Menstrual cycle irregularity and risk for future cardiovascular disease. *J. Clin. Endocrinol. Metab.*, 87:2013-17.
15. Solomon, C.G., Hu, F.B., Dunaif, A., et al. (2001). Long or highly irregular menstrual cycles as a marker for risk of type 2 diabetes mellitus. *JAMA*, 286:2421-26.
16. Yu, M., Han, K., Nam, G.E. (2017). The association between mental health problems and menstrual cycle irregularity among adolescent Korean girls. *J. Affect Disord.*, 210:43-48.
17. Griger and Norman. (2020). Menstrual cycle length and patterns in a global cohort of women using a mobile phone app: retrospective cohort study. *J. Med. Internet Res.* 22 (6): 12.

18. Handy, A.B., Greenfield, S.F., Yonkers, K.A., Payne, L.A. (2022). Psychiatric symptoms across the menstrual cycle in adult women: A comprehensive review. *Harv. Rev. Psychiatry*. 30(2): 100-117.
19. Zaka, M., Mahmood, K.T. (2012). Pre-menstrual syndrome—a review. *J. Pharm. Sci. Res.*, 4:1684–91.
20. Brock, R., Rowse, G., Slade, P. (2016). Relationships between paranoid thinking, self-esteem and the menstrual cycle. *Arch. Womens Ment. Health.*, 19:271–79.
21. Laessle, R.G., Tuschl, R.J., Schweiger, U., Pirke, K.M. (1990). Mood changes and physical complaints during the normal menstrual cycle in healthy young women. *Psychoneuroendocrinology*, 15:131–38.
22. Owens, S.A., Eisenlohr-Moul, T.A., Prinstein, M.J. (2020). Understanding when and why some adolescent girls attempt suicide: an emerging framework integrating menstrual cycle fluctuations in risk. *Child. Dev. Perspect.* 14:116–23.

