

Age of Onset of Menarche and Adjustment of Girls

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Abstract: *Age at menarche is a most significant period of girl's life, with physical development along with emotional development. It is an important milestone during puberty and seen that a secular declining trend in age with psychosocial challenges, wider public health concern emanating from this. This article mainly focuses on early onset menarche and its effect on girl's attaining menarche.*

Keywords: Menarche, Early onset menarche, Expected age onset menarche, Adjustment problems

1. Introduction

Biology is not fixed, as we think it is. It is found that natural processes are influenced by social factors. One of such processes is menstruation. All over the world, many cultures consider or treat menstruation as a powerful and a sacred process¹.

Menarche is the first menstrual cycle or first menstrual bleeding in adolescent girls. It is controlled by hypothalamo-pituitary-ovarian axis and is influenced by many factors such as general health, biological, genetic, nutritional and psychosocial factors.²⁻³ This period is also influenced by parents, teachers and peers.⁴ Every woman goes through it at one time or another, her first period. It may be exciting, scary or may be a reassuring feeling.⁵

From the earlier time the age of onset of menarche was between 13-15 years, nowadays there is a decline in the age group. As per a survey conducted in Kerala, the age of attaining menarche has become 8-11 years.² A study was conducted in Maharashtra to find the mean age of menarche and found that majority of the girls attained menarche between 10-12 years.⁶ Another study conducted in Karnataka in 2010, early puberty is considered between 10-13 yrs of age.⁷

A survey was conducted in India in 2008, and found that girls and boys are hitting puberty earlier than before, that is at the age of 11. In an article published in Times of India, it is highlighted that the 'soon' has got 'sooner', the girls are reaching puberty faster than before. The age of attaining sexual maturity among girls in urban India has dropped to 11 from 13.6. Early puberty is becoming common, not an exception. Human beings are adaptable to each and every changes in the environment. Females with low weight and body fat tend to have delayed menarche.⁶

Effects of menarche: Physical maturation and particularly sexual maturation has significant effects on social relationship and self concept. Girls have to face a lot of challenges during this period, especially understanding self, challenges of family relationships, peer pressure and physical and sexual maturation. They may seek advice from their parents or peer groups. Many mothers may consider that knowing about this process in advance is shameful, and that may affect adjustment with the process. Most of the girls may have experienced fear during its first onset and sense it

as negative. It is identified that menarche as a hygienic crisis than a maturational crisis.⁴

Girls feeling on time regarding their menarche had the most positive feeling in terms of pubertal development. It is an emotional moment with fear and anxiety. All such problems will be more in early maturing girls than expected age onset group. Early menarche may alter a girl's social interaction and their self-esteem.¹⁰

Hormonal influence hypothesis infers that early pubertal timing poses risks because the timing of hormonal changes that occur during puberty influence emotional and behavioural problems throughout adolescence.¹¹

On time onset of menarche creates a positive feeling in girls in terms of pubertal development. In agreement with some authors early onset menarche girls have more adjustment problems. Girls may compare the pubertal timing with their peer group, and can affect their adjustment.¹³ A study conducted in Mysore shown that there is a relation between age of maturation and adjustment pattern of adolescent girls. There is a significant difference in adjustment pattern especially in social, emotional and overall adjustment at 11 (early) and 15 (late) years of maturation.¹⁴

Many studies shown that there is a positive relationship between level of adjustment and academic achievements. Adolescent girls are encountering more problems in the area of emotional, mental, school and home adjustment. Menstrual problems such as dysmenorrhoea, irregular cycles and heavy bleeding are common gynaecologic complaints among adolescent girls. According to a recent study prevalence of dysmenorrhoea in adolescent girls is between 16-93%, 34% defined their cycles as irregular. Such menstrual problems are the leading cause of school absenteeism and can impact quality of life and increase risk of mental problems and suicidality.¹

In a study conducted in 2012 shown that there is a significant difference in the adjustment of both early onset and expected age onset menarche group and majority of early menarche group had moderate adjustment but half of the expected age onset menarche group had good adjustment. Also found that adjustment problems were more in the general adjustment domain and in academic domain for both early and expected age onset menarche group.¹⁵

Supporting literature highlights the impact of early menarche.

Addressing the adjustment issues related to menarche in girls is important:

- Menarcheal age and biological maturity is associated with adolescent emotional and behavioural problems
- Adjustment in different areas during menarche can influence school absenteeism, and quality of life
- There is a need for adolescent-tailored interventions to reduce the negative impact of stressors among girls transitioning through puberty and menarche.

2. Conclusion

Transition to puberty is a critical developmental period associated with biological, cognitive, and social changes. Such changes have more adverse impact on girls who mature earlier than their peers. Adjustment problems may be in different areas like general adjustment, academic, social, psychological and associated symptoms. It is found that there should be an initiative in imparting knowledge about pubertal changes to all the girls from the age of eight years. Family based or school based programmes aimed at early interventions and prevention could target early maturing females.

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