Causes of Young Girls to Be Distressed by Their Menstrual Periods

Dr Anubhav Soni

SOMC, Sanskriti University, Mathura, Uttar Pradesh, India

Email Id- anubhavs.somc@sanskriti.edu.in

ABSTRACT: ***The American College of Obstetricians and Gynecologists (ACOG) has said that the first appointment of an Obstetrician-gynecologist to provide professional guidance, screening and availability of preventive treatment should be held at the age of 13 to 15. Based on evidence identifying the criteria for normal puberty development, and menstrual cycle, and discussing menstrual health and adolescent problems, medical practitioners should provide advice for young girls and their parents on physical development in adolescents during this visit. At first, teenage menstrual cycles are complicated, but this instability does not imply that menstrual cycling criteria are not helpful. Data indicate that intervals typically vary between 21 and 45 days, especially during the first few gynecological years. Individuals with very different cycles, most of which are hyper and polycystic ovarian syndrome, may have serious pathologies. The period of Menarche was steady. Clinicians may give information about menstruation and menstrual health and advise parents and young people using printed patient education material and suggested web-based information sources. Providing guidance and information to young girls and their parents helps make the transition from childhood through puberty to a balanced youth easy. This review paper discussed about the causes of young girls to be distressed by their menstrual periods. In the future, the proper awareness among the public about the menstrual periods can help to reduce the distress significantly.***

KEYWORDS: ***Gynecologist, Health Care, Menstruation, Menstrual Bleeding, Periods.***

1. INTRODUCTION

"In the Recommendations for Women's Health Care, ACOG recommends "initial references to obstetrician-gynecologists for health counselling, monitoring and the availability of preventive health services should be made between the ages of 13 and 15." It is important to note that this appointment does usually not need a pelvic examination, but provides a great chance to discuss the pubertal development of obstetricians/gynecologists in adult patients who are concerned about the normality of their children. Clinicians are equipped to assist young girls and their families with physical and emotional changes linked to puberty.

Early puberty symptoms may be more prevalent than usually assumed, causing doctors to dispute, media frenzy and a lot of parental anxiety. Parents may be confused about the nature of development or how their girls may cope with menstruation and early maturation. We have to know whether to speak, how to speak, and what to talk about for young females and their friends. We should clarify current standards surrounding the beginnings of adolescent development, what to anticipate when a young girl menstruates, and how to address growing issues of self-confidence, body and sexuality. This article examines normal menstrual cycles of young adolescents, early puberty problems and practical suggestions to encourage discussions on teenage and sexual concerns[1].

For menarche, the mean age is usually between 12 and 13 years. For white American females, the median age of 12.8 has not improved in 50 years. The population-based surveys conceal any ethnic differences. In several nations, earlier menarche was observed in urban females and may be linked to heavier averages in cities than rural regions. 80% to 90% of adolescent females have 2-7 days of monthly bleeding. The typical blood loss is 30 mL each cycle, and persistent loss of above 80 mL is linked with anemia. Since individuals do not quantify their blood loss, these data are not therapeutic helpful and many do not provide accurate numerical estimates of mild, medium or heavy flow. Subject to attempts to quantify monthly blood loss based on the number of pads variables such as the individual's fastidiousness, the experience or convenience of a young girl with menstrual hygiene products, and also the difference in and between types and brands of pads or tampons. Environmental constraints may make teenagers more difficult to menstruation hygiene than adults, such as school regulations and limited time between courses[2].

What do primary doctors talk about the onset of menstruation to young girls and parents at work? It is usually good to present the topic in order to handle puberty development. The girl is unlikely to raise the issue herself; she is yet not enough developed or medically advanced to do so. First of all, seeing and then seeing mother and daughter together helps to answer any questions which both may have. The discussion may be started by

a subject like "Have you heard anything about menstrual periods?" or "What did you hear about menstrual periods?" The little girl and her parent or guardian should have a feedback on the natural and reassuring effects of the intended growth. It might be helpful to frame the discussion in terms of "commonly asked questions." The notion that "the girls frequently want to know" may help to address problems that are beneficial and perfect for the patient's situation.

One of the first things to suggest is to monitor their cycles for females who begin to have their menstrual periods. This is typically done by a mother or guardian. Encourage the patient to monitor their periods on a timetable. Message charts may be both a training guide and a type of health monitoring. Explain that from the beginning of one cycle to the beginning of the next one counts, both to the girl and the dad or guardian. Tell them it's typical for around 21-45 days and that she should anticipate 2-7 flow days. If your patient uses three to six pads per day and does not suffer from excessively saturated pads, the flow volume is normal. If the pads are over-saturated, repeated soil changes do not typically mean a heavier flow. Other reasons, such as poor fitting of the underwear, or pad bunching and shifting during usage may include soiling. Figure 1 shows condition of uterus before and after Periods.

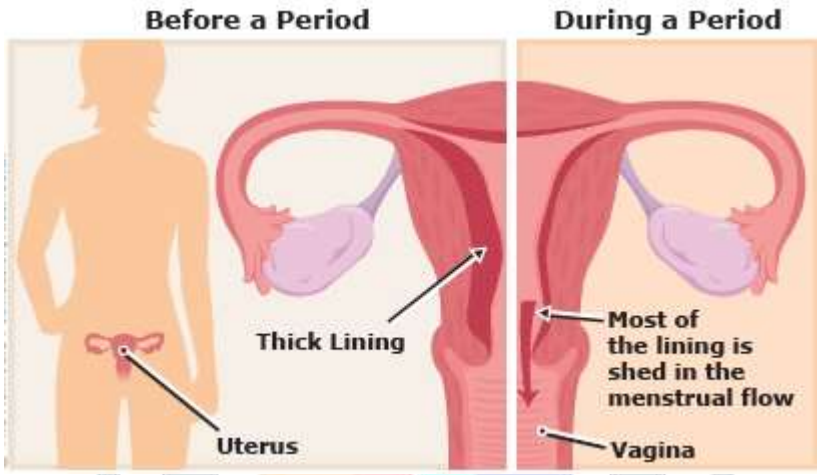

Figure 1: Condition of Uterus Before and After Periods [KIDSHEALTH].

1.1 Effects of period on everyday activities:

Your everyday activities should not be affected by your menstruation. You may keep on exercising, swimming, cycling and having fun. Some girls and women even discover exercise, which lessens or avoids stomach cramps and pain while having their monthly period. The simplest method to find out when your time starts is to monitor it on a schedule. Mark every month the first day of your menstruation. Compare the days between the eras now. You noted the first day and count the second day you marked. Do this for a few months and then you can figure out how many days between periods there are typically. This helps you plan for your time and keeps you from getting shocked[3].

There are many reasons why you might miss a month. If you've recently begun your period, it may not arrive every month. If you are a senior woman nearing menopause, you may potentially miss a time (when your periods cease). You may skip a time of excessive stress. You may skip a month or two of stress and highly emotional moments in your life. You may also miss a time if you're ill. If you miss more than one or two times (if you have previously had regular periods), notify your healthcare practitioner.

Amenorrhea is termed the absence of a menstrual menstruation. This condition includes ladies who have not had a time throughout their teenage years or women who have stopped regularly. Amenorrhea has many causes. Pregnancy is a woman's most frequent cause to halt her cycle of menstruation. Weight losses due to severe disease, eating disorders or intense exercise may occur. This may also have effects of glandular disorders (pituitary, thyroid, or adrenal) and reproductive difficulties. If you did not start your period at the age of 16, or have stopped, while you are still young, visit your doctor.

1.2 Problems of The Menstrual Cycle:

Women may sometimes suffer menstruation difficulties or abnormalities. Common challenges include:

1) *Amenorrhea:* This is the absence of at least 90 days of a menstrual cycle. Pregnancy, nursing, eating disorders, extreme exercise, and stress contribute to amenorrhea period.

2) *Dysmenorrhea:* This is significant menstruation discomfort occasionally. Causes include uterine fibroids, endometriosis and high hormone levels termed prostaglandin.
3) *An abnormal uterine hemorrhage:* this phrase covers any non-menstrual vaginal bleeding. This may include bleeding during or after intercourse, vaginal spotting, menstrual bleeding particularly heavy or protracted, and postmenopausal bleeding.

Some women also suffer what is termed implantation bleeding as a consequence of the embryo attached to the uterine wall during early pregnancy. Bleeding from implantation is anticipated around 10 to 14 days following conception. Implantation bleeding takes place as a light, brown patch and not as a normal light, red menstrual flow. Implantation hemorrhage is short-lived and needs no treatment for most women[4].

1.3 Premenstrual Symptoms Treatment:

Premenstrual symptoms have varied effects on women. The treatment of these symptoms depends on the severity of their condition. Regular exercise, stress reduction and dietary changes may help to decrease symptoms. Dietary modifications include:

1) Eating smaller, more common meals
2) Limiting salt, caffeine and alcohol consumption
3) Eat more fruit, vegetables, healthy grains and meals high in calcium
4) Warm compresses may also be used in the lower tummy to relieve cramps. Women may use a number of medicines to address additional menstruation symptoms, such as PMS psychological impacts, pain or swelling.
5) Inhibitors of selective serotonin absorption (SSRIs), include fluoxetine, paroxetine, and sertraline
6) Non-inflammatory steroidal medicines (NSAIDs), such ibuprofen or naproxen
7) Spironolactone, for example, diuretics
8) hormonal birth controls

A healthcare professional provides guidance on how to take them. Alternative treatments which may provide some help include acupuncture therapy and the use of specific additives. The effectiveness of therapy with dietary supplements is not overwhelming in studies. Supplements that may alleviate symptoms throughout the period include:

1) calcium
2) magnesium
3) E vitamin
4) gingko
5) Primrose oil at night
6) The Word of St. John

Some supplements may interfere with other medicines. St. John's wort reduces the effectiveness of oral contraceptives when taken next to them. It is important that individuals talk to their healthcare providers before beginning any supplementary or herbal courses. The US Food and Drug Administration (FDA) does not monitor these products, so be careful to verify whether the cure includes what it says on the package. Anyone who has concerns or related symptoms should talk with a healthcare professional[5].

1.4 Youth Common Menstrual Issues:

A girl's time may add to the already tough adolescent years a new difficulty. In times usually occurring monthly and lasting six or seven days, there are numerous prevalent issues or worsening. Some of these problems may be normal, but a healthcare expert may need to examine others.

1.4.1 Irregular Times:

Irregular periods may be worrying and unpleasant, but irregular bleeding is typical in the first two years after menstrual commencement; a young woman, for example, may have two episodes of bleeding in one month or may go four months or more without a period.

The menstrual cycle is complex: hormones are produced in the brain and must speak to the ovaries that speak to the womb. As the body adapts to all these processes, periods should become more regular. If times are very irregular or occur more than three months apart, it is essential to consult your doctor.

1.4.2 High Periods:

Some times are heavier than others, but if excessively heavy, they may affect the quality of life or lead to anemia. Anemia is an iron-related disorder in which the blood count is low. Anemia may always lead to feeling fatigued, physical activity problems, lightning and dizziness and possibly fainting. Working in the blood is frequently suggested if someone has severe menstrual bleeding. Red menstrual bleeding indicators which may induce anemia are:

1) Flow of more than 8 days 1.
2) Soak in an hour by a pad or tampon
3) Night soaking in bedding
4) Clots more than 1 cm.

1.4.3 Distressing Periods:

Painful times are one of the most frequent reasons why females visit their providers of health care. Prostaglandin is produced during menstruation and is a hormone which may contribute to severe uterine contractions that lead to seizures. Heating pads and counter pain medicines (such as ibuprofen or naproxen) may assist lower the pressure and reduce movement, such as yoga. Girls should speak to a health care professional if cramps are so unpleasant that they are impacted by daily living[6].

1.4.4 Acne:

A lot of adolescents get acne. The hormones involved in the menstrual cycle may also contribute to acne, causing break-outs that become worse over time. Birth control tablets are sometimes used to treat acne. Problems during the menstrual cycle may affect the quality of life and self-esteem of a young woman, which may cause her to skip school, work or other activities. The good news is that a lot of therapy choices are available to assist.

2. DISCUSSION

For moms, menstrual hygiene is another issue that they have to deal with. In addition, the girl is oblivious to when a pad has to be replaced. Young females may avoid soiling since it is a source of embarrassment, which encourages them to do so. Menstrual management may be negotiated with primary care physicians, who should be aware of the range of products available to their patients. Longer, thicker pads are recommended for high flow and overnight usage; shorter, thinner pads are recommended for lower flow and daytime use. Pads with side panty protectors and ultra-absorbent pads that are lightweight and discreet are two additional options. Try keeping samples at your office to see how it goes. The usage of tampons is becoming more popular among young women, with athletes in particular showing a strong interest in the product. It is fair to inquire as to whether she is interested in attempting to use a tampon or if she has previously attempted to.

Despite the fact that this is a matter of personal choice, many girls and their moms may need reassurance that tampons should be used for menstruation girls of all ages, regardless of their age. It is reasonable to tell you that learning to use tampons requires time and practice. If an adolescent is interested in learning more about tampon use or has attempted to use them but failed, a gentle test in which the interviewer applies pressure to the perineal muscles and allows the teenager to contract and then relax the muscles will encourage her to understand that she can willingly regulate them if she is interested in learning more about tampon use or has attempted to use them but failed. In order to determine whether or not a teenager has been successful in learning to use a tampon, a speculum test should be performed. If and when such a test is performed, the exam is far less likely to cause discomfort and much more likely to provide clinically relevant information.

The inability to attach or, on rare occasions, remove a tampon is a crucial factor in the presence of an uneven hymnal arrangement. Girls often choose tampons that are too high for absorption because they are more convenient. Highly absorbent tampons, either because of their larger size or because of the drying impact they have while in use and after removal, may cause discomfort in young girls. To provide contingency security, advise the patient to choose the tampon with the lowest absorbency for her requirements by letting her play with a pad. On lighter days, fabrics that are less absorbent may be utilized. This recommendation s also consistent with the Food and Drug Administration's most recent recommendations for reducing the risk of menstruation toxic shock syndrome[7].

Adolescents are interested in learning about physical development and sexuality, yet these topics may be difficult to discuss with them. When compared to what was actually investigated, a study from the late 1980s

examined what teenagers wanted to discuss with their physicians in their consultations. The issue of menstruation was the one that was most likely to be addressed by physicians, although only approximately half of the adolescents said that they had had this conversation with their doctors. Unquestionably, the fact that this topic was most likely to have been discussed is due to the fact that it deals with "the facts and only the facts." Top problems such as sexually transmitted diseases, abortion, and cancer fear were mostly left ignored in the survey results. More attention was needed to be paid to one's own self-image, self-confidence, and sexual function. Approximately one-third of those who answered the survey expressed concern about sexual harassment[8]. By making the initial move to offer adolescents and their parents with proactive counsel, we physicians may help to bridge the gap between them and their doctors. We should also make it easier for parents and daughters to communicate with one another and suggest possible tools that they may use on their own. When a girl begins menstruation, she may be at risk of becoming pregnant, and she want sexual education, as well as knowledge and guidance to promote abstinence and postpone sexual involvement in order to avoid pregnancy.

The availability of contraception and awareness of sexually transmitted diseases is important in assisting adolescents in making healthier decisions; nevertheless, sexuality education is not associated with an increased likelihood of sexual participation[9]. Peers, school, and medical personnel are the most commonly identified as significant sources of sex and contraceptive information, according to research. We also disregarded the fact that the substance, tone, and meaning of early learning about sexual development are always determined by the family. We also ignored the fact that We must encourage parents to engage in conversations with their children about issues such as self-confidence, body image, peer pressure, marriage, sex, and sexuality. Encourage them to take advantage of teaching opportunities by using what they see on billboards, television shows, advertisements, and publications as a method to communicate with their children. When it comes to their own views, parents do not hold back. They should be on the lookout for their children's cautious advances and ready to begin conversations with them as soon as possible. When faced with a difficult situation, it is necessary to have patience, active listening skills, and the ability to speak out early and often[10].

3. CONCLUSION

This study discusses two prevalent menstruation enactments, each of which has an overall negative attitude toward young females, as well as their consequences. Second, academics, international non-governmental organizations (INGOs) and, to a lesser extent, local non-governmental organizations (NGOs) and school instructors adhere to a medicalized connotation of menstruation as a hygienic issue. It is via this act that certain MHM behaviors are symbolically recognized as being 'appropriate,' and it demonstrates that some groups of people who are sophisticated, educated, and Western-like may get information on how to manage menstruation in a sanitary manner. As a result, the concept of managing menstruation hygienically separates backward, ignorant, third-world individuals, especially young adolescent females, from the rest of society.

It is also important to note that the act of monitoring and regulating appropriate grooming behaviour reinforces power connections between trained adults, such as educators, and young females. In this essay, we question the replication of partial truths surrounding a medicalized problem of menstruation by a limited number of actors, and we point out how such a technique prevents study on and attention to alternative menstrual understandings and perceptions from being conducted or addressed. Menstruating girls, on the other hand, are portrayed as sexually aggressive and pregnant by friends, school instructors, and local non-governmental organizations (NGOs), and this sexualized conception of menstruation instils concerns of unplanned pregnancies, humiliation, and dishonor. Suitable behaviors for post-menarche females include, of course, controlling their menstrual flow as well as their sexuality in order to avoid the embarrassment of becoming pregnant. In this sense, the notion that menstruation is a 'hygiene crisis' and that appropriate remedies can assist women in controlling their menstruation hygienically reinforces traditional images of the need to conceal the female body, its genetics, and sexuality, all of which are harmful to women's health. These ideas are essentially patriarchal, implying that women are to be subordinated.

REFERENCES

[1] P. Sharma, N. Singh, A. Tempe, and S. Sharma, “Knowledge, practices and restrictions related to menstruation in young girls: a study from North India,” *Int. J. Community Med. Public Heal.*, 2018, doi: 10.18203/2394-6040.ijcmph20183058.

[2] P. J. Adams Hillard, “Menstruation in young girls: A clinical perspective,” *Obstet. Gynecol.*, 2002, doi: 10.1016/S0029-7844(02)01660-5.

[3] D. Joshi, G. Buit, and D. González-Botero, “Menstrual hygiene management: Education and empowerment for girls?,” *Waterlines*, 2015, doi: 10.3362/1756-3488.2015.006.

[4] A. Sachdeva and S. Sharma, "KNOWLEDGE ABOUT MENSTRUAL PROBLEMS AND MENSTRUAL HYGIENE PRACTICES AMONG COLLEGE GOING UNMARRIED GIRLS IN CHANDIGARH, INDIA," *J. Evid. Based Med. Healthc.*, 2017, doi: 10.18410/jebmh/2017/803.

[5] V. Chandra-Mouli and S. V. Patel, "Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low- and middle-income countries," *Reproductive Health*. 2017, doi: 10.1186/s12978-017-0293-6.

[6] D. Dandotiya, "Effect of Skipping Breakfast on Young Girls' Menstruation," *Indian J. Youth Adolesc. Heal.*, 2017, doi: 10.24321/2349.2880.201720.

[7] P. J. A. Hillard, "Menstruation in Young Girls," *Obstet. Gynecol.*, 2002, doi: 10.1097/00006250-200204000-00028.

[8] S. A. McMahon, P. J. Winch, B. A. Caruso, E. A. Ogutu, I. A. Ochari, and R. D. Rheingans, "'The girl with her period is the one to hang her head' Reflections on menstrual management among schoolgirls in rural Kenya," *BMC Int. Health Hum. Rights*, 2011, doi: 10.1186/1472-698X-11-7.

[9] K. Chinta, S. P., C. V., J. C., and G. A., "Menstrual hygiene patterns and practices among rural adolescent school girls," *Int. J. Community Med. Public Heal.*, 2018, doi: 10.18203/2394-6040.ijcmph20184788.

[10] R. V. Wagh, A. J. Upadhye, and J. J. Upadhye, "Menstrual hygiene practices in young girls of urban India," *Int. J. Reprod. Contraception, Obstet. Gynecol.*, 2018, doi: 10.18203/2320-1770.ijrcog20181925.