

Menstrual pattern of Adolescence

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ABSTRACT

OBJECTIVE:

This analysis helps to find out the pattern of menstruation among college students in Tamilnadu India.

Materials and Methods:

In this cross-sectional study, a survey was conducted in various colleges in Dindigul District. These questionnaires were based on socioeconomic data, menarche, menstrual cycle flow, and their perception of menstruation.

Results:

The age of menarche was 77.7% of the students attaining earlier (9-12). Dysmenorrhea (65%), premenstrual syndrome (PMS) (71.2%), and irregular cycles (33.8%) were found to be common problems among teenagers.

Conclusion:

Adolescents need to be educated about menstrual health and menstrual disorder.

INTRODUCTION

Menstruation is a physiological natural cyclic event, occurring every 21-35 days, lasting between 2 and 7 days. Menstrual disorders may affect women's health (1). Menarche age is decreasing gradually. (2) Early puberty variants may be the cause of various metabolic diseases. (3) Dysmenorrhea is painful menstruation. It is described as a pathological condition. School absenteeism was high. (4) Students are also unaware of dysmenorrhea. Dysmenorrhea may lead to endometriosis. Understanding of menstrual health was lacking. (5) More attention is needed to improve menstrual hygiene management at the workplace as well as on university campuses. (6) In low, middle, and high-income countries need to develop policies to

improve women's menstrual health. (7) Inadequate understanding of menstruation may affect the adolescent's mental as well as physical health, during their menstruating days. (8) Painful period results in a significant negative impact on quality of life, reducing the ability to perform normal daily activities. (9) Both menstrual hygiene and menstrual health issues can contribute to absenteeism from school and social activities amongst adolescents, leading them to refrain from social interaction and to rely on inadequate self-medication (10) Perception and practices of menstruation has relied on socioeconomic conditions too. (11) Menstrual problems are common, and the treatment sought is insufficient. (12) Obesity in childhood and adolescence is associated with earlier onset of puberty and menarche, hyperandrogenism leading to menstrual irregularities, and can

increase the risk of premenstrual disorders, dysmenorrhea, and heavy menstrual bleeding in adolescent girls and young adult women.¹³ These menstrual disorders may affect the health of women. (14)

MATERIAL AND METHODOLOGY:

CRITERIA FOR SELECTION:

A cross-sectional survey was carried out with 275 students, and self-structured questionnaires were administered to various college female students. In the questionnaire, the question is about their socio-demographics and menstrual characteristics feature. Significant changes in the amount and duration,

TABLE 1: SOCIODEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

| Variable | Frequency | Percentage(%) |
|------------|-----------|---------------|
| Age | | |
| 17-20 | 164 | 63.5 |
| 21-24 | 73 | 26.5 |
| 25-28 | 38 | 13.8 |
| Residence | | |
| Urban | 196 | 71.7 |
| SEMI-URBAN | 19 | 6.09 |
| Rural | 60 | 21.8 |

TABLE.2 MENSTRUAL PATTERN

| | | |
|---------------------------------|-----|------|
| Menarche | | |
| 9 - 12 | 212 | 77.0 |
| 12-15 | 63 | 22.9 |
| Normal cycle | | |
| Yes | 182 | 66.1 |
| No | 93 | 33.8 |
| Menstrual cycle length | | |
| <20 | 30 | 10.9 |
| 21-30 | 174 | 63.5 |
| >30 | 71 | 25.8 |
| Duration of the menstrual cycle | | |
| < 3 | 20 | 7.07 |
| 3-6 | 183 | 66.5 |
| 7 and above | 72 | 26.1 |
| Dysmenorrhea | | |
| Yes | 179 | 65 |
| No | 96 | 34.9 |
| PMS | | |
| Yes | 196 | 71.2 |
| No | 79 | 28.7 |

77 % of the participant's menarche ages were earlier, that is between the age of 9- 12. 22.9 % of the participants' menarche age between 12 -15. Most of the adolescents have a normal cycle (66.1%). 33.8% of adolescents have an abnormal cycle. 69.01% of the participants have normal menstrual cycles. Only 25.8 % of the girls have a lengthy cycle. Most of the adolescents felt a painful period (65%). 34.9% of the participants have no pain. Most of the participants have Premenstrual symptoms (71.2%). Few participants have no premenstrual symptoms (28.7%)

DISCUSSION

In this study, menarche age lies between 9-12, menarche age, This declining trend of the age at menarche has also been reported in population studies carried out in Gambia (Prentice S, et al 2010), mean age of menarche was 13.67 in central India(Dambhare D et al 2012).in Turkey menarche age 13.30.(Tuğba Adalı , Ismet Koç 2015), In a Western Nigeria study, however, the menarcheal age in the study was 14 years (Moronkola and Uzuegbu, 2006). Age at menarche may vary due to socioeconomic status, lifestyle, genetics, etc (Khalid H et al 2015). Most adolescence attains their menarche before the age of 16. According to a study on age at menarche and socioeconomic status in Poland, girls from families with high socioeconomic status experienced menarche earlier than girls from families with lower socioeconomic status (Wronka I, Pawlińska-Chmara R. 2005). Present study 76.8 % of the respondent were urban, they attained earlier menarche. This study shows Menstrual length 21-30 days 69.01 %.. more than 30 days cycle 27.84%. irregular cycle reported at 21.7% (Sihan Song

regularity, length, and cycle of discharge in their menstrual cycle.

RESULT AND DISCUSSION:

SOCIODEMOGRAPHIC DATA OF PARTICIPANTS:

63.5% of the students were aged between 17-20, 26.5% of the students were aged between 21-24, and 13.8% of the students were between the ages 25-28. Participants were mainly urban (71.7 %), 6.09 % of the respondent from semi-urban, and 21.8 % the respondent were rural. Understanding menstrual health is more in urban residences.

et al 2022). The variation in the menstrual cycle may be due to their socioeconomic condition, eating habits, environment, and genetics. Painful menstruation was reported in this study in 70%. Prevalence and severity of dysmenorrhea (Singh A, Kiran D, et al 2008). 76% of the participant were reported as PMS. The severity of PMS may vary from person to person. PMS is associated with many factors such as culture, socioeconomic status, eating habit, their physical activity (Nour.M et al 2009)

CONCLUSION

Most of the students thought that their menstruation was normal. Girls should be educated about menstrual health. They should have a proper understanding of menstrual health. The prevalence of dysmenorrhea has an elevated level. Adolescence is not aware of dysmenorrhea, abnormal bleeding, and PMS.

Declaration of competing interest: No conflict of interests

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