

## Menstruation Problems and Hygiene Awareness

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### ABSTRACT

At the reproductive age, menstruation is a physiological process that is natural for females. However, it is surrounded by superstitious beliefs and societal taboos. Lack of awareness and understanding of menstruation may result in dangerous hygiene habits, which in turn raises the risk of genitourinary and reproductive tract infections, cervical cancer, school abandonment, poor academic performance, and an all-around low quality of life. The awareness and hygiene practises of teenage girls about menstruation are not properly addressed in Ethiopia, particularly among school-age girls, in spite of such clinical and academic impacts. In order to evaluate the knowledge and menstrual hygiene practises among teenage schoolgirls in southern Ethiopia, This was the main objective of the investigation. Adolescents seldom talk about topics like menstruation morbidities, menstrual hygiene, and cultural customs. Less research has been done on the hardship that teenage females bear due to menstruation and cultural norms. The purpose of this study is to evaluate the problems with menstruation in schoolgirls.

### I. INTRODUCTION

Menstruation (also known as menstruation and many other colloquial expressions) is the regular discharge of blood and mucus from the endometrium through the vagina. The menstrual cycle is characterized by the rise and fall of hormones. Menstruation triggers a drop in the progesterone level and is a sign that pregnancy has not occurred.

The first period, called menstruation, usually begins between the ages of 12 and 15.2 However, menstruation that begins as early as age 8 is considered normal. The average age of first menstruation is usually later in developing

countries and earlier in developed countries. The typical time between the first day of menstruation and the first day of the next period in young women is 21-45 days. Adults range from 21 to 31 days, with an average of 28 days. Bleeding usually lasts about 2-7 days. Menstruation stops during pregnancy and usually does not resume during the first few months of breastfeeding. Menstruation stops after menopause, which usually occurs between the ages of 45 and 55.

Up to 80% of women do not experience problems during or in the days before menstruation that are enough to interfere with daily activities. Premenstrual symptoms that interfere with normal life are called premenstrual syndrome (PMS). About 20% to 30% of women experience PMS, and 3% to 8% have severe symptoms. These include acne, breast tenderness, bloating, fatigue, irritability, and mood swings. Other symptoms that some women experience include menstrual and heavy menstruation bleeding during menstruation and abnormal bleeding at any time during the menstrual cycle. Absence of menstruation, or amenorrhea, is when menstruation does not begin before the age of 15 or does not recur within 90 days.

### AIM AND OBJECTIVES

- Assess information and practices on menstrual problems and hygiene among girls aged 18-25 years.
- evaluate restraints used by girls during menstruation.
- Assess normal and severe symptoms in girls during menstruation.
- Assess the subject's use of over-the-counter medications during menstruation.

### MENSTRUAL DISORDERS

Infrequent or irregular ovulation is called oligoovulation. Lack of ovulation is called anovulation. A normal menstrual cycle can occur without ovulation before it: an anovulatory cycle. In some cycles, follicular development may begin but is not complete; Despite this, estrogens are produced and stimulate the endometrium. Ovulatory bleeding caused by a very thick endometrium due to long-term and sustained high estrogen levels is called estrogen breakthrough bleeding. Ovulatory bleeding caused by a sudden drop in estrogen levels is called withdrawal bleeding.

Ovulation cycles usually occur before menopause (perimenopause) and in women with

polycystic ovaries. A very small flow (less than 10 ml) is called hypomenorrhea. Regular cycles that are 21 days or less apart are polymenorrhea; frequent but irregular periods are called metrorrhagia. Sudden heavy bleeding or more than 80 ml is called menorrhagia. Heavy periods that occur frequently and irregularly are menometrorrhagia. Periods more than 35 days apart are called oligomenorrhea. Amenorrhea means going more than three to six months without a period (if she is not pregnant) during a woman's reproductive year. The concept of painful menstruation is dysmenorrhea<sup>10</sup>. There are many differences in women's menstrual experience. There are several ways that someone's menstrual cycle can be abnormal

Term	Meaning
Oligomenorrhea	Infrequent periods
Hypomenorrhea	Short or light periods
Polymenorrhea	Frequent periods (more frequently than every 21 days)
Hypermenorrhea	Heavy or long periods (soaking a sanitary napkin or tampon everyhour, menstruating longer than 7 days)
Dysmenorrhea	Painful periods

### MANAGEMENT OF MENSTRUAL HYGIENE

Poor menstrual hygiene can seriously affect both physical and mental health. To properly manage your period, you must first understand how periods work, why they happen, when to expect them, and how to manage them.

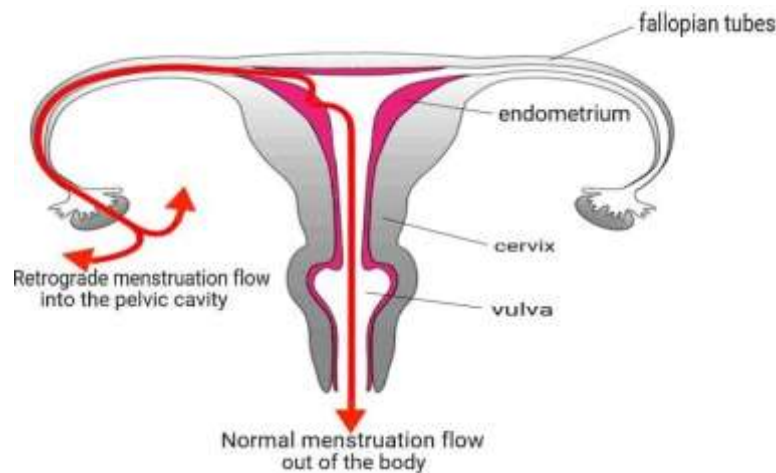
- Sanitary pads (also called pads or pads) - rectangular pieces of material attached to underwear to absorb the menstrual cycle, often with glue to hold the pad in place. Disposable pads may contain wood pulp or gel, usually plastic-coated and bleached.
- Tampons - Disposable cylinders made of a treated viscose/cotton blend or fully bleached cotton that are inserted into the vagina to absorb menstrual flow.

- Menstrual containers - strong, flexible, bell-shaped device used to collect menstrual flow inside the vagina.
- Reusable - Fabric Pillows - Pillows made of cotton (often organic), linen or flannel that can be sewn by hand (from fabric or recycled old clothes and towels) or bought from a store.

### MENSTRUATION

From puberty to menopause, a woman sheds blood and other materials from the endometrium every month. Menstruation is the monthly shedding of a woman's endometrium (more commonly known as the uterus). Menstruation is also called the menstrual cycle, period, cycle or period. Menstrual blood - part blood, part tissue from inside the uterus - flows out of the body from the uterus through the cervix and

vagina.



### MENSTRUAL CYCLE

The menstrual cycle describes the series of events that occur in a woman's body every month, while she prepares for a possible pregnancy. The first day of menstruation is considered the day when the menstrual cycle begins. The average cycle lasts 28 days; however, cycles can last 21-35 days. The menstrual cycle is triggered by the rise and fall of chemical in the body known as hormones.

### PHASES OF MENSTRUATION CYCLE

- menstrual cycle has 4 phases –
- Phase 1 - menstruation (3-8 days)
- 2nd phase - follicular phase (11-27 days)
- Phase 3 - ovulation phase (12-24 hours)
- Phase 4 - Luteal Phase (12-16 days)



Figure- Menstruation cycle

The menstrual cycle begins on the first day of bleeding, which is called day 1.

The menstrual cycle ends just before the next period.

The menstrual cycle usually lasts 24-38 days. Only 10-15 percent of women have a period of exactly

28 days. In addition, at least 20 percent of women have an irregular menstrual cycle. This means that they are either longer or shorter than the standard range. Typically, cycles vary most and menstrual intervals are longest after the onset of menstruation and before menopause.

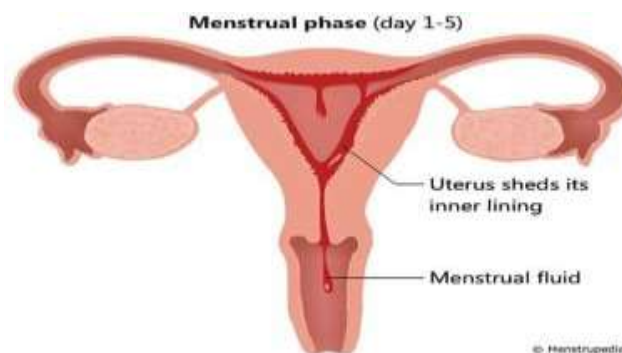


**1) Menstrual Phase :**

- The menstrual phase lasts about seven days and is the first phase of the menstrual cycle. Hormones change during the menstrual cycle. Estrogen and progesterone levels fall, and the body produces prostaglandins, a type of hormone.
- Estrogen and progesterone cause the uterine lining to shed, and this fluid is what bleeds out during a period. When there is no embryo to

support it, the uterus sheds its lining because it is no longer necessary. Aside from bleeding, may experience other symptoms during a period such as:

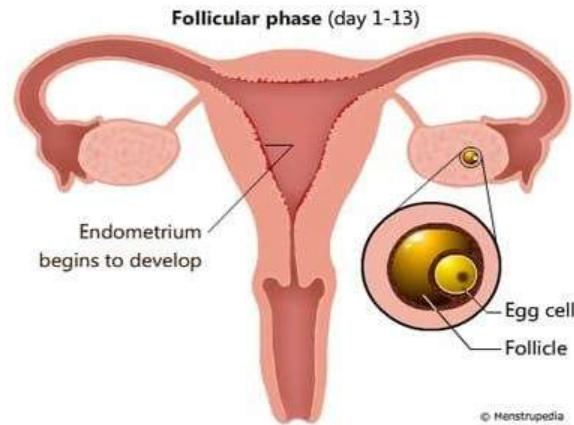
- Cramps
- Bloating
- Tender breasts
- Acne breakouts
- Mood changes.<sup>20</sup>



**2) Follicular Phase :**

- For a 28-day menstrual cycle, it usually lasts 12 to 14 days. Several ovarian follicles are stimulated to begin maturing during this phase, but only one, known as the Graafian follicle, usually matures completely and is ready to release an egg.
- The remaining maturing follicles cease to grow and disintegrate. Follicular development

occurs as a result of an increase in the blood level of the pituitary gland's follicle stimulating hormone (FSH). The maturing follicle produces oestrogen, which increases in concentration throughout the follicular phase.<sup>21</sup>

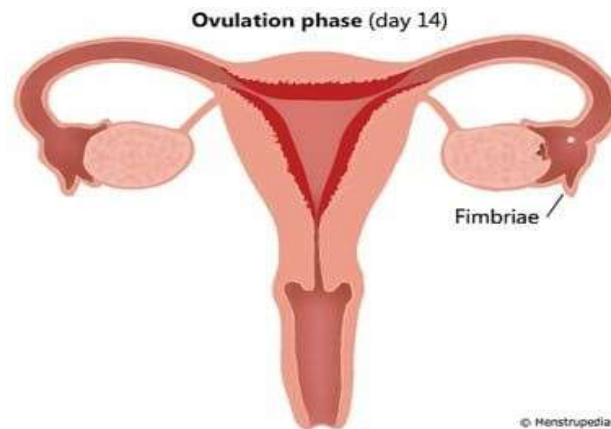


### 3) Ovulation :

- It usually happens around the 14th day of a 28-day menstrual cycle. The Graafian follicle ruptures and releases its ovum during this stage. A sudden increase in the blood level of luteinizing hormone (LH) from the pituitary gland stimulates ovulation. This is known as the LH surge.
- The LH surge usually begins on day 12 of the cycle and lasts a day or two. The continued rise in oestrogen from the maturing follicle in the ovary causes the surge in LH. During the

follicular phase, rising oestrogen levels suppress pituitary gland LH secretion. However, as the follicular phase comes to an end, the level of oestrogen reaches a threshold above which the effect is reversed, and oestrogen stimulates the release of a large amount of LH.

- The surge in LH matures the ovum and weakens the wall of the follicle, causing the fully developed follicle to release its secondary oocyte.



### 4) Luteal phase:

- In a 28-day menstrual cycle, it usually lasts about 14 days. FSH and LH cause the Graafian follicle that ovulated the egg to transform into a structure known as the corpus luteum at the start of the luteal phase. The corpus luteum secretes progesterone, which suppresses pituitary FSH and LH production

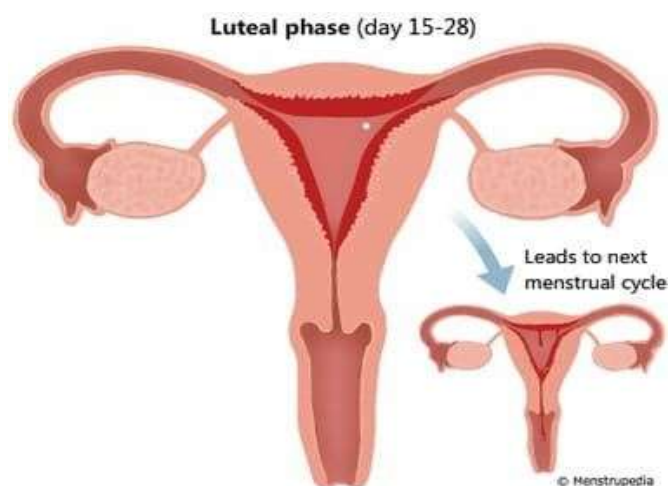
and stimulates the continued buildup of endometrium in the uterus.<sup>24</sup> The length of this phase is determined by whether or not the ovum has been fertilised.

- If fertilisation does not occur, the falling levels of FSH and LH during the luteal phase cause the corpus luteum to atrophy, resulting in a decrease in progesterone production. The

endometrium begins to degrade in the absence of a high level of progesterone. The endometrium can no longer be maintained by the end of the luteal phase, and the next menstrual cycle begins with endometrium shedding (menses).

- If fertilisation occurs and a zygote forms and

then divides to form a blastocyst, the blastocyst's outer layer produces a hormone called human chorionic gonadotropin (HCG). This hormone, which is very similar to LH, protects the corpus luteum. The corpus luteum can then continue to secrete progesterone in order to keep the pregnancy going.



#### COMMON TERMS:-

##### 1) Menarche:-

In female humans, menarche is the first menstrual cycle, or first menstrual bleeding. It is often regarded as the pivotal event of female puberty, both socially and medically, because it signals the possibility of fertility. Menarche occurs at various ages in girls.

##### 2) Menstruation:

Menstruation is the monthly shedding of a woman's uterine lining (more commonly known as the womb). Menstruation is also referred to as menstruation, menstrual period, cycle, or period. Menstrual blood, which is made up of both blood and tissue from the inside of the uterus, flows from the uterus through the cervix and out of the body through the vagina. It happens between the ages of 12 and 15.

##### 3) Menopause:

When a woman reaches her 40s or 50s, her reproductive hormones naturally decline. Menopause begins 12 months after the last menstrual period. Hot flashes and vaginal dryness are common symptoms. Sleep disturbances are also possible. Anxiety or depression can result from the combination of these symptoms. Menopause is a

natural process with treatments that are primarily symptomatic.<sup>28</sup> Topical lubricants or oestrogen are used to treat vaginal dryness. Hot flushes can be reduced in severity and frequency with medication. Oral hormone therapy may be used in certain circumstances.

**Menstrual Disorders:-** Menstrual disorders include:

- **Dysmenorrhea** refers to painful cramps during menstruation.<sup>29</sup>
- Premenstrual syndrome refers to physical and psychological symptoms occurring before menstruation.<sup>30</sup>
- **Menorrhagia** is heavy bleeding, including prolonged menstrual periods or excessive bleeding during a normal-length period.
- **Metrorrhagia** is bleeding at irregular intervals, particularly between expected menstrual periods.
- **Amenorrhea** is the absence of menstruation.
- **Oligomenorrhea** refers to infrequent menstrual periods.
- **Hypomenorrhea** refers to light period

### **CAUSES OF IRREGULAR PERIODS :** (generally in the late 40s and early 50s)

- Primary ovarian insufficiency (POI)
- Eating disorders (anorexia nervosa or bulimia)
- Excessive exercise
- Thyroid dysfunction (too much or too little thyroid hormone)
- Elevated levels of the hormone prolactin, which is made by the pituitary gland to help the body produce milk
- Uncontrolled diabetes
- Cushing's syndrome (elevated levels of the hormone cortisol, used in the body's response to stress)
- Late-onset congenital adrenal hyperplasia (problem with the adrenal gland)
- Hormonal birth control (birth control pills, injections, or implants)
- Hormone-containing intrauterine devices (IUDs)
- Scarring within the uterine cavity (Asherman's syndrome)
- Medications, such as those to treat epilepsy or mental health problems.<sup>32</sup>

### **Common causes of heavy or prolonged menstrual bleeding include**

- Adolescence (during which cycles may not be associated with ovulation)
- Polycystic ovary syndrome (PCOS) (bleeding irregular but heavy)
- Uterine fibroids (benign growths of uterine muscle)
- Endometrial polyps (benign overgrowth of the lining of the uterus)
- Adenomyosis (the presence of uterine lining in the wall of the uterus)
- Nonhormonal IUDs
- Bleeding disorders, such as leukemia, platelet disorders, clotting factor deficiencies, or (less common) von Will brand disease
- Pregnancy complications (miscarriage).<sup>33</sup>

### **Common causes of dysmenorrhea (menstrual pain) include:**

- Endometriosis (uterine lining grows outside the uterus)
- Uterine abnormalities (fibroids or adenomyosis)
- IUDs.

### **DIAGNOSING MENSTRUAL PROBLEMS**

Seeing your doctor is the first step in diagnosing menstrual problems.<sup>35</sup> Your doctor will want to know about your symptoms and how long you've had them for. It may be helpful to bring notes on your menstrual cycle, how regular it is, and any symptoms you have been experiencing. These notes can be used by your doctor to help determine what is abnormal.

Your doctor will most likely perform a pelvic exam in addition to a physical exam. A pelvic exam allows your doctor to examine your reproductive organs and determine whether or not your vagina or cervix is inflamed. A Pap smear will also be performed to rule out cancer and other underlying conditions.

Blood tests can help determine whether hormonal imbalances are to blame for your menstrual issues. If your doctor or nurse practitioner suspects you are pregnant, he or she will order a blood or urine pregnancy test during your visit.

Other tests your doctor may use to help diagnose the source of your menstrual problems include:

- biopsy of the endometrium (used to extract a sample of your uterine lining that can be sent for further analysis)
- hysteroscopy (a small camera is inserted into your uterus to help your doctor find any abnormalities)
- ultrasound (used to produce a picture of your uterus)

### **TREATMENT OF MENSTRUAL PROBLEMS**

Your doctor will perform a thorough pelvic examination, discuss your symptoms and medical history, and, in most cases, order a Pap test to determine the cause of your irregular periods. In addition, your doctor may recommend additional diagnostic tests, such as a pelvic ultrasound or laparoscopy, to help further clarify or diagnose the problem.

When it comes to treating menstrual irregularities, there are many options depending on the cause of the problem. Some of the most common treatment options include:

- The treatment of amenorrhea (absence of menstruation) is determined by the underlying cause. If amenorrhea is caused by weight, stress, excessive exercise, or physical activity, lifestyle changes may be beneficial. In other cases, medications and oral contraceptives may

be prescribed to address the issue. ?

- Treatment of Oligomenorrhea (infrequent menstruation) is usually a symptom of a larger medical problem. Treatment is determined by the source of the problem. Hormonal therapy or oral contraceptives can be used to treat a variety of conditions. Athletes whose menstruation is irregular due to their diet or level of exercise may need to change their workout routine to regulate their periods. Women who develop oligomenorrhea as a result of an eating disorder require the help of a nutritionist and a therapist. If the oligomenorrhea is caused by a tumour, surgery may be required.

The treatment of abnormal uterine bleeding is determined by the underlying cause. Treatment options for menorrhagia or dysfunctional uterine bleeding (DUB) may include hormonal therapy, dilation and curettage (D&C), hysteroscopic procedures to remove polyps, and endometrial ablation or resection. Treatment for bleeding or spotting between periods varies and may include hormonal therapy as well as treatments to resolve infection or inflammation. Bleeding or spotting in menopausal or postmenopausal women should be evaluated by a

doctor as soon as possible.

Dysmenorrhea (pain during menstruation) treatment is dependent on the underlying cause. Nonsteroidal anti-inflammatory drugs (NSAIDs) can help relieve pain and uterine contractions in mild cases that are not caused by an underlying health problem.

### YOGA FOR MENSTRUAL PAIN

#### Importance of yoga during periods

Taking pain relievers during periods helps to reduce pain, but it is not a long-term solution. Furthermore, the body becomes accustomed to such painkillers and may require you to increase the dosage over time, potentially leading to additional problems. Furthermore, using a hot-water bag every time your periods bother you may not always be possible. Adopting wholesome and nutritious foods can help to alleviate pain. Yoga, a time-tested natural technique, is one of the few side-effect-free options available to relieve period pain. Yoga physically strengthens the body and aids in the relief of menstrual cramp pain. It also calms the mind and gives you the strength to resist giving in to the pain.

These simple yoga poses for menstrual cramps work effectively to limit the pain from distracting your routine life:





## MENSTRUATION HYGIENE

"Women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as needed, and having access to facilities to dispose of used menstrual management materials," according to the definition.

Many studies have found that most girls had incomplete and inaccurate knowledge of menstrual physiology and hygiene. It also revealed that the main sources of information on menstruation and hygiene for the girls were their mothers, television, friends, teachers, and relatives. During menstruation, good hygiene practises such as the use of sanitary pads or other menstrual devices, as well as adequate washing of the genital area, are essential. Girls must have access to clean, soft, absorbent sanitary products that will protect their health in the long run. Infections of the urinary tract or reproductive tract can result from poor menstrual hygiene.

However, menstrual hygiene is more than just managing the menstrual cycle; it also addresses societal beliefs and taboos surrounding the topic. Many girls are prevented from attending classes due to insufficient or inappropriate sanitation facilities particular during menstruation

## II. CONCLUSION

A comprehensive programme on menstrual problems and hygiene may assist girls in better coping and seeking appropriate medical attention. Before making any changes to menstrual practises, girls should be educated about menstruation, its physiological implications, the significance of menstruation, and proper hygiene practises using a variety of disposable sanitary menstrual absorbents.

The lack of privacy is a significant issue. It is necessary to improve the hygiene conditions in basic facilities. Only by making sanitary pads affordable can the use of sanitary pads be advocated for every girl.

The study's findings emphasise the importance of encouraging safe and hygiene practises among girls and breaking them free from traditional beliefs, misconceptions, and restrictions about menstruation.

Menstrual problems are common in girls and a significant source of morbidity in this population. However, girls are hesitant to seek medical treatment, resulting in treatment delays. To

prevent this trend, appropriate health education measures must be implemented.

According to the findings of the study, the majority of girls reach menarche at the age of 14 and have normal bleeding. (6.1%) suffers from heavy bleeding, which may result in menorrhagia. Hypomenorrhoea affects approximately 9.9 percent of females. Both could be the result of hormonal imbalance. The average bleeding time was 1-5 days, which is considered normal. More than half (65.9%) of girls have a normal time between two consecutive periods of 25 to 32 days. Dymenorrhagia, or painful menstruation, affects about 5% of females. Anger, irritability, anxiety, and tension, depression, difficulty sleeping, and headache are the most commonly observed period symptoms. The most common serious symptoms are pelvic pain, lower back pain, pain in the upper legs and thighs, and exhaustion. About half of the girls (55.1%) have 1 to 2 days of pain in the period.

One out of every ten girls may use pain relievers for period pain; most girls prefer pain relievers prescribed by a doctor, and only a few may use over-the-counter (OTC) pain relievers. Sanitary napkins were the most commonly used hygiene device, with 86.7 percent of girls preferring them. One out of every ten girls has become infected as a result

of the hygiene products they use. For period pain, 34 percent of girls use exercise and yoga.

At the conclusion of the "Project- Survey on Menstruation Problems and Hygiene Awareness," and after completing all of the process, presentation, and data collection and analysis activities performed during the project work, many things were learned, such as new abilities such as good communication, interaction, presentation, and leadership skills. All of these skills assist us in dealing with any situation or problem effectively. By performing various tasks and meeting with a variety of people, we were able to develop our personalities. Various tasks such as study protocol preparation, application, and permission from various institutes and gynaecologists to conduct survey. I learned about the data collection, evaluation, analysis, and monitoring processes. I learned how to collect, analyse, and monitor data using various digital platforms, features, and computer applications. I obtain detailed information about the subject from various sources, as well as knowledge of the various terms associated with the subject. I became more acquainted with the surveying procedure. The

overall process provides an overview of current menstruation issues and hygiene trends in females.

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