



MENSTRUAL DISTRESS AND WELLBEING

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ABSTRACT

The menstrual cycle is the regular natural change that occurs in the female reproductive system. Menstrual distress refers to the types and the intensity of symptoms women experience during each phase of the menstrual cycle. Well-being or wellness is a general term for the condition of an individual or group, for example their social, economic, psychological, spiritual or medical state. A high level of well-being means in some sense the individual or group's condition is positive, while low well-being is associated with negative happenings. The present investigation aims to study the relationship between menstrual distress and wellbeing among women in 2 age groups- 20 to 25 years and 40- 45 years and comparison between these 2 groups on menstrual distress and well being. For the above mentioned purpose a sample of 100 females, divided into two groups was taken from Chandigarh. One group consisted of 50 females in menstrual cycle phase (age range 20-25 years) and the other group consisted of 50 females with menstrual cycle (age range 40-45 years). For this purpose, Menstrual distress questionnaire (MOOS, 2016) and Psychological general wellbeing Index (Martin, 2004) were administered to the sample. Correlation analysis and t-ratio were used for the statistical analysis. Differences were found among the two groups. The results will be discussed as per the implications.

AIM: To study the relationship between menstrual distress and wellbeing among women in 2 age groups- 20 to 25 years and 40- 45 years and comparison between these 2 groups on menstrual distress and well being.

KEYWORDS : Intra Aortic Balloon Pump, IABP, Peri operative Heart failure, Circulatory assist, Severe LV dysfunction

INTRODUCTION:

MENSTRUAL CYCLE:

The menstrual cycle is the regular natural change that occurs in the female reproductive system, specifically the uterus and ovaries, which makes pregnancy possible by preparing the uterus for pregnancy and production of ovocytes. Up to 80% of women report having some symptoms during the one to two weeks prior to menstruation. Common symptoms include acne, tender breasts, bloating, feeling tired, irritability and mood changes¹.

Menstrual bleeding lasts 3 to 7 days, averaging 5 days. Blood loss during a cycle usually ranges from 1/2 to 2 1/2 ounces. Menarche is the first period which usually begins between twelve and fifteen years of age. The average age of menarche is 12–15. They may occasionally start as early as eight, and this onset may still be normal. This first period often occurs later in the developing world than the developed world². Menstruation stops occurring after menopause which usually occurs between 45 and 55 years of age. Bleeding usually lasts around 2 to 7 days. The menstrual cycle is governed by hormonal changes, which can be altered by using hormonal birth control to prevent pregnancy. Each cycle can be divided into three phases based on events in the ovarian cycle or in the uterine cycle. The ovarian cycle consists of the follicular phase, ovulation, and luteal phase whereas the uterine cycle is divided into menstruation, proliferative phase, and secretory phase³.

MENSTRUAL DISTRESS:

Menstrual distress is one of the common gynaecological problems of interest to health workers and psychologists. Frank in 1931 first used the term 'Premenstrual tension' and later on Dalton (1960), working with women suffering from menstrual difficulties, began to use the term Premenstrual Syndrome (PMS) to cover a multitude of related problems. Premenstrual syndrome is a group of physical and emotional symptoms which occur 7 to 14 days before the onset of menstruation and disappear during menstruation⁴. At the same time, the term 'Perimenstrual distress' is used to refer to symptoms of distress associated with menstruation, which may be experienced during the period immediately before, during, or immediately after the menstrual process. The common symptoms associated with menstruation are irritability, migraine attack, anxiety, fatigue,

depression, difficulty in concentrating, weight gain, breast tenderness, backache, lethargy, and skin disorders. In 1981 PMS was listed as a psychiatric disorder and in the 4th Edition of DSM (American Psychiatric Association, 1994), the diagnostic criteria of a pre-menstrual disorder was outlined, with the label premenstrual dysphoric disorder (PMDD)^{5,6}.

GENERAL WELL BEING:

Well-being, welfare or wellness is a general term for the condition of an individual or group, for example their social, economic, psychological, spiritual or medical state; a high level of well-being means, the individual or group's condition is positive, while low well-being is associated with negative happenings. Well-being is the result of a dynamic balance between various aspects of life⁷.

Well-being automatically flows into our lives, if the spiritual, cognitive, emotional, physical and behavioural parts of our lives are integrated, balanced and working well. It includes the presence of positive emotions and moods like contentment, happiness and the absence of negative emotions like depression, anxiety which enhances the satisfaction with life, fulfillment and positive functioning. Well-being can be described as judging life positively and feeling good⁸. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being⁹. Researchers from different disciplines have examined different aspects of well-being that include the following^{10,11}:

- Physical well-being
- Economic well-being
- Social well-being
- Development and activity
- Emotional well-being
- Psychological well-being
- Life satisfaction
- Domain specific satisfaction
- Engaging activities and work

HYPOTHESES:

1. It is expected that menstrual distress would be negatively related with general well being among both the groups.

2. It is expected that women in age group 40- 45 years will score higher on menstrual distress than women in age group 20-25 years.
3. It is expected that women in age group 40- 45 years will score lower on well being than women in age group 20-25 years.

METHODOLOGY:

The current investigation is designed to compare women of 2 age groups, 20 to 25 years and 40 to 45 years on menstrual distress and well being.

SAMPLE:

The sample for the current study consists of 100 women, where 50 women were in age range of 20 to 25 years, and the other 50 women were in age range of 45 to 50 years in the tricity.

TESTS AND TOOLS:

For this purpose, the following tests are administered to the sample:

- a.) Menstrual Distress Questionnaire (Moos, 2016)
- b.) Psychological general well being Index (Martin, 2004)

STATISTICAL ANALYSES:

For both the variables of the investigation, correlation, arithmetic mean, standard deviation, and t-ratio is calculated. The t-test is applied to find if there are any significant differences between the 2 groups, that is, women in age group 20 to 25 years and women in age group 40 to 45 years in terms of menstrual distress and well being. The data is depicted in a tabular manner and the results are discussed further.

RESULTS:

Table 1: Shows correlation

Correlation between menstrual distress and well being	0.42**
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At df = 98

Table 2: Shows the mean and standard deviation of the scores of women in age group 20 to 25 years on menstrual distress and well being.

VARIABLE	MEAN	STANDARD DEVIATION
Menstrual Distress	8.2 8	0.84
General well being	27.8	2.41

Table 3: Shows the mean and standard deviation of the scores of women in the age group 40-45 years on menstrual distress and wellbeing:

VARIABLE	MEAN	STANDARD DEVIATION
Menstrual distress	4.56	1.44
General well being	15	4.83

Table 3 shows the t values on menstrual distress and wellbeing: (df = 98):

VARIABLE	t VALUE
Menstrual distress	3.54**
General well being	7.50**

indicating significance at 0.05 level and ** indicating significance at 0.01 level.

DISCUSSION:

The purpose was to study the relationship between menstrual distress and wellbeing among women in 2 age groups- 20 to 25 years and 40- 45 years and comparison between these 2 groups on menstrual distress and well being.

The first hypothesis was that menstrual distress would be negatively related to general well being. Premenstrual symptoms generally include negative changes in mood, behavior, and well-being, including body image and increased food cravings¹². Up to 90% of women experience premenstrual symptoms¹³. The relationships

among premenstrual symptoms, psychosocial, and health-related variables are wide-ranging. For example, premenstrual symptoms are significantly related to perceived stress and lower well being in general¹⁴, menstrual attitudes¹⁵, abuse history¹⁶, and post-traumatic stress disorder¹⁷.

Hypothesis 2 was that the women in age group 40- 45 years will score higher on menstrual distress than women in age group 20-25 years. The t test has come out to be 3.54, which is significant and thus, Hypothesis 1 is accepted.

Higher age women with menstrual-related problems were significantly more likely to report feeling sad, nervous, restless, hopeless, or worthless and that everything was an effort all or most of the time as compared to the younger women¹⁸. Cigarette smoking, drinking heavily, and being overweight or obese are also more frequently reported among women with menstrual-related problems than those without¹⁹. Due to multiple hormonal fluctuations in elderly women they are more prone to irritability, hot flashes, mood swings, temper tantrums, emotional issues as compared to the ones in the initial phase of menstrual cycle²⁰.

Hypothesis 3 stated that women in age group 40- 45 years will score lower on well being than women in age group 20-25 years. The t test value was 7.50 which is significant. Thus, this hypothesis 3 accepted. The overall health and well-being of middle-aged women has become a major public health concern around the world. More than 80% of the women experience physical or psychological symptoms in the years when they approach menopause, with various distresses and disturbances in their lives, leading to a decrease in the quality of life and well being²¹.

Thus, menstruation causes lot of distress in women. It can cause irritability, confusion, sadness, angry outbursts, emotional episodes and disrupt relationships. So be it the young, middle or old age, women need to take better care of themselves in every aspect of life: physically, mentally, emotionally and spiritually. During perimenopause the body goes through substantial changes and requires additional resources to complete the process²². Lifestyle changes should be incorporated to deal with menstrual distress and enhance the quality of life and general well being²³.

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