

How to Cite:

Shalini, Singh, V., Yadav, H. K., Bhankhar, S. K., & Behmani, R. K. (2022). Menstrual distress and psychological well-being. *International Journal of Health Sciences*, 6(S3), 8727-8734. <https://doi.org/10.53730/ijhs.v6nS3.8100>

Menstrual distress and psychological well-being

Shalini

Research Scholar, Department of Applied Psychology, Guru Jambheshwar University of Science & Technology, Hisar, Haryana, India

Vijeta Singh

Assistant Professor, Department of Applied Psychology, Guru Jambheshwar University of Science & Technology, Hisar, Haryana, India

Hemant Kumar Yadav

Research Scholar, Department of Applied Psychology, Guru Jambheshwar University of Science & Technology, Hisar, Haryana, India

Sanjay Kumar Bhankhar

Research Scholar, Department of Applied Psychology, Guru Jambheshwar University of Science & Technology, Hisar, Haryana, India

Dr. Rakesh Kumar Behmani

Professor, Department of Applied Psychology, Guru Jambheshwar University of Science & Technology, Hisar, Haryana, India

Abstract--The term menstrual distress is used to mention the all-negative symptoms like pain and discomfort, pathological behaviours, impairments in performance, amenorrhea, negative affect and irregularity which are related to menstrual cycle. The menstruation is the natural phenomenon in women. Most of the females feel extreme level of pain, mood swing, depression, anxiety, stress during menstruation and they do not have much awareness regarding menstruation and hygiene practices. Menstruation not only affects the physical health but its psychological effects are louder and distressing. But the topic is treated with silence and rarely talked about. So, there is need to bring into light the how menstrual distress has impact on routine life of females. The purpose of the present review is to explore that how menstrual distress affects the psychological well-being of the females.

Keywords---adolescents, menstruation, menstrual distress, psychological well-being.

Introduction

Adolescence period in females has been accepted as a unique period, which defines moving from girlhood to womanhood (Devi & Ramaiah, 1994). The honour of any country depends on the future of their youth, especially how we authorised today's children. So in a vastly populated country like India, youth and especially adolescent female's health in specifically hold area of attention. The transition phase of adolescence makes them vulnerable to a number of problems which include psycho-social problems, general and reproductive health problems and sexuality related problems (Hockenberry & Wilson, 2007). The menstruation is the natural biological phenomenon. Menstrual period is very hard and critical time in the life of females. Menstruation refers to the cyclic vaginal bleeding from the uterine endometrium. A girl starts menstruating at an age of around 10-16 years; however, it is found that in many culture they see the range of variation (Diaz et al., 1997). The average time for ovulation in between 21 and 35 days. Menstrual cycle flow lasts from 2 to 7 days but in many girls it lasts from 3 to 5 days. Uneven timing of menstrual cycle and long length of cycle are normal after some years of menarche (Hillard, 2002; Thomas et al., 2001).

Menstruation is an intrinsic feature of fertility, sexuality, creativity and inner life. It is an intrinsic feminine experience. Beyond these physiological aspects, it's even linked with psychological aspects such as stress, depression, anxiety, aggression etc. (Davydov et al., 2005; Lane & Francis, 2003) These psychological aspects make a woman more vulnerable in their performances in many different dimensions (Mahon & Fernandes 2010; Bharadwaj Patkar & 2004; Warenaus et al., 2007;). Adolescent girls view menstruation as something embarrassing that should be kept hidden (Adinma & Adinma, 2008). They learn from the environment that women around them are uncomfortable to talk about "menses" considering it as a social taboo and they lacked sufficient information. The source through which a girl learns about menstruation and the related changes is supposed to affect the way she responds to the occurrence of menarche. Various factors such as social, cultural, geographical, economic, nutritional, and environmental factors have impact on the onset of menstruation (Dhingra et al., 2009). Weight, height and body fat also play role in the onset of menarche however variations are seen (Rao et al., 1998). Other causal factors of menarcheal age are genetics, general health, physical activity, weather, and size and environment of family. The age of menstruation appears seem to have decreased owing the fact that the sanitary, nutritional, and economic condition of the society has become better. (Abioye & Kuteyi et al., 1997; Kaplowitz, 2006). It affects routine life facets such as diet, sleep, mood, physical state, behavioural pattern and academics (Khamdan et al., 2014). Adolescent menstrual hygiene and self-care is a critical issue that determines the health status of the adolescent and the eventual practices that are inculcated into adult life (Uzochukwu et al., 2009).

There are various taboos and myths prevalent in the society that influences the health and well-being of females. The negative connotation given to menstruation has resulted in various negative influences on their physical and mental health. Menstruating females are not allowed to enter temples, water the plants, and they are prohibited to enter the kitchen at home. They are restricted to a diet and are further advised to not to take bath. Due to lack of scientific knowledge, their

hygiene practices are really very poor. As a consequence of lack of knowledge and social restrictions females feel inhibition to discuss or share about their menstruation even with their family, peers and other people. This further causes difficulties in life of females and pose challenge to deal with menstrual problems and in maintaining hygiene and thus leading to menstrual distress. Still the topic is treated with silence and rarely talked about. So, there is need to bring into light the how menstrual distress has impact on routine life of females. The purpose of the present review is to inspect that how menstrual distress affects the psychological well-being of the females.

Menstrual Distress

Menstrual distress is used to mention the all-negative symptoms like pain and discomfort, pathological behaviours, impairments in performance, negative affect, amenorrhea and irregularity which all are related to menstrual cycle (Seley, 1973). Beliefs and myths prevalent in human societies, which are culturally inherited down the ages, do guide behaviour of people about menstruation (Dhingra et al., 2009). Studies have found dietary restrictions during the menstrual period in the consumption of foods like rice, curd, milk, lassi, potato, onion, sugarcane, and other things (Singh, 2006). Menstruation is mostly observed as impure in our Indian culture. Females are not allowed to enter in mandir is major limitation in urban females and in rural area they are not allowed to enter in kitchen during menstrual cycle (Puri & Kapoor, 2006). In rural areas, adolescent girls consider menstruation as a sin or curse from God (Dasgupta & Sarkar, 2008; Sharma et al., 2006). Girls who are menstruating are placed in seclusion and different restrictions are forced on them by the families and are perceived in negative manner by the society (Dhingra & Kumar, 2009). It has been reported from many tribal/rural societies and conservative societies that menstruation is considered a shameful, frightening, embarrassing, disgusting event and hidden topic (Avasarala & Panchangam 2008; McPherson & Korfine, 2004). Prevalence of menstrual features differs across cultures (Lu 2001; Monagle et al., 1993).

Menarche is marked as developmental milestone in various cultures; menstruation is surrounded by a part of confidentiality and still it is considered as something about which females should always hide (Marván et al., 2012). In some village, they believed that God gives cures to females that are why they had menstruation cycle (Dasgupta & Sarkar, 2008; Sharma et al., 2006). In this time girls not have much information about menstrual cycle. They usually confide this information with the female members of the family only after the onset of menstruation, and in many cases, the knowledge revealed was insufficient (Rashid & Michaud, 2000; Singh et al., 2006). There is scarcity of knowledge among adolescents girls regarding menstrual cycle before its arrival (Ahuja & Tewari, 1995; Khanna & Goyal, 2005; Sharma et al., 2006; Singh, 2006). And this is responsible for causing distress in females.

Some girls feel dissatisfaction and cursed because of the negative attitude that prevails in the society. Many girls do not know about menstrual cycle and what is occur during it, they felt high level of fear and anxiety. In menstrual cycle girls may feel many physical and emotional changes that lead anxiety and stress.

Goodstein, senior gynaecologist states that females who faced heavy periods in the past, due to heaving bleeding, cramping, may worry about repeated pain and irritation of menstruation and this causes anxiety. There is relationship between menstrual cycle and mood changes that is frequently described under condition of increased emotionality (Heilbrun & Frank, 1989). Slade (1989) conducted a survey on women and result showed that 50 % of women feel some level of unfavourable psychological cyclical changes during menstrual phase and low-level percentage of females found with such changes as being weakening. Morse et al. (1988) observed that females with premenstrual symptoms revealed remarkable high level of depression than the control group.

Menstrual distress and Psychological Well-being

Psychological well-being is related to emotional state like satisfaction and performs with best effectiveness in one's social life (Desi & Ryan, 2008). Well-being is an experience of health, happiness, and prosperity. Well-being comprises of, high life satisfaction, a sense of meaning or purpose, good mental health, and ability to manage daily stressors. Well-being is connected with many positive things, which includes feeling happy, healthy, socially connected, and purposeful (Davis, 2019). All people have their own policy to façade their routine events, these events need significance energy and balanced mind. But these events are not always same in all of our life; menstruation is like this type of event in female life. According to keyes et al. (2002) psychological wellbeing brings about perception of engagement with existential challenge in life and menstrual cycle is one such challenge that is being faced by the females on monthly basis, the biological process might be same but the psychological up and downs are out of prediction. We know hormone levels fluctuate throughout the month. There are going to be corresponding fluctuations in other hormones that are definitely going to affect emotions, processes of thought, and physical well-being.

The analysis of the literature on the relationship between menstrual distress and psychological well-being has disclosed that menstrual distress plays instrumental role in psychological well-being of women. During menstruation many symptoms noticed like anxiety, depression, stress, lower confidence, behavioural changes are leads by hormonal imbalance. During menstruation many symptoms noticed like anxiety, depression, stress, lower confidence, behavioural changes are leads by hormonal imbalance (Deci & Ryan, 2008). Menstrual distress was negatively related to general well-being. The study also observed that females (40- 45 years) will score higher on menstrual distress than females (20-25 years). This shows that menstrual distress increases with progression of age of women. With increasing age females tend to report higher menstrual-related issues like sadness, nervousness, restless, hopeless, and that every single thing was an effort all or most 18 of the time as compared to the younger women (Sharma et al., 2017). Women with higher negative affect and intense premenstrual symptoms were found to have poor quality of life than women who had general discomfort (Cha & Nam, 2016).

Many studies found that quality of life is related with menstrual experiences. They found association between heavy menstrual bleeding and health related quality of life (Kadir et al. 2010, Karlsson et al., 2014, Shankar et al., 2008), severe pain in

menstruation (Onur et al., 2012, Unsal et al., (2010) and many gynaecological symptoms related to healthy life (Sami et al. 2015). In many studies it is stated that $\frac{1}{4}$ of females aged from 18-57 years, are affected by heavy menstrual bleeding, showing negative influence on emotional, physical and social well-being and decrease work capability (Fraser et al., 2015).

Conclusion

In Indian culture, negative connotation is given to menstruation. When females grow in a culture where a normal biological phenomenon such as menstruation is looked down, this leads to an environment where they feel shame and insecurity about their own bodies. It becomes a usual thing for them to hide the problems and hygiene issues that are associated with menstruation (Hitchcock, 2008). Menstruating girls are not allowed to enter temples, water the plants, and they are prohibited to enter the kitchen at home. Due to lack of scientific knowledge, their hygiene practices are really very poor. As a consequent of lack of knowledge and social restrictions female adolescents do not discuss or share about their menstruation even with their care givers, peers and any other external source. This has serious consequences on their physical and mental health leading to lower well-being among the females. However, there is little research to date regarding the impact of menstrual distress on the well-being life especially in India.

It is suggested that future researcher need to be examine attitude of parents. It would help in understanding the nature of adolescent females who are going through pain and distress. It is also suggested that future researches need to be done with consideration of parents' educational level, socioeconomic status, family size, number of sibling, parents' behaviour with adolescent, attitude, while studying the relationship of menstrual distress with psychological well-being. There is need to study the many types of menstruation distress like physiological, sociological. The relationship between menstrual distress with self-esteem, hygiene, school absentee, stress, anxiety, depression, culture also needs attention. Researchers need to carry out more researches in this field, as a large number of female sufferings from menstrual distress in India.

References

- Abioye-Kuteyi, E. A., Ojofeitimi, E. O., Aina, O. I., Kio, F., Aluko, Y., & Mosuro, O. (1997). The influence of socioeconomic and nutritional status on menarche in Nigerian school girls. *Nutrition and Health*, 11(3), 185-195. <https://doi.org/10.1177%2F026010609701100304>
- Adinma, E. D., & Adinma, J. I. B. (2008). Perceptions and practices on menstruation amongst Nigerian secondary school girls. *African journal of reproductive health*, 12(1), 74-83.
- Ahuja, A., & Tewari, S. (1995). Awareness of pubertal changes among adolescent girls. *Journal of family welfare*, 41(1), 46-50.
- Avasarala, A. K., & Panchangam, S. (2008). Dysmenorrhoea in different settings: are the rural and urban adolescent girls perceiving and managing the dysmenorrhoea problem differently?. *Indian journal of community medicine:*

- official publication of Indian Association of Preventive & Social Medicine, 33(4), 246. <https://doi.org/10.4103%2F0970-0218.43231>
- Bharadwaj, S., & Patkar, A. (2004). Menstrual hygiene and management in developing countries: Taking stock. *Junction Social*, 3(6), 1-20.
- Cha, C., & Nam, S. J. (2016). Premenstrual symptom clusters and women's coping style in Korea: happy healthy 20s application study. *Journal of Psychosomatic Obstetrics & Gynecology*, 37(3), 91-100. <https://doi.org/10.3109/0167482X.2016.1157159>
- Dasgupta, A., & Sarkar, M. (2008). Menstrual hygiene: how hygienic is the adolescent girl?. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 33(2), 77.
- Dasgupta, A., & Sarkar, M. (2008). Menstrual hygiene: how hygienic is the adolescent girl?. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 33(2), 77. <https://doi.org/10.4103%2F0970-0218.40872>
- Davis, S. (2021). Periods on display. *The Lancet*, 398(10306), 1124-1125.
- Davydov, D. M., Shapiro, D., Goldstein, I. B., & Chicz-DeMet, A. (2005). Moods in everyday situations: effects of menstrual cycle, work, and stress hormones. *Journal of Psychosomatic Research*, 58(4), 343-349. <https://doi.org/10.1016/j.jpsychores.2004.11.003>
- Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia, and well-being: An introduction. *Journal of happiness studies*, 9(1), 1-11.
- Devi, K. D., & Ramaiah, P. V. (1994). A study on menstrual hygiene among rural adolescent girls. *Indian journal of medical sciences*, 48(6), 139-143.
- Fillingim, R. B., & Ness, T. J. (2000). Sex-related hormonal influences on pain and analgesic responses. *Neuroscience & Biobehavioral Reviews*, 24(4), 485-501.
- Dhingra, R., Kumar, A., & Kour, M. (2009). Knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls. *Studies on Ethno-Medicine*, 3(1), 43-48. <https://doi.org/10.1080/09735070.2009.11886336>
- Dhingra, R., Kumar, A., & Kour, M. (2009). Knowledge and practices related to menstruation among tribal (Gujjar) adolescent girls. *Studies on Ethno-Medicine*, 3(1), 43-48. <https://doi.org/10.1080/09735070.2009.11886336>
- Diaz, A., Laufer, M. R., & Breech, L. L. (2006). American College of Obstetricians and Gynecologists Committee on Adolescent Health Care. Menstruation in girls and adolescents: using the menstrual cycle as a vital sign. *Pediatrics*, 118(5), 2245-2250.
- Fraser, I. S., Mansour, D., Breymann, C., Hoffman, C., Mezzacasa, A., & Petraglia, F. (2015). Prevalence of heavy menstrual bleeding and experiences of affected women in a European patient survey. *International Journal of Gynecology & Obstetrics*, 128(3), 196-200. <https://doi.org/10.1016/j.ijgo.2014.09.027>
- Heilbrun Jr, A. B., & Frank, M. E. (1989). Self-preoccupation and general stress level as sensitizing factors in premenstrual and menstrual distress. *Journal of psychosomatic research*, 33(5), 571-577. [https://doi.org/10.1016/0022-3999\(89\)90064-0](https://doi.org/10.1016/0022-3999(89)90064-0)
- Hillard, P. J. A. (2002). Menstruation in young girls: a clinical perspective. *Obstetrics & Gynecology*, 99(4), 655-662. [https://doi.org/10.1016/S0029-7844\(02\)01660-5](https://doi.org/10.1016/S0029-7844(02)01660-5)
- Hitchcock, C. L. (2008). Elements of the menstrual suppression debate. *Health care for women international*, 29(7), 702-719. <https://doi.org/10.1080/07399330802179155>

- Hockenberry, M. J., Wilson, D., Winkelstein, M., & Kline, N. E. (2007). Nursing care of infants and children. *St Louis, MO: Mosby Elsevier*.
- Kadir, R. A., Edlund, M., & Von Mackensen, S. (2010). The impact of menstrual disorders on quality of life in women with inherited bleeding disorders. *Haemophilia, 16*(5), 832-839. <https://doi.org/10.1111/j.1365-2516.2010.02269.x>
- Kaplowitz, P. (2006). Pubertal development in girls: secular trends. *Current opinion in obstetrics and gynecology, 18*(5), 487-491. doi: 10.1097/01.gco.0000242949.02373.09
- Karlsson, T. S., Marions, L. B., & Edlund, M. G. (2014). Heavy menstrual bleeding significantly affects quality of life. *Acta obstetrica et gynecologica Scandinavica, 93*(1), 52-57. <https://doi.org/10.1111/aogs.12292>
- Keys, C. L., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: the empirical encounter of two traditions. *Journal of personality and social psychology, 82*(6), 1007. <https://psycnet.apa.org/doi/10.1037/0022-3514.82.6.1007>
- Khamdan, H. Y., Aldallal, K. M., Almoosa, E. M., Al Omani, N. J., Haider, A. S., & Abbas, Z. I. (2014). The impact of menstrual period on physical condition, academic performance and habits of medical students. *J Womens Health Care, 3*, 185.
- Khanna, A., Goyal, R. S., & Bhawsar, R. (2005). Menstrual practices and reproductive problems: a study of adolescent girls in Rajasthan. *Journal of health management, 7*(1), 91-107. <https://doi.org/10.1177%2F097206340400700103>
- Lane, T., & Francis, A. (2003). Premenstrual symptomatology, locus of control, anxiety and depression in women with normal menstrual cycles. *Archives of women's mental health, 6*(2), 127-138.
- Lu, Z. Y. J. (2001). The relationship between menstrual attitudes and menstrual symptoms among Taiwanese women. *Journal of advanced nursing, 33*(5), 621-628. <https://doi.org/10.1046/j.1365-2648.2001.01705.x>
- Mahon, T., & Fernandes, M. (2010). Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programmes. *Gender & Development, 18*(1), 99-113. <https://doi.org/10.1080/13552071003600083>
- Marván, M. L., & Molina-Abolnik, M. (2012). Mexican adolescents' experience of menarche and attitudes toward menstruation: role of communication between mothers and daughters. *Journal of pediatric and adolescent gynecology, 25*(6), 358-363. <https://doi.org/10.1016/j.jpjag.2012.05.003>
- McPherson, M. E., & Korfine, L. (2004). Menstruation across time: menarche, menstrual attitudes, experiences, and behaviors. *Women's Health Issues, 14*(6), 193-200. <https://doi.org/10.1016/j.whi.2004.08.006>
- Monagle, L., Dan, A., Krogh, V., Jossa, F., Fannaro, E., & Trevisan, M. (1993). Perimenstrual symptom prevalence rates: an Italian-American comparison. *American journal of epidemiology, 138*(12), 1070-1081. <https://doi.org/10.1093/oxfordjournals.aje.a116825>
- Morse, C. A., Dennerstein, L., Varnavides, K., & Burrows, G. D. (1988). Menstrual cycle symptoms: comparison of a non-clinical sample with a patient group. *Journal of affective disorders, 14*(1), 41-50.
- Puri, S., & Kapoor, S. (2006). Taboos and myths associated with womens health among rural and urban adolescent girls in Punjab. *Indian journal of community medicine, 31*(4), 295.

- Rao, S., Joshi, S., & Kanade, A. (1998). Height velocity, body fat and menarcheal age of Indian girls. *Indian Pediatrics*, 35, 619-630.
- Rashid, S. F., & Michaud, S. (2000). Female adolescents and their sexuality: notions of honour, shame, purity and pollution during the floods. *Disasters*, 24(1), 54-70. <https://doi.org/10.1111/1467-7717.00131>
- Sami, M., Smith, M., & Ogunseitan, O. A. (2018). Peer Reviewed: Changes in Physical Activity After Installation of a Fitness Zone in a Community Park. *Preventing chronic disease*, 15.
- Seley, H. I. (1973). AN EX POST BENEFIT-COST ANALYSIS OF THE FEDERAL SUBSIDY TO THE SHALLOW-DRAFT WATER CARRIER INDUSTRY.
- FA: Hersh F. Mahmood, Hooshang Dabbagh, Azad A. Mohammed, Comparative study on using chemical and natural admixtures (grape and mulberry extracts) for concrete, *Case Studies in Construction Materials*, Volume 15, 2021,
- Kumar, S. (2022). A quest for sustainium (sustainability Premium): review of sustainable bonds. *Academy of Accounting and Financial Studies Journal*, Vol. 26, no.2, pp. 1-18
- Allugunti, V.R. (2019). Diabetes Kaggle Dataset Adequacy Scrutiny using Factor Exploration and Correlation. *International Journal of Recent Technology and Engineering*, Volume-8, Issue-1S4, pp 1105-1110.
- Shankar, M., Chi, C., & Kadir, R. A. (2008). Review of quality of life: menorrhagia in women with or without inherited bleeding disorders. *Haemophilia*, 14(1), 15-20. <https://doi.org/10.1111/j.1365-2516.2007.01586.x>
- Sharma, R. K., Agrawal, M., & Marshall, F. (2006). Heavy metal contamination in vegetables grown in wastewater irrigated areas of Varanasi, India. *Bulletin of Environmental Contamination & Toxicology*, 77(2).
- Singh, A. J. (2006). Place of menstruation in the reproductive lives of women of rural North India. *Indian Journal of Community Medicine*, 31(1), 10. **DOI:** 10.4103/0970-0218.54923
- Slade, P. (1989). Psychological therapy for premenstrual emotional symptoms. *Behavioural and Cognitive Psychotherapy*, 17(2), 135-150.
- Thomas, F., Renaud, F., Benefice, E., De Meeüs, T., & Guegan, J. F. (2001). International variability of ages at menarche and menopause: patterns and main determinants. *Human biology*, 271-290.
- Unsal, A., Ayranci, U., Tozun, M., Arslan, G., & Calik, E. (2010). Prevalence of dysmenorrhoea and its effect on quality of life among a group of female university students. *Upsala journal of medical sciences*, 115(2), 138-145. <https://doi.org/10.3109/03009730903457218>
- Uzochukwu, B. S. C., Onwujekwe, O. E., Onoka, A. C., Okoli, C., Uguru, N. P., & Chukwuogo, O. I. (2009). Determinants of non-adherence to subsidized anti-retroviral treatment in southeast Nigeria. *Health policy and planning*, 24(3), 189-196.
- Warenus, L., Pettersson, K. O., Nissen, E., Höjer, B., Chishimba, P., & Faxelid, E. (2007). Vulnerability and sexual and reproductive health among Zambian secondary school students. *Culture, health & sexuality*, 9(5), 533-544. <https://doi.org/10.1080/13691050601106679>