Madhuri Gupta
Research Scholar, Home Science
Faculty KNIPSS Sultanpur,
Uttar Pradesh, India

Archana Singh
Advisor & Assistant Professor,
Home Science Faculty KNIPSS
Sultanpur, Uttar Pradesh, India

Mamta Jaiswal
Co Advisor & Assistant
Professor, Home Science Faculty
KNIPSS Sultanpur, Uttar
Pradesh, India

Kiran Agrahari
Co Advisor & Assistant
Professor, Home Science Faculty
KNIPSS Sultanpur, Uttar
Pradesh, India

A study on complications & psychological health of adolescent girls during menstruation in Sultanpur city

Madhuri Gupta, Archana Singh, Mamta Jaiswal amd Kiran Agrahari

Abstract
Menstruation also known as a period or monthly discharge is the regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina. Most of women report having some symptoms prior to menstruation. Common signs and symptoms include acne, tender breast, bloating, feeling tired. Irritability and mood changes. These may interfere with normal life, therefore called as premenstrual syndrome problems. This also affect their academic performance, social & mental development. understanding the realities of female reproductive health, including the menstrual cycle, is an important part of maintaining over all good health &planning for future fertility. Menstruation &menstrual practices are still clouded by taboos & socio- cultural restrictions resulting in adolescent girls remaining ignorant of the scientific facts &hygienic health practices. This present study shows that maximum 53% of respondents have normal BMI 40% number of respondent were belong under weight and minimum 7% of the respondents were overweight. This study shows that maximum 92% of respondents were washing hands before eating while 8% of respondent were not washing hands before eating. The study that 55% of respondent's duration between two menstruations cycle was 25-28 days, and 45% of respondents duration was cycle 28-30 days between two menstrual. The study shows that majority of respondents. (58%) had menstrual irregularities from more than one year 13% were suffering from one year 7% were suffering from 6 month while 22% have realized recently. The current study shows that 64% of respondents were having the clots during menstrual bleeding while 36% of the respondents were not having this.

Keywords: Psychological health, adolescent girls, menstruation

Introduction

Menstruation also known as a period or monthly discharge is the regular discharge of blood and mucosal tissue from the inner lining of the uterus through the vagina. Most of women report having some symptoms prior to menstruation. Common signs and symptoms include acne, tender breast, bloating, feeling tired. Irritability and mood changes. These may interfere with normal life, therefore called as premenstrual syndrome,

The first period usually begins between twelve and fifteen years of age, known as menarche However periods may occasionally start as young as eight years old and still be considered normal. Menstruation stops occurring after menopause, which usually occurs between 45 an d 55 years of age. Bleeding usually lasts around 2 to 7 days.

The menstrual cycle occurs due to the rise and fall of hormones. This cycle results in the thickening of the lining of the uterus, and the growth of an egg, (which is required for pregnancy).

The egg is released from an ovary around day fourteen in the cycle, the thickened lining of the uterus provides nutrients to an embryo after implantation. If pregnancy does not occur, the lining is released in what is known as menstruation.

A number of problems with menstruation may occur. A lack of periods known as amenorrhea is when periods do not occur by age 15 or have not occurred in 90days. Periods also stop during pregnancy and typically do not resume during the initial months of breastfeeding. Other problems include painful periods and abnormal bleeding such as bleeding between periods or heavy bleeding, Menstruation in other animals occurs in primates, such as apes and monkeys, as well as bats and the elephant.

Correspondence
Madhuri Gupta
Research Scholar, Home Science
Faculty KNIPSS Sultanpur,
Uttar Pradesh, India

Onset and Frequency

Menstruation is the most visible phase of the menstrual cycle and its beginning is used as the marker between cycles.

The first day of menstrual bleeding is the date used for the last menstrual period (LMP). The typical length of time between the first day of one period and the first days of the next is 21 to 45 days in young women, and 21 to 31 days in adults. (An average of 28 days)

Per menopause is when fertility in a female declines and menstruation occurs less regularly in the years leading up to the final menstrual period, when a female stops menstruating completely and is no longer fertile. If menstruation has not resumed, fertility is low during lactation. The average length of postpartum amenorrhea is longer when certain breast feeding practice are followed this may be done intentionally as birth control.

Menstrual Complications

In most women, various physical changes are brought about by fluctuations in hormone levels during the menstrual cycle. This includes muscle contraction of the uterus (menstrual cramping) that can precede or accompany menstruation. Some may notice water retention, changes, in sex drive, fatigue, breast tenderness, or nausea, Breast swelling and discomfort may be caused by water retention during menstruation. A healthy diet, reduced consumption of salt, caffeine and alcohol and regular exercise may be effective for women in controlling some symptoms. Severe symptoms that disrupt daily activities and functioning may be diagnosed as premenstrual mol mina.

Objectives

➤ To assess the nutritional & psychological health of adolescent girls.

Materials and method

Scientific methodology is necessary for a successful study as it directly indicate words the authenticity of the research and attempt has been made to provide the details methods and techniques devices and procedure applied conducting the research. A present study entitled "A Study on complications & psychological health of adolescent girls during menstruation of Sultanpur city.

Research design
Selection of area

The area of Sultanpur district was purposively selected because study has been easily accessible to the researcher for data collection data.

Selection of Sample size

Total 100 respondents were selected.

Methods of Collection of Data

Survey method was adopted in order to collect of data from the selected respondent with the help of the developed questionnaire schedule. The schedule will include aspect which aspect which led to the fulfillment of the objective of this study.

The schedule the following information-

1. General Information
2. Nutritional status through anthropometric measurement.
3. Dietary information.

General Information

The general information include these information such as-

Family

The family background means how many members in the family, male or female &which age group they belong & the type of family.

Socio Economics status

The Socio economic status indicates the source of income, educational, background etc.

Anthropometry measurement

Anthropometry is concerned with the measurements of various of physicals dimensions, some anthropometric measurement include height (mt) weight (kg) that was recorded using the procedure prescribed by WHO (2004) by mass index (BMI) calculated.

Height

Height of the subject was being taken with the help of a measuring tape by sticking it on the wall.

Weight

The personal weighing machine of maximum capacity of 120kg & and the minimum division of 0.5 kg was used to weight the entire subject & the scale was set to zero.

BMI-MMI = Weight (kg) / Height (MT) 2

Analysis of data

The data was be analyzed using talk mark method the finding have been presented in form of labels tabulation of data was make comparison of each attribute in the different attributes study each group in the table express in terms of frequency & percentage. The selected samples would be interviewed personally.

Statistical analysis

$$\% = \frac{N}{N} \times 100$$

(%) =Percentage
n= sum of the observations
N= Total Number of the observation.

Result and discussion

The data collection of the different aspect per plan was tabulated and analyzed statistically. The result from the analysis are presented and discussed in the following sequence.

Above table shows that maximum 69 % of respondents were belong to the age gruop of 16- 19 years while minimum 31% of respondents were belonging to the age group 13-16 years.
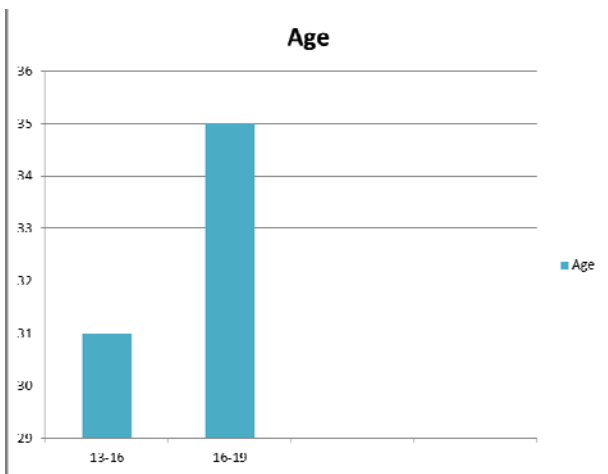
Fig 4.1: Distribution of respondents on the basis of their Age.

Table 4.2: Distribution of respondents on the basis of their Caste.

Caste	Frequency (N=100)	Percentage (%)
Gen	52	52
OBC	42	42
SC	5	5
ST	1	1
Total	100	100

Above table shows that maximum 52 % of respondents were Gen, and 42 % of respondents were OBC while 5 % of respondents were Sc, and 1% of respondents were ST.
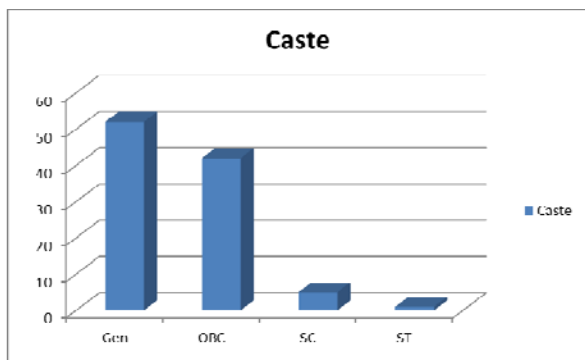

Fig 4.2: Distribution of respondents on the basis of their Caste.

Table 4.3: Distribution of respondents on the basis of their Monthly income.

Monthly income	Frequency (N=100)	Percentage (%)
20,000/- above	45	45
15,000-20,000	45	45
10,000-15,000	10	10
Total	100	100

Above table shows that 45% of the respondents family income were 25,000/- above per month, 45% of the respondents family income were 15,000-20,000 while 10% of the respndents family income was 10,000-15,000 per month.
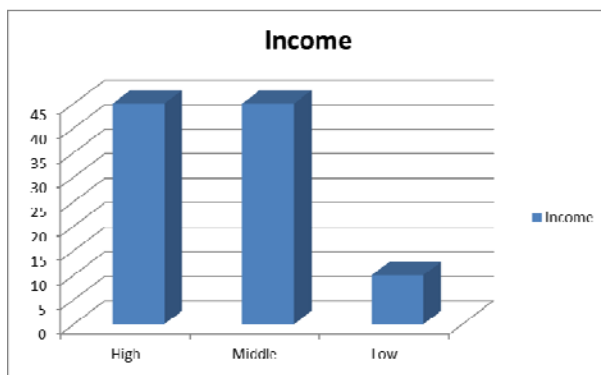

Fig 4.3: Distribution of respondents on the basis of their Monthly income.

Table 4.4: Distribution of respondents on the basis of family occupation.

Occupation of family	Frequency (N=100)	Percentage (%)
Service	36	36
Business	39	39
Agriculture	17	17
Any other	8	8
Total	100	100

Above table shows that maximum 39 % of respondents family occupation was respondents were involved in agriculture 36% were doing service while 8% were engaged in any other occupation.
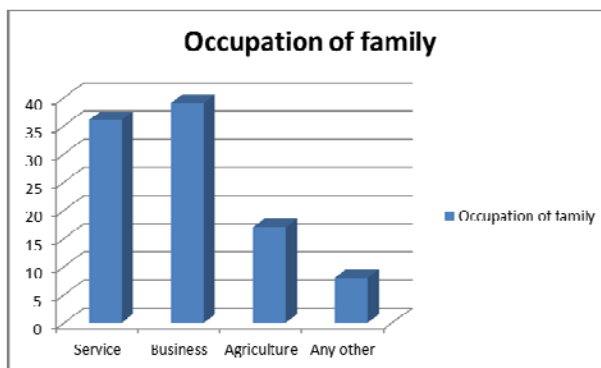

Fig 4.4: Distribution of respondents on the basis of family occupation.

Table 4.5: Distribution of respondents on the basis of their Family size.

Family size	Frequency (N=100)	Percentage (%)
Joint	54	54
Nuclear	46	46
Total	100	100

Above table shows that maximum 54% of respondents were living in joint family, and 46% of respondent were living in Nuclear family.
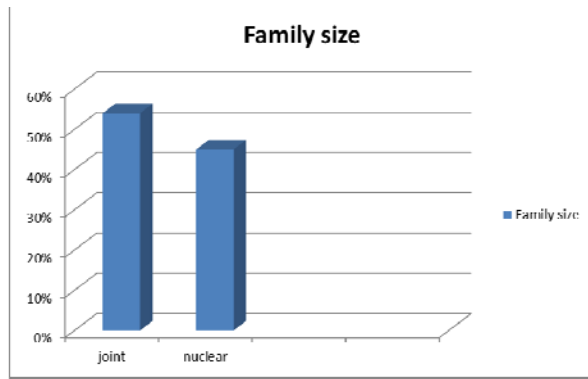
Fig 4.5: Distribution of respondents on the basis of their Family size.

Table 4.6: Distribution of respondents on the basis of their Religion?

Religion	Frequency (N=100)	Percentage (%)
Hindu	88	88
Muslims	12	12
other	0	0
Total	100	100

Above table shows that maximum 88% of respondents were Hindu, and minimum 12 % of respondent were Muslims.
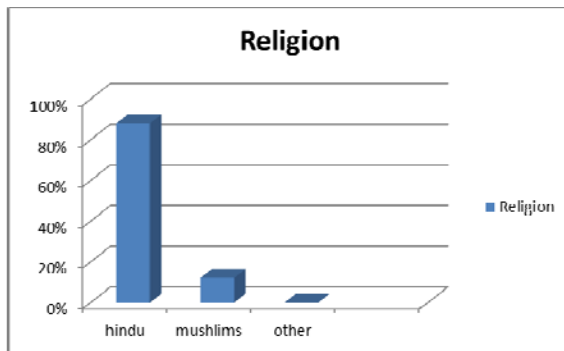

Fig 4.6: Distribution of respondents on the basis of their Religion.

Table 4.7: Distribution of respondents on the basis of their Living Area.

Living area	Frequency (N=100)	Percentage (%)
Rural	55	55
Urban	45	45
Total	100	100

Above table shows that maximum 55% of respondents were residing in rural area, and 45% of respondent were living urban area.
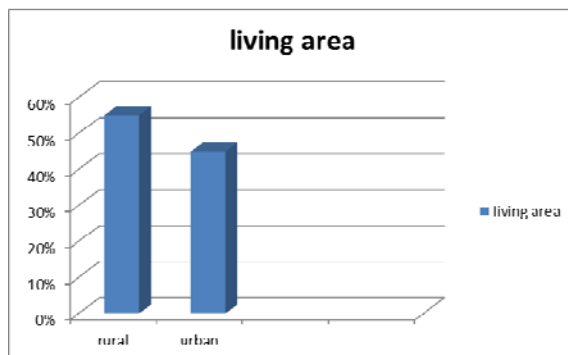

Fig 4.7: Distribution of respondents on the basis of their living area.

Table 4.8: Distribution of respondents on the basis of their anthropometric measurements?

BMI	Frequency (N=100)	Percentage (%)
Under weight	40	40
Normal	53	53
Over weight	7	7
Total	100	100

Above table shows that maximum 53% of respondents have normal BMI 40% number of respondent were belong under weight and minimum 7% of the respondents were overweight.
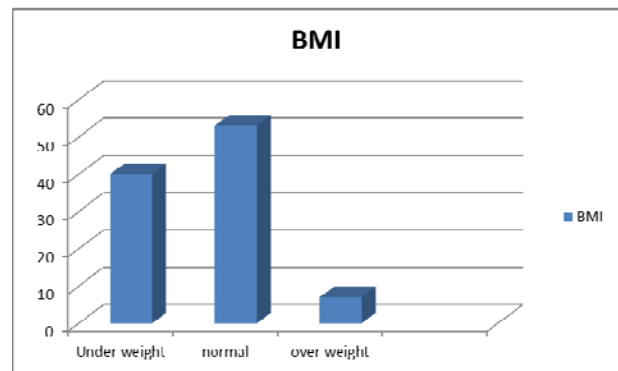

Fig 4.8: Distribution of respondents on the basis of their BMI.

Table 4.9: Distribution of respondents on the basis of their Food habits.

Food habits	Frequency (N=100)	Percentage (%)
Vegetarian	82	82
Non-vegetarian	18	18
Total	100	100

Above table shows that maximum 82% of respondents were vegetarian while 18% of respondents were Non vegetarian.
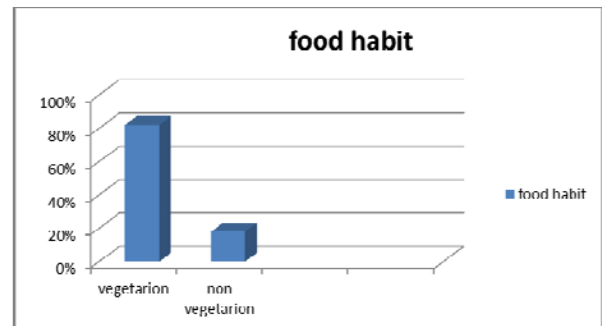

Fig 4.9: Distribution of Table respondents on the basis of their Food habits.

Table 4.10: Distribution of respondents on the basis of their habit of washing hands before eating.

Washing hands before eating	Frequency (N=100)	Percentage (%)
Yes	92	92
No	8	8
Total	100	100

Above table shows that maximum 92% of respondents were washing hands before eating while 8% of respondent were not washing hands before eating.
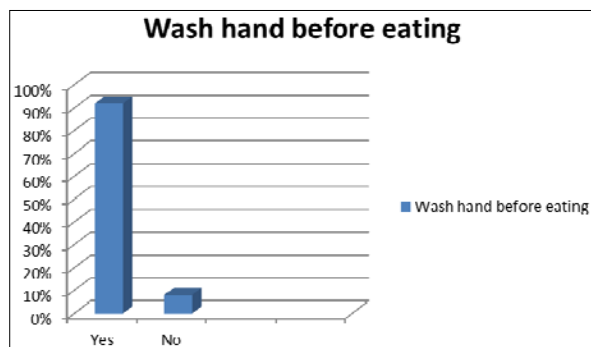
Fig 4.10: Distribution of respondents on the basis of their Washing hands before eating.

Summary and conclusion
In recent, mostly people were affected because dietary habits and nutrition status of children were bad. The present study entitled "A Study on complications and psychological health of adolescent girls during menstruation in sultanpur city." Total 100 respondents of Above table shows that maximum 53% of respondents have normal BMI 40% number of respondent were belong under weight and minimum 7% of the respondents were overweight. Above table shows that maximum 82% of respondents were vegetarian while 18% of respondents were Non vegetarian. Above table shows that 55% of respondent's duration between two menstruations cycle was 25-28 days, and 45% of respondents duration was cycle 28-30 days between two menstrual. Above table shows that majority of respondents. 58% had menstrual irregularities from more than one year 13% were suffering from one year 7% for were suffering from 6 month while 22% have realized recently. Above table shows that 64% of respondents were having the clots during menstrual bleeding while 36% of the respondents were not having this. Above table shows that 58% respondents were suffering from oligomenorrhea, s 28% from hypermenorrhea, 14% suffering from polymenrrohea. Above table shows that maximum 52% of the respondents were not during any pain killer while 48% were taking pain killer while 30% were taking sometimes.

Limitations of study
- The study was carried out for short period, so that time and other resources were limited to an extent.
- It was questionnaire schedule method which has its own limitation of respondent dependent information without any alternative.

Acknowledgement
All glory to the almighty, whose blessing in the success behind this project praise pride and perfection belong to almighty. So first of all I would like to express my deepest sense of gratitude to the omniscient power of the universe, the almighty God.
This project would not have been possible without the support of many people. Word fails to express my sense of independence and profound gratitude toward my honorable Advisor Miss. Archana Singh, Head Dr. Mamta Jaiswal, and Co-advisor Miss. Kran Agrahari, Faculty of Home Science, Kamla Nehru Institute of Physical and Social Sciences, Sultanpur (U.P.), for their noble advise constructive criticism and valuable suggestion unending inspiration enduring patience during my study. Her continued encouragement positive attitude towards my ability made the achievements of this goal easy to tackle and complete my work in time.

Idem it is rare opportunity and the proud privilege of my life to express my best regards sense of homage and gratitude to my reverent parents Mr. Ram sumer gupt, & Mrs. Shiv kumara and my beloved brothers Vinod kumar gupta and Anoop kumar gupta and my affectionate sister Sudha gupta My family's constant inspiration, everlasting affection, their blessing sacrifices emotion, financial and moral support are the prime fact which made me capable of doing this all.
From the very special corner of my heart I wish to record my indebtedness to my advisor for their kind help and express my manifold thanks to Archana Singh I am also thankful to all respondents for giving me proper co-operation during the data collection.

References
1. Epstein svikis alcohol consumption increases premenstrual menstrual, 9:1. DOI: 10. 111/j.1538-7836.2011.0437.
2. Fouzia Shaikh. complications in Spinal Surgery: To know in Order to Prevent. Analysis of 917 Cases Treated in 3 Years, 2015; 06:05. DOI: 10.1055/s-005-3
3. Teede H, Deeks A, Moran L. polycystic ovary syndrome; a complex condition with psychological, reproductive and metabolic manifestations that impacts on health across the lifespan BMC Medicine, 20;108(41):8-41 DOI, 10 1186 /174-7015.
4. Chowdhury JR. Tuberculosis and female reproductive health Year. 2011; 57(4):307-313.
5. Warren MPJ, Perlroth NE. Women's experiences with medication for menstrual regulation in Bangladesh, 2001; 18(3):349-360
6. Kulkarni CA. LEE, Disorders of menstruation and their effect on the quality of life in women with congenital factor VII deficiency DIO 10 1111/j 1365, 2006; 12(3):248-252.
7. Kemal Ozerkan. Gercek Aydin isle Koc yesim menstrual pattern following tubal sterilization med Sci Monit 2010; 16:4. CR197-201 ID 878502 published; 2010 -04-01
8. Ghosh K, Chowdhury JR. Tuberculosis and female reproductive health Year. 2011; 57(4):307-313.
9. Maha Moussa Mohamed Moussa. (1, 2, 3) Lecturers, Effect of Health Education Program on Knowledge and Practices about Menstrual Hygiene among Adolescents Girls at Orphanage Home zIOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320–1959.p-ISSN: 2320-1940 2014; 36:I.