

Review

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Menstrual distress in females of reproductive age: a literature review

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Abstract: Menstrual-related issues have significant public-health ramifications. Women who are having menstruation troubles should get their mental health checked by health-care specialists. In young women, a menstrual-related condition has serious health implications. Young females who have menstrual issues miss job and school, and their behavioural and mental development suffers as a result. Depression and anxiety have an impact on women's menstrual periods in adults. Symptoms like as cramps, tiredness, backache, swelling abdomen, and painful breasts have also been described in women with menstrual misery. Menstrual distress has been shown to impair women's daily activities, as well as their reproductive and psychological health, according to research. Menstrual periods are frequently accompanied by a variety of unpleasant symptoms, such as premenstrual syndrome, which includes symptoms such as mild cramping and exhaustion. The severity of these symptoms, on the other hand, differs from woman to woman, depending on their health, food, way of life, and other factors. Women with menstrual-related issues have also reported smoking, alcohol intake, and an increase in hunger. Furthermore, young women experience emotional disturbances such as melancholy, restlessness, and despair. It is a sign of an atypical menstrual cycle if there is no cycle or if the bleeding is atypical or light. As a result, it is critical to maintain contact with a gynaecologist in order to detect any significant changes in a regular menstrual cycle.

Introduction

Around 52% of the female population is of reproductive age, with adolescent females accounting for a large proportion of this, particularly in developing nations like India. Adolescence is defined by the World Health Organization (WHO) as the period of time between the ages of 10 and 19. One-fifth of India's population is adolescent girls. Adolescence is a period of significant physical, emotional, and psychological transformation. Adolescence is seen to be marked by certain health and developmental needs and rights [1]. It also denotes a time when knowledge and skills must be developed, as well as the ability to regulate emotions and relationships, as well as the acquisition of necessary qualities and talents for enjoying teen years and adopting adult roles [2]. Adolescence is defined by physiological, psychological, temporal, and cultural factors. The years between the onset of puberty and the establishing of social independence are commonly referred to as this important developmental phase. The most popular definition of adolescence is between the ages of 10 and 18, however depending on the source, it can range from 9 to 26 years [3–5]. Menstruation is a natural physiological function that has been tarnished by negative associations. Menarche, or the onset of menstruation in females, is a significant milestone that signals the start of womanhood. The reproductive and sexual health of women depends on accurate knowledge and understanding of the physiological, psychological, and socio-cultural factors surrounding menstruation, as well as adequate management of its effects. Adolescents are prone to a variety of issues throughout their transition period, including psychosocial issues, general and reproductive health issues, and sexuality-related issues [6]. Negative implications, an inadequate knowledge, cultural practices, and societal constructs all contribute to girls' poor psychological and health results. The first experience of menstruation and related experiences are distinguished by feelings of worry and enthusiasm to learn about this natural phenomenon

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during the adolescent era of development of girls. Menarche is the first menstrual cycle or menstrual bleeding that happens throughout adolescence and is the most commonly remembered stage of puberty for most females. The most popular hypotheses for the effect of pubertal timing on depressive symptoms include a psychosocial association triggered by puberty's physical changes. It may be challenging for girls who show evident signs of physical maturation to retain connections with same-sex peers who have not matured at the same rate [7]. Pubertal timing is linked to a variety of symptoms that appear to be more detrimental to girls than to boys. Identity, eating disorders, sadness, anxiety, and attitudes about femininity have all been linked to the stage of pubertal development rather than chronological age. The research aims to determine the link between pubertal timing and adolescent emotional and behavioural issues. Adolescence brings both physical and psychological changes that generate a state of physiological stress that must be managed [8].

Prevalence of menstrual distress in adolescents

According to the World Health Organization, roughly 20% of teenagers suffer one or more mental or behavioural disorders related to menstruation. According to studies conducted in various regions of the world, the prevalence of behavioural and emotional issues in teenagers ranges from 16.50 to 40.80%, with a frequency of 13.70 to 50% in India, where teenagers account for one-fifth of the population. When it came to the first time they had their menstrual cycles, respondents reported a wide range of experiences. According to a report to World Vision Zambia's Water, Sanitation, and Hygiene Programme (2014), the majority of adolescent girls hide their periods and do not tell anyone because they are afraid, whereas some of them dare to ask an elder family member for help and others participate in a traditional ceremony. Even adult women may not be aware of biological realities or proper hygiene practises in some situations, and they simply pass on cultural taboos and prohibitions to adolescent girls. Because they are menstruating, many girls and women face constraints in their daily lives. Although the procedures followed may not be universal, the degree to which these norms and practises are followed varies from family to family. The extent to which they adhere to traditional behaviours is determined by their beliefs, value system, and awareness. In essence, menstruation is stigmatised because few people understand why holy men referred to menstrual women as unclean. It has been said that, with the

exception of Sikhism, the majority of religious sects regard menstrual women as ritually unclean, and that mentioning menstruation is socially forbidden [6, 9–13]. As a result, menstrual customs and taboos have a severe impact on the lives of women and girls, reinforcing gender inequity and exclusion. Furthermore, in most parts of the world, it is taboo and rarely discussed, resulting in a slew of inconveniences, misunderstandings, and a slew of physiological, emotional, and psychological issues for young women, all of which are linked to their development opportunities, personal and social identities. It is undeniable that the majority of women around the world suffer from menstruation misery [5, 6, 10–12].

Dimensions and correlates of menstruation

Between the ages of 10 and 19, girls begin to menstruate and undergo physical and emotional changes as a result of hormones (increasing breasts, broader hips, and body hair). One of the most prevalent gynaecological issues is menstrual misery. The menstrual cycle is a cyclical series of physiological changes triggered by the hormone system and required for reproduction. Due to a lack of awareness about menstruation and resources to adequately handle their physical discomfort and changes occurring in their bodies, several girls experience worry and terror throughout this transition [10, 13]. Physical changes, combined with cultural constraints and stigmas around menstruation, make it challenging for young girls and women to manage their menstrual cycles in a sanitary and acceptable manner. There are numerous other causes and correlations of physiological distress during menstruation that amplifies the discomfort and agony experienced by adolescent girls. The premenstrual and menstrual periods cause distinct patterns of self-reported negative emotions and physiological symptoms [13]. Although the symptoms of menstruation distress may have a physiological basis, there are substantial signs that psychological factors may play a role in their onset. The dramatic physiological changes that occur during menstruation are accompanied by an equally dramatic cascade of personal, social, and emotional changes as people adjust to new responsibilities and expectations that come with biological maturation. Both menstruation and premenstrual phases of the typical monthly cycle have been linked to unpleasant physical symptoms and moods [14–16]. It has been stated that during menstruation, there is an increase in unpleasant feelings and a higher risk of depression. Menstruation is surrounded by a plethora of socio-cultural

constructions, societal norms, myths, prejudices, and limitations, all of which are rooted in the assumption that a menstrual woman is “impure” and “filthy.” Menstruating females are thus subjected to a slew of restrictions, including those relating to participation in social and religious activities, regular tasks, and mobility. Family members and society are unaware that the limits placed on women due to menstruation are unjust, discriminatory, and unreasonable. They are also unaware that these limits and prohibitions create a significant barrier in their daily lives, exacerbating their hardships and limiting their human freedom. Menstruation is stigmatised in society, and many people are unaware of the reasons for women’s menstruation being considered filthy and dirty. The nature and amount of restrictions on menstruation vary according to societal and cultural factors. Almost all religions regard menstrual women as ‘ritually unclean,’ with the exception of Sikhism, which regards it as a pure and healthy activity [11, 17–19].

Menstrual distress: beliefs, practices, and psychosocial outcomes

Culture and religion encourage females to avoid specific activities such as cooking, working, praying, and having sexual intercourse while menstruating due to negative notions and a lack of awareness regarding menstruation. Menarche marks the end of a developmental stage, yet in many cultures around the world, menstruation is connected with secrecy. These constraints during menstruation, as well as the secrecy surrounding it, may have a severe impact on womanhood by psychologically abusing women and demeaning their self-image. The menstrual taboos have been interpreted as proof of a primitive irrationality in the early eras of society’s supposed universal domination of men over women. Similar limitations on menstruation exist in Hindu and Buddhist religions. A Hindu lady on her menstrual period is considered a pariah, and even thinking of God is considered a sin. Similarly, the presence of a woman at any moment taints a Buddhist sanctuary [20–22]. There is little scientific evidence to back up the above-mentioned views, which lead many women to detach themselves from their obligations and suffer from decreased well-being. These ideas also contribute to a set of limitations on females’ chances in the workplace and as contributors to society in general, and they serve as a major source of discrimination and social control. The good and negative attitudes of menstruation are shaped mostly by young women’s first experiences with it, and are reinforced by cultural, religious, peer, family, and media influences

[23, 24]. These beliefs toward menstruation, in turn, can have a detrimental impact on a woman’s body image, ideas on disease aetiology, diet, desire to take medication, contraceptive use, and ability to plan a family. These attitudes and ideas about menstruation are widespread in India, Pakistan, Mexico, and Nigeria, according to research findings. The negative attitudes and experiences of menstruation among Indian South African women were reported by du Toit (1988). Cronje and Kritzinger (1991) found that Afrikaans-speaking university students have a negative attitude toward menstruation. It has been discovered that women have a negative notion that during menstruation, a certain fragrance or ray is generated from the female body that contaminates food. They weren’t allowed to handle sour things like pickles because of this. This idea contradicts scientific results, which show that menstruation does not ruin food in any way [21, 25–34]. Other religions and societies have horrible traditions of malnourishment, full social ostracism, and degradation that are still performed today. Dixit et al. (2016) conducted a study on menstruation, menstrual hygiene, and well-being of 100 girls aged 12–16 years in government and private schools, determining their menstrual hygiene practises through a self-administered, semi-structured, and pre-tested questionnaire, as well as collecting socio-demographic profiles, knowledge of menstruation, and practises during menstruation. The study found a link between increased awareness and better menstrual hygiene in private schools vs. government schools. Reena (2015) found that physical and psychological changes during adolescence produce a state of physiological stress that necessitates coping in her study aimed at explaining the association between pubertal timing, emotional and behavioural difficulties in middle adolescence. A school-based survey of health and health behaviours in school, as well as concerns about emotional and behavioural difficulties, as well as the relationship between socio-environmental factors, were all part of the study. The findings of the study indicated that adolescent girls who were unprepared for the physical and emotional changes of puberty had problems with menstruation, and it was determined that teenage girls needed counselling and support to cope with the bodily and psychological changes of puberty. Menstrual distress has been linked to lower intellectual functioning and performance, according to certain studies [35, 36]. Kumari and Corr (1997) evaluated the effects of time pressure stress on Raven’s Standard Progressive Matrices performance in 64 low and 64 high trait anxious female participants during pre-menstruation or menstruation. Stress and trait anxiety reduced the impact of menstrual phase on IQ test scores, according to the study. Premenstrual stress harmed performance, while menstrual stress improved it. As a result, regardless of trait anxiety, pre-menstrual

performance was lower than menstrual performance, and high trait anxiety hampered performance during both menstrual phases [37–39]. Pavithran et al. (2015) conducted a cross-sectional study on 400 adolescent females in Karnataka to determine reproductive health issues and health seeking behaviour. They discovered that the majority of the adolescent girls had one or more types of reproductive health problems, as well as a negative attitude toward seeking medical help. The findings also revealed that there is a significant need to improve adolescent girls' reproductive health seeking behaviour outside of school. Mudey et al. (2010) studied 300 school-aged adolescent girls aged 10–19 years in the rural Wardha area of Maharashtra, India, to better understand their attitudes, sources of knowledge, and menstrual hygiene status. The study found that encouraging safe and hygienic practises among adolescent girls, as well as educating them about menstruation issues, helped them overcome traditional beliefs, misconceptions, and restrictions about menstruation, as well as acting as a preventative measure against various infections and diseases [37, 40–42].

Attitudes toward femininity and menstrual distress

Menstruation is a major source of biological differences between females and males, and it is frequently used to justify discrimination against women and girls. Menarche is seen as a basis of distinction between males and females in most cultures. Although not extremely prevalent, artistic and cultural references to menstruation, such as bleeding, do exist. Cosgrove and Riddle (2008) used a mixed methods approach to investigate the association between feminine gender identity constructions and menstrual distress. Women engage in rigorous premenstrual body surveillance during menstruation, according to the qualitative data, and the bio-psychiatric discourse on premenstrual syndrome (PMS) serves to legitimize traditional notions of femininity. Future study should consider menstruation pain as both a lived experience and a social construction, according to one suggestion [43–45]. When referring to persons who menstruate, some menstrual activists and scholars use the term “menstruators” instead of “women.” This linguistic choice situates menstruation outside of the socially imposed boundaries of gender and emphasises solidarity with women who do not menstruate due to sickness, age, or physiology, as well as transgender men and gender queer people who do regardless of their gender identity. One method to challenge the inflexible gender

dichotomy that perpetuates privilege and oppression is to refuse to assume who does and does not menstruate [46]. It has been suggested that there is a strong link between femininity and women's innate lives that should not be neglected. The socially imposed obligation for women to repress violence promotes the development of powerful masochistic impulses that bind erotic damaging patterns that lead to masochism. It has been proposed that women's identities and experiences are organised around various similarities and distinctions, allowing psychologists to deal with the complexities of gendered ways of being. Women and men should be expected to differ in domains where they have encountered recurrently different adaptation issues throughout human evolutionary history, according to Buss and Schmitt (2011). In all sectors where they have faced similar adaptive difficulties throughout human development, they should be similar. Food selection, food shortage, habitat selection, predator defence, parasite protection, and social exchange have all been adaptive challenges for both genders. Due to gender variations in human reproductive biology, such as internal female fertilization and obligatory parental investment, women and men are likely to differ in some adaptations to mating challenges, with various fitness payoff matrices connected to various mating strategies. Gender comparisons have also been proposed to exist even in the field of long-term mating. Both genders, for example, must deal with adaptation issues such as self-evaluation of mate worth, selecting committed mates, and sustaining a mate over long periods of time [47–49].

Discussion

Menstruation and menstruation experiences are biological facts whose meaning, consequences, and management are shaped by a set of culturally constructed constructions and values. Anthropologists have detailed reports on diverse cultural traditions around menstruation, ranging from severe societal restrictions to exceptional regard and privilege for menstrual women, in their thorough cross-cultural comparison of menstruation. Although adolescence is a time for exploration and opportunity, menstruation has become a major source of limitations and shame for women due to a variety of socio-cultural and psychological constructions surrounding it. Because of a lack of knowledge and awareness, the onset of menarche and the process of menstruation are cloaked in mystery. Menstruation itself is a taboo subject in society. A vicious circle of disinformation results from inaccuracy gained from peers and senior female members. Menstruation is a distressing

experience for adolescent girls due to poor sanitary habits, which contribute to a variety of disorders and infections of the reproductive system, and limited access to sanitary hygiene supplies. Furthermore, during menstruation, adolescent girls in India are stigmatised and subjected to additional socio-cultural constraints, resulting in gender inequality and marginalisation. Menarche, or the first menstruation, is a well-known fact that occurs after the development of the breast bud and pubic hair [59–51]. However, it takes several years for a person to reach full reproductive maturity. Early menstruation can be difficult for females in Western culture, and some face negative consequences in terms of sexuality and body image. In both the United States and Europe, the average age of menarche is twelve and a half years, however African American girls menstruate six months earlier than European and American girls. In newly industrialized countries, there is a trend toward earlier menarche. In Western society, female adolescents have conflicting feelings about menstruation, generally unpleasant thoughts and embarrassment, and see it as a sign of maturation. It has been suggested that being prepared to tackle the challenges of menstruation results in more pleasant attitudes and experiences. According to study, supportive and engaged mothers buffer the widespread negative cultural signals regarding menstruation. The majority of educational materials as well as menstrual product ads likewise promote keeping clean and concealing menstruation. These items are particularly tempting to young women who see menstruation as a barrier to a sexualized self-image [23, 52–57]. In summary, there are significant variances in menstruation onset, psychological and socio-cultural practices, and post-menstrual repercussions. The attitudes and awareness of the exact nature, methods, and consequences vary by society. The government's health policy didn't even reflect that it was concerned about its proper maintenance. Ameade and Garti (2016) found that female university students had average understanding of menstruation and performed good menstrual hygiene in a cross-sectional study comprising 293 randomly selected female undergraduate students in Northern Ghana. The researchers discovered a favourable and substantial link between students' understanding of menstruation and their practise of excellent menstrual hygiene. Among all socio-demographic characteristics, students' age and course of study had a favourable impact on their understanding of menstruation, whereas religion and year of study had a good impact on their practise of safe menstrual hygiene. In a study of 123 Nepalese first-year nursing students, Bhattacharya (1999) discovered that the majority of girls were unprepared for menstruation and that the

majority of them had terrifying experiences as a result of their lack of awareness about menstrual hygiene. It has been maintained that menstruation is a natural occurrence in a healthy female, and that it should not cause any bodily harm or emotional distress. Unfortunately, many girls suffer terrible experiences due to their stigma and lack of information, which can significantly influence their sexual health. It was believed that basic information and awareness of family health and fundamental reproductive physiology could reduce the threat of unpleasant menstrual experiences in secondary schools [58, 59].

Conclusion

Menstrual distress is one of the most prevalent gynaecological issues that health professionals and psychologists are interested in. Menstruation is a global biological phenomenon that affects every normal, healthy woman on the planet and is intimately linked to her psychological, socio-cultural, as well as religious well-being. Menstrual distress is a fairly common occurrence that affects practically every aspect of a woman's living and life outcomes, including her identity as a woman. Menstruation, as a result, produces a great deal of distress in women. It can lead to impatience, bewilderment, despair, aggressive outbursts, emotional episodes, and relationship breakdown. Women of all ages, whether young, middle-aged, or elderly, must take better care of themselves in all aspects of their lives: physically, psychologically, emotionally, and spiritually. Menstrual misery can be alleviated by making lifestyle adjustments that improve one's quality of life and overall health. Healthy lifestyle activities such as awareness, education, exercise, nutrition, nourishment, and coping skills can all help to minimize stress, allowing women to live a healthy and risk-free existence.

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