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Menstruation: The First Conversation

ABSTRACT

The lively outgoing girl becomes withdrawn and diffident when ‘the day’ arrives. This is the day when a girl’s body finally decides to prepare itself for future, ironically though, without her own consent. This is that moment in her life which every girl endures silently. Though she might have been already taught this in school, but she fails to acknowledge the real gravity of this phenomenon until she gets to experience it herself! “Why me?” is her first reaction. Now she likes to stay confined to her own domains most of the times, cursing the Almighty for sending her to this planet as female. Unfortunately, similar is the plight of those girls who are rendered ignorant about the biological significance and the truth of menstruation. Had they been told the truth in time, it would have been easier for them to come to grips with it. A healthy, warm, one to one conversation is all that is needed. This piece is going to be helpful for parents, teachers, health care professionals and guardians of all such adolescent girls.

Keywords: Menstruation, menarche, sensitive conversation, girl health, teenager girl, menstrual hygiene

Adolescence is the stage when the person is neither a child, nor has he/she stepped into the shoes of an adult. This is the phase when an adolescent ponders over the facts of life like the intricacies of being grown up, the importance of accepting themselves as they are, the complexities of relationships, and so on.¹

One such phenomenon which lets the adolescent girls question their very existence is menstruation, which, by definition, is the occurrence of bleeding through their genital tract regularly as a part of the monthly reproductive cycle.² Menarche refers to the onset of the process of menstruation.

However, the discussion of menstruation in the context of a scientific concept is far more distinct than actually disclosing this fact to a naïve teenage girl. It might come to her as a ‘psychological shock’ at first, which she must devour and digest for the rest of her life. A timely and lucid conversation can prevent her from feeling miserable.³

For any sensitive conversation, there are certain prerequisites in order to create a deep and meaningful

impact on the listener. The two most important prerequisites for premenarche conversation are:

- **Right age:** Since menarche is known to occur 1 to 2 years after thelarche (onset of breast development), it’s prudent enough to lay the facts bare, when one notices pubertal breast development in a girl.⁴
- **Right moment:** The best moment is when neither the child nor the counselor is preoccupied with the routine stressors like school exams, household chores, outpatient rush, etc. Having said that, the best day is a holiday when she gets ample time to absorb the information shared. Moreover, the disclosure should be avoided while the child is about to sleep.

STEPS FOR AN EFFECTIVE SENSITIVE CONVERSATION

Starting a conversation that targets a sensitive issue like menstruation needs patience and equanimity. The steps herein may prove helpful in unclouding all the perplexities in girl’s mind. Whether the counselor is a health care professional or one of the parents or a guardian, the conversation can be facilitated using the ‘CLEAR’ model as highlighted in Table 1.

Table 1. Steps for Sensitive Conversation

C	<ul style="list-style-type: none"> • Calm and composed environment • Compassionate behavior • Comprehensible language
L	<ul style="list-style-type: none"> • Learning (prior knowledge of the child) • Letters (current sources of information)
E*	<ul style="list-style-type: none"> • Evaluate and explore • Educate • Explain • Empathy towards the child
A	<ul style="list-style-type: none"> • Answer the queries • Augment coping skills
R	<ul style="list-style-type: none"> • Reassure • Reinforce

- C**
- **Calm and composed environment** with no intruders iterates privacy to the girl and facilitates confidentiality.
 - **Compassionate behavior** must be presented by greeting the girl in a friendly and relaxed manner. In the OPD setting, this makes the girl and the mother at ease.
 - **Comprehensible language**, which is an age-appropriate disposition of words, should be used taking into consideration the understanding capacity of the child and the grade she is studying in.
- L**
- **Learning** refers to the prior knowledge which she has acquired till date.
 - Assess her pre-existing knowledge with respect to the female body in general and female reproductive system in particular.
 - It helps in assessing the understanding capacity of the child so that the counselor can accordingly simplify the information.
 - **Letters** refer to the various sources of information the girl is currently relying upon, like social media, magazines, textbooks, friends, teachers, etc.
 - Emphasize the importance of choosing the correct and valid source of information.
 - She must be informed that social media and random non-health magazines can sometimes misguide the masses by procuring misleading and redundant facts.

E

- **Evaluate:** Evaluating the general aspects of girl's health is imperative to understand her felt needs. Asking general non-intimate questions first, not only builds up the girl's confidence but also gives clues about her future health implications.
 - General biological concerns: "Do you feel any burning while urination?" "Have you lately been feeling low in energy?" or "Is any issue related to your own body bothering you?"
 - Psychosocial concerns: "Whom do you confide to for discussing your personal concerns?" "Is everything alright at home and at school?"

*E	Evaluate and explore (general health aspects) <ul style="list-style-type: none"> • Biological concerns • Psychosocial concerns
	Educate <ul style="list-style-type: none"> • Female body targeted teaching • Pictorial illustration • Function of female reproductive organs
	Explain and empower <ul style="list-style-type: none"> • Revealing the truth • Menstrual hygiene • Range of normalcy • Safe disposal • Deviations from the normal
	Empathy towards the child <ul style="list-style-type: none"> • Perceive and feel the emotions • Share experiences • Role model • Masterstroke

- **Educate:** One ought not to spill the beans right away without imparting basic knowledge of female reproductive system to the girl.
 - Revealing only female body targeted information is enough at this point of time.
 - If one is good at pictorial illustration, that's a feather in one's cap.
 - The conversation may go something like this: "You know dear, all the females in this universe are blessed with a magical chamber inside their bodies, called uterus. It has a pair of ovaries, one on both sides, which produce numerous eggs. When any of the eggs becomes a potential baby, it reaches

the uterus and pregnancy occurs. The uterus nurtures this potential baby inside it for 9 months before it is eventually born. But if pregnancy doesn't happen, wall of the uterus 'weeps' in despair, shedding few of its layers out through the vaginal opening."⁵

- ⇒ **Explain and empower:** After the basic education, it's time to reveal the truth.
 - The fact should be revealed in as simple language as possible.
 - It can be something like, "By shedding of the layers of the uterus, we mean there is shedding of blood through the vaginal opening. And this happens in the form a monthly cycle. Now that your body has started maturing, it's possible that this phenomenon is soon going to start inside your body too."
 - Although the definition speaks of the monthly occurrence of the phenomenon, the girl should be made clear that the things are far from being regular.
 - She must be taught to be extra vigilant for the surprises, as the initial few cycles are irregularly irregular.
 - *Menstrual hygiene* is the most crucial aspect of this colloquy.
 - The best method in the initial days is using sanitary pads. The pads should be changed regularly every 3 to 4 hours or even earlier depending on the blood flow. They should not be flushed or burnt but must be disposed of properly. Once the girl gets accustomed to her patterns, she can switch to menstrual cup, which is invariably safer, more convenient and eco-friendly choice.
 - The vaginal area must be washed with clean water regularly and with mild soap twice a day, to prevent any infection. The direction of the flow of water during the wash must be from front backwards to prevent urinary tract infection.⁶
 - Let her be aware of the deviations. Though the average range of a menstrual cycle is 28 days, the regular cycles can be as short as 23 days to as long as 35 days.⁷ There can be further deviation during the initial few cycles.
 - However, needless to say, one must emphasize on consulting a gynecologist for any extreme deviations from the normal.

⇒ **Empathy:** This fact can come as a 'psychological shock' to her innocent mind. Thus, calming this psychological storm is of utmost importance.

- Perceive her state of mind and feel her emotional state.
- By sharing her own experiences, a mother or a sister can help a lot in soothing the child's distress.
- Sharing the fact that her role model whom she admires the most has also been going through this, will assuredly cheer her up.
- One can then hit a masterstroke by saying, "Every woman in this universe is blessed with this magical phenomenon. And that's how females are the strongest creatures on this earth."

A

⇒ **Answer the queries**

- While she takes some time to acknowledge the truth, one must resolve all her concerns and confusions, howsoever trivial they may be.

⇒ **Augment coping skills**

- Encourage her not to hesitate in requesting assistance from her teacher or a senior at school, as well as from her elder sister, mother and even her father and grandparents.
- The need for carrying an extra sanitary napkin in her school bag, must be emphasized.
- She must not be reluctant to seek help from her trustworthy friends in case of any accidental stains.

R

⇒ **Reassure**

- The first conversation might scare and overburden the little girl's mind.
- Snap her out of her perplexities by assuring her your assistance whenever needed.
- Following words of reassurance would help mitigate her trepidation: "Don't worry my child. We all are here to support you throughout your journey. This is the biological wisdom that you must be acquainted with, so that when you actually face it, you don't find yourself in a state of cluelessness."

⇒ **Reinforce**

- After a detailed one-time session, repeated sets of information on subsequent visits will make her feel supported and being cared for.

- Moreover, reiteration makes sure that she understands the importance of hygiene as well.

SUMMARY

A calm and comfortable conversation paves the way to a better understanding of the sensitive issues like menstruation and hence builds a smooth road towards a healthy lifestyle and a supportive environment for a teenager.

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Risk of Active TB in Type 2 Diabetes

Diabetes severity is strongly associated with the risk of active tuberculosis (TB) in patients with type 2 diabetes, suggests a study published in the journal *Respiratory Research*.¹ Those taking insulin or those with chronic kidney disease (CKD) are at higher risk of developing new active TB. This trial was undertaken to examine the association between the severity of diabetes and risk of incident active TB, both pulmonary and extrapulmonary. A total of 2,745,638 people with type 2 diabetes were included in this study. Data of the participants, from 2009 to 2012, was obtained from the Korean National Health Insurance Service (NHIS). Those who had active TB were not included in the trial. A diabetes severity score, ranging from 0 to 5, was calculated using five parameters of the number of oral hypoglycemic agents (OHAs) (≥ 3), insulin use, duration of diabetes (≥ 5 years) CKD or CVD. Each variable was awarded one point. A total of 21,231 cases of new active TB, which was the primary study outcome, were detected over the median follow-up of 6 years. Patients who developed TB were older (64 vs. 57 years), male (66.5% vs. 60%) with higher prevalence of heart disease or CKD. They were also less likely to have obesity (BMI; 23.6 vs. 24.9 kg/m²). All variables of the diabetes severity score were individually associated with an increased risk of active TB and the risk increased with increasing diabetes severity score. The risk of incident TB was higher in patients with diabetes duration of ≥ 5 years with adjusted hazard ratio (aHR) of 1.25 and those taking ≥ 3 OHAs (aHR 1.28) and those with heart disease (aHR 1.14). The highest risk was attributed to use of insulin (aHR 1.47) followed by CKD (aHR 1.30).

Compared to participants who lacked any parameter (of the severity score), the HR for TB among those who had one parameter was 1.23, for those with two variables, the HR was 1.39 and 1.65 for patients with three parameters. The risk increased twofold among those with four and all five parameters with HRs of 2.05 and 2.65, respectively. Among those who scored 2 on the diabetes severity score, the highest HR for TB was seen in patients taking insulin and multiple OHAs or those on insulin and with CKD. "Among the participants with three parameters (score of 3), the highest HR for TB was in those who used insulin and had CKD and DM duration of ≥ 5 year." This study reaffirms diabetes as one of the major risk factors for TB. It utilized a diabetes severity score with five clinical parameters to illustrate this association and determined that severity of diabetes was "strongly associated in a dose-dependent manner with the occurrence of active TB". These parameters are readily available and hence can be used to assess the risk in resource-constrained countries. Patients with diabetes, especially those with higher scores, should be screened for active TB. Patients taking insulin or with CKD may be considered for targeted screening.

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