

From Menarche to Menopause

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Introduction

A woman will spend approximately 12% of her life from birth to menopause, approximately 40% after menopause and during her reproductive years, and approximately 40% from menopause to the postmenopausal years. In a complicated case the pregnancy and postpartum period may take up to 12 to 21 months, accounting for perhaps 2% of a woman's life. Women spend a lot of time preparing for and understanding pregnancy and birth, but often do not apply the same understanding and consideration to other aspects of their health, including menopause and menopause. It is important that we focus on understanding these changes in life and encourage women to be adequately prepared for them.

Youth

Puberty is the transitional stage from childhood to menopause. During this phase there should be regular monitoring using health client checks, with regular educational conversations from about 6 years of age. During this phase, fertility cannot be assumed as there is no fixed point at which Eggs can be viable. This knowledge can be considered only after the onset of menstruation. Education regarding contraception is essential for women's health during this transitional time. Puberty occurs in everyone between the ages of 6-16, but menopause is unique to females. This occurs about 2 years after the onset of secondary sex-specific changes (particularly breast budding), at about 12.4 years of age. This lifespan is probably decreasing due to changes in nutrition and lifestyle, but further research is needed on this topic.

HPG axis

The structures involved in this phase are the HPG axis and adrenal glands. The HPG axis consists of the hypothalamus, pituitary gland, and ovaries. A pulsed release of gonadotropin-releasing hormone stimulates the pituitary gland to release two important hormones: luteinizing hormone (LH), and follicle-stimulating hormone (FSH). It begins the production of estrogen, which is necessary to stimulate the adrenals as well as secondary sexual



characteristics. Adrenal gland maturation is an independent but interrelated process. Before puberty other hormones are also involved in maturing the eggs in the ovaries and they become important for maintaining cyclic reproductive function.

Health Check up

The onset of puberty for a female should be identified and monitored to support good health or identify disease processes that may require treatment. Routine health checkup monitoring should include a visual examination of external primary sexual characteristics, including external genitalia. When a woman is sexually active, investigation of internal primary sex characteristics should be advised. Health client screening also includes height and weight measurement along with identification of the presence of any secondary sex characteristics. These basic markers should be reviewed at each wellness visit:

- Visual examination for external primary sexual characteristics
- height Weight
- Identifying the presence of secondary sexual characteristics
- Prepubertal genital examination by a doctor
- Sexual Maturity Rating (SMR) – Tanner Stage

Sexual maturity rating (SMR), known as the Tanner stages, is an objective classification system used by providers to document and track the development and sequence of children's secondary sexual characteristics during puberty. In women, the most important symptoms are breast development and pubic hair growth. There are other features that are notable: a circular or hourglass shape; increase in hip circumference; increased composition of body fat; And compared to our male counterparts, there is a slower ability to generate muscle and less upper body strength. About 2 to 2.5 years after a woman reaches Tanner stage 2, a woman will begin to menstruate. This is known as menarche, and when she starts bleeding, it marks the beginning of the menstrual cycle and the reproductive phase.

Menstruation

Menstruation is defined as "menstrual discharge of the functional layer of the uterus (endometrial lining)". At the beginning of menstruation, there are irregular hormone fluctuations that eventually stabilize. Follicles are present in a high percentage of girls, but ovulation does not occur until the girl has had an average of six regular menstrual cycles and monthly ovulation does not become regular for several years. An "ideal" menstrual cycle is 28

days. The first day is menstruation, or when bleeding begins. It usually lasts five to seven days and is included in the follicular phase of menstruation. After the bleeding stops, the endometrial lining, which is the inner layer of the uterus, begins to thicken until the egg is released. Ovulation, which is the release of the egg, occurs then. The next phase is the luteal phase. The egg can either be fertilized and implanted into the thickened endometrium, or if it is not fertilized, the egg and the thickened part of the endometrium break down and fall out. This is the beginning of menstrual day 1.

Menopause

This phase occurs at the end of the reproductive phase and is marked by the last menstrual period (FMP). The exact timing of this period cannot be predicted and is indicated retroactively when 12 months have passed without menstruation. The beginning of this transition is called perimenopause and is triggered by ovulation. The number of viable follicles drops to less than 1,000 and various signs and symptoms may begin to disrupt life. This stage usually occurs between the ages of 45–58, but chronological age is not an accurate predictor. The STRAW+10 staging scale and general signs and symptoms are far more useful predictors. After a woman has not had a menstrual cycle for 12 months, she enters post-menopause.