Summer Internship Report

Αt

Public health resource society

(25th April to 25th June 2024)

"To study the emotions people experience during their menstrual cycle and polycystic ovary syndrome {PCOS]"

A Report

Ву

MS. DIVYA AGRAWAL

PGDM (Hospital and Health Management)

2023-2025



International Institute of Health Management Research, New Delhi

ACKNOV	<u>VLEDGEMENT</u>	
her unwa patience, me as I w	foremost, I would like to sincerely thank my me vering backing during my summer internship st encouragement, excitement, and vast knowled as conducting my study and preparing my reportance have asked for a greater mentor and adviser.	udy and research, as well as for her ge. Her advice was really helpful to
support a at the ins acknowle	thank the teachers at IIHMR, Delhi , as well as nd encouragement in helping me finish my rese titute in particular for their time and kind attention dgement also extend to my fellow classmates for ment and to those who volunteered their skills to	earch. I want to thank the individuals on. My gratitude and for their contributions to the project's

Table of Contents:

CONTENTS
Acronyms and Abbreviations
Introduction
Other key learnings
Introduction of report
Review of Literature
Individuals data
Aims and Objectives
Observation and Analysis
Progress in report
Conclusion
References
Annexure

(IIHMR MENTOR)

Name of the Student: Dinya Agrawal

Summer Internship Institution: Public Health resource society

Area of Summer Internship: Date Collection and Analysis

Attendance: 97 %.

Objectives met: Yes

Deliverables: Yes.

Strengths: quick learner & Good at team well

Suggestions for Improvement: weed to improve communication smills

Signature of the Officer-in-Charge (Internship)

Date: Place:

. Certificate of Approval

The Summer Internship Project of titled "To study the emotions people experienced during their menstrual cycle and PCOS" at Public health resource society is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of Post Graduate Diploma in Health and Hospital acceptance for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the report only for the purpose it is submitted.

Name of the Mentor

Designation HHMR, Delhi

(Completion of Summer Internship from respective organization) The certificate is awarded to

Name Divya Agrawal

In recognition of having successfully completed his/her Internship in the department of

Title Mental Health literacy

and has successfully completed her Project on

Title of the Project

Date 25th April to 25th June

Organisation Public Health Resource Society

He/She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish him/her all the best for future endeavors

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Me. Divya Agrawal

Summer Internship Institution: Public Health Resource boxiety

Area of Summer Internship: Mental Health Literacy

Attendance: 94.2%.

Objectives met:) Ms. Divya has developed a strong understanding of public health sector, working of NhO, and versearch methodologies of She developed comprehensive concept note on many emotional stress deving monstrual cycle.

Deliverables:

1) The conducted data analysis on of MHL questionnaire

27. We provided comprehensive verboits of every field visit conducted.

Strengths. Strengths:
If She has a strong desire to learn and grown of the works good in team Suggestions for Improvement: The can work on her communication

skills more

Signature of the Officer-in-Charge (Internation)

Date: 25/06/24 Place: PHRS, Hauz Kbas, New Delhi

Acronyms / Abbreviations

1 PHRS: public health resource network/society

2 PCOS: polycystic ovary syndrome

3 MH: Mental health

4 PMS: Premenstrual syndrome

5 PMDD: premenstrual dysphoric disorder

INTRODUCTION

Observational Learning:

Established in 2005, Public Health Resource Societies (PHRS) is a nationwide organisation that was registered in Delhi in 2008 under the Societies Registration Act 1860. It is an expanding network of people and groups that support enhancing managerial and technical skills in order to realise "HEALTH FOR ALL." PHRS consistently supports initiatives that advance human rights, social justice, and public health in the delivery and allocation of healthcare services, particularly for the underprivileged. In the states of Chhattisgarh, Jharkhand, Odisha, and Bihar, PHRS operates directly.

PRINCIPLES

Regardless of colour, creed, or religion, PHRS works and offers aid based on need, protecting the rights of marginalised populations and vulnerable groups, especially women and children. Diversity and equality are always important to us. We are dedicated to establishing a welcoming atmosphere that acknowledges the contributions of all partners and is characterised by respect and regard for one another.

VISION

They believe in appropriate and responsive public health services are imperative for the overall health and well-being of any population. They seek to deeply engage with the community, facilitate capacity building for them that gradually translates into game changing practices

MISSION

Building capacities for public health action.

AIMS AND OBJECTIVE

- To offer technical help and resource support to all public health professionals or those who advocate for universal health.
- To support health planning at the panchayat, block, district, state, and national levels for any government, non-governmental organisation, or social movement.
- To create strong connections between development planning and health at every level.
- To conduct research and other tasks in any area pertaining to health, allied fields, development, or the realisation of people' fundamental rights.
- To encourage networking and take part in campaigns for improved laws and initiatives in order to further societal aims and objectives.

Organization profile

The main branch (head office) of PHRS is located in Delhi and in other branches is located in the various states such as odisha, Bihar, Chhattisgarh, Jharkhand.



Dr. Suranjeen pallipamula parsad is the director

Dr. Madan mohan pradan is the vice president

MS. Rupa prasad is the executive director of PHRS

Ms. Rishita is the program coordinator under whom I was working

The program I was working with the PHRS was on mental health literacy program. This was a study with the foreigner donor in which they wants to see who much knowledge and awareness is there in the young adult and adolescents related to the mental health in the urban slum of Delhi. Area for this study was new seemapuri Delhi

The survey was done for the data collection. The survey was done in both qualitative and quantitative manner. It was home to home survey with the questioner having the question about the mental health literacy among the individuals the age criteria was 15-24.

General findings

During the data collection we have seen that many people believes in the myths which surrounds the mental health, many were not aware about the issues related to the MH and most people consume alcohol and other substance to cop up with the daily life challenges they phase. The prevalence for the depression was quite high in that area due to the stigma around MH many people was not quite open to share details with us and neither they were much willing for the survey.

Conclusive learning

Data collection, way of communication, data cleaning, data analysis, report writing, literature review.

Limitation and suggestions for improvement

- Not having adequate human resource for data collection
- MH is a topic which has many stigma around it due to which people take time talking about it
- Illiteracy among people

Suggestions for improvement

- They should give proper training to the interns before proceeding for work
- They should create health work environment

Project learning

INTRODUCTION

Menstrual cycle is a significant part of the women reproductive life which not only influences the physical well-being but also emotional state of the individuals. Several researches has shown that, the hormones which are release during the menstrual cycle have a significant amount of effect on the emotions and mood of an individuals. For instance Premenstrual syndrome (PMS), which impacts a significant percentage of menstruation women globally, is characterised by emotional symptoms including irritability, despair, and anxiety. Premenstrual syndrome (PMS) affects 20–40% of women, whereas premenstrual dysphoric disorder (PMDD), a severe form of PMS, impacts 3-8% of women. Three quarters of women have premenstrual symptoms.

Another common disorder affecting women in their reproductive years is polycystic ovarian syndrome (PCOS), which is estimated to affect 6% to 20% of women worldwide, depending on the diagnostic criteria employed. Many signs, such as polycystic ovaries, hyperandrogenism, and irregular menstrual periods, are indicative of PCOS. In addition to its clinical manifestations, PCOS is linked to severe psychological anguish. Mood disorders such anxiety and sadness are more common in women with PCOS, possibly because of hormone imbalances as well as psychological impact of the condition's physical symptoms . An important topic of investigation is the interaction between hormonal changes associated with the menstrual cycle and the emotional disorders seen in PCOS. Comprehending these affective experiences is crucial to creating treatments that enhance the lives of impacted women.

Menstrual health and diseases such as PCOS are important public health concerns in India, yet they are frequently not well studied or treated. Limited conversation and understanding of menstrual health concerns are partly caused by cultural stigmas and a lack of knowledge about the topic. Research indicates that major emotional and psychological problems associated with PCOS and the menstrual cycle affect Indian women, and these problems are frequently made worse by social pressure and a lack of proper medical care.

According to estimates, the prevalence of PCOS varies by area and diagnostic criteria utilised, ranging from 9.13% to 36% of women of reproductive age in India. This prevalence is consistent with global trends. When compared to their peers without PCOS, Indian women with PCOS often report higher levels of psychological discomfort, including anxiety and sadness. These mental difficulties are made worse by the fact that many areas of India lack access to specialised care and support services.

The purpose of this study is to learn more about the many variables and the relationship between emotional stress and the menstrual cycle in two groups, as well as how each group handles emotional stress differently and similarly. It is vital to investigate the emotions felt throughout the menstrual cycle and in relation to PCOS, especially in countries like India where resources are scarce and culture is varied. Through an analysis of these experiences,

we may gain a deeper comprehension of the distinct obstacles encountered by women and create focused treatments aimed at improving their mental and physical health.

RESEARCH QUESTION

To study the emotional stress during the menstrual cycle and polycystic ovarian syndrome among individuals.

OBJECTIVES

PRIMARY QBJECTIVE

1. To assess the emotional strain experienced by people with and without PCOS.

SECONDARYOBJECTIVES

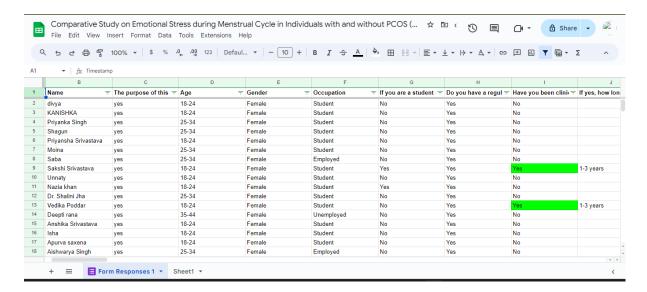
- To analysis cop up mechanism of both the groups
- To assess and compare the levels of emotional stress experienced during different phases of the menstrual cycle in individuals diagnosed with PCOS and those without PCOS.
- To investigate potential differences in emotional stress patterns between individuals with PCOS and without PCOS across various menstrual cycle phases.
- To explore factors influencing emotional stress, such as hormonal fluctuations, psychological factors, and lifestyle variables, in individuals with and without PCOS.

MODE OF DATA COLLECTION

Data for the study was collected by online method. Google form was made and the link was circulated through whatsapp and email.

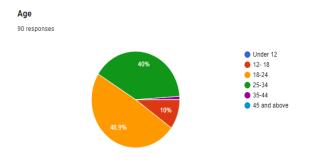
DATA COMPILATION, analysis and interpretation

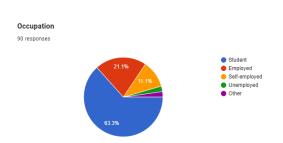
Data was compline in the excel sheet



Data analysis

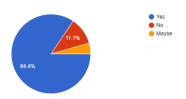
Data has been analysis using pi and bar graphs





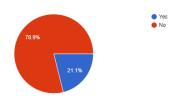
Do you have a regular menstrual cycle?

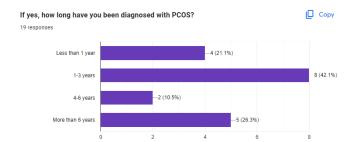
90 responses



Have you been clinically diagnosed with Polycystic Ovarian Syndrome (PCOS)?

90 response

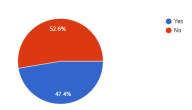




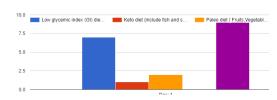


Do you follow a specific diet plan to manage your PCOS symptoms?

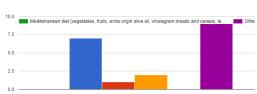
19 responses



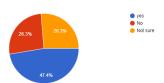
If yes, please specify the diet plan you follow.



If yes, please specify the diet plan you follow.



Have you noticed any changes in your emotional well-being since starting this diet?



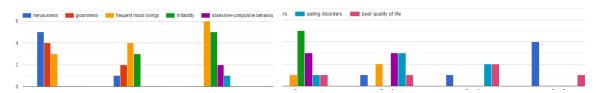
Which emotional or psychological symptoms do you commonly experience during your pcos? (you can choose multiple option for this question)



Which emotional or psychological symptoms do you commonly experience during your pcos? (you can choose multiple option for this question)

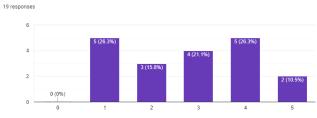


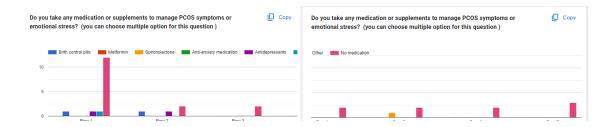
Ĺ



How does emotional stress during your pcos affect your daily life?







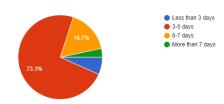






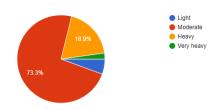
How long does your menstrual flow typically last?

90 responses



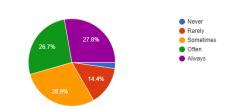
How would you describe the flow of your periods?

90 responses



How often do you experience menstrual pain?

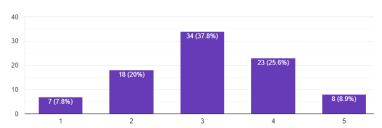
90 responses



Rate the severity of your menstrual pain

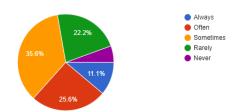
□ Сору

90 responses

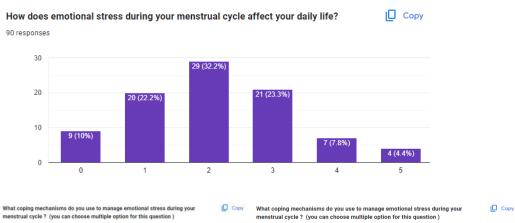


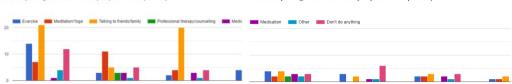
How often do you feel anxious or depressed during your menstrual cycle?

90 responses



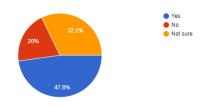






Do you feel that your current coping mechanisms are effective?

90 responses



Do you seek professional help for managing emotional stress related to your menstrual cycle?

90 responses

Yes
No

12.2%

DATA INTERPRETATION AND CONCLUSIONS

- From the total sample size more than half the sample size lies between the age group of 18-34 which include that young female and adult have more, having more student in them as compare to the working women.
- From the 90 respond 19 where clinically diagnosed which the PCOS and most of them had been recently diagnosed between last 1-3 years.
- All of them experienced mostly similar symptoms such as large ovaries and having
 cysts, but most common was missed period or very light period and having excess
 body hair, gaining weight around belly area while people with normal menstrual cycle
 have lower abdominal pain, back pain with sore breast, bloating in stomach and food
 cravings.
- Haft of the people does not follow any specific diet remain take mainly low glycaemic diet or other diet to maintain themselves.
- Out of 19 people having PCOS, 9 people have notice emotional changes within themselves during PCOS and 5 are not sure about the changes while 6 does not experience any emotional changes during PCOS while those who have regular menstrual cycle also have emotional changes during this time of the month.
- Frequent mood swings and irritability remaining common between the two groups but people suffering from PCOS have OCD, eating disorder while 5people having normal menstrual cycle have mostly have anxiety, fatigue, crying spell and have difficulty concentrating during this phase.
- While emotional stress during PCOS and regular menstrual cycle have some moderate to major effect on daily life of the people some people also does not have any effect on their daily life who has normal menstrual cycle.
- Most of the people do not take any medicaments for their PCOS but there are some people rely birth control and anti-depressant pill to cop up.
- Both groups have comparable coping mechanisms for dealing with emotional stress related to PCOS and the menstrual cycle. Friends chat frequently, regular period users prefer yoga and meditation, regular exercise, and some people would rather do nothing at all.
- 41.2% and 47.8% of both the group respectively find the cop up mechanism helpful for them in reducing their stress while some are does not have any effect and many are not sure about the effect.
- 73.3% have the menstrual bleeding for 3-5 days and 16.7% have for 6-7 days with heavy to moderate to very little flow, 73.3% experience moderate flow.

- 26.7% and 27.8% often or always experience the pain respectively during their periods days with the range to mild to severe, 34.5% experiences severe pain.
- 21.1% and 12.2% respectively take professional help during their PCOS and menstrual flow.

RECOMMENDATIONS

- To encourage early diagnosis and treatment, raise PCOS awareness and educate the public, especially young girls.
- Encourage individuals with PCOS to adopt a specific diet plan which can be helpful for them.
- Draw attention to the significance of obtaining expert assistance in controlling PCOS and menstruation symptoms, and make services easily available for individuals requiring them.
- Make an effort to lessen the stigma attached to getting medical attention for menstruation-related problems.

REFERENCE

- Yonkers, K. A., O'Brien, P. M. S., & Eriksson, E. (2008). Premenstrual syndrome. *The Lancet*, 371(9619), 1200-1210.
- Halbreich, U., Borenstein, J., Pearlstein, T., & Kahn, L. S. (2003). The prevalence, impairment, impact, and burden of premenstrual dysphoric disorder (PMS/PMDD). *Psychoneuroendocrinology*, 28(S3), 1-23.
- Bozdag, G., Mumusoglu, S., Zengin, D., Karabulut, E., & Yildiz, B. O. (2016). The prevalence and phenotypic features of polycystic ovary syndrome: a systematic review and meta-analysis. *Human Reproduction*, 31(12), 2841-2855.
- Deeks, A. A., Gibson-Helm, M. E., Paul, E., & Teede, H. J. (2010). Is having polycystic ovary syndrome a predictor of poor psychological function including anxiety and depression? *Human Reproduction*, 25(6), 1511-1516.
- Dokras, A., Clifton, S., Futterweit, W., & Wild, R. (2011). Increased prevalence of anxiety symptoms in women with polycystic ovary syndrome: systematic review and meta-analysis. *Fertility and Sterility*, 95(2), 458-459.
- Agarwal, A. K., & Agarwal, A. (2010). A study of dysmenorrhea during menstruation in adolescent girls. *Indian Journal of Community Medicine*, 35(1), 159-164.
- Nair, M. K., Pothen, J., Pillai, R., Babu, G., & Leena, M. L. (2013). Menstrual disorders and menstrual hygiene practices in higher secondary school girls. *The Indian Journal of Pediatrics*, 80(2), 181-185.
- Nidhi, R., Padmalatha, V., Nagarathna, R., & Amritanshu, R. (2011). Prevalence of polycystic ovarian syndrome in Indian adolescents. *Journal of Pediatric and Adolescent Gynecology*, 24(4), 223-227.
- Joshi, B., Mukherjee, S., Patil, A., Purandare, A., Chauhan, S., & Vaidya, R. (2014). A cross-sectional study of polycystic ovarian syndrome among adolescent and young girls in Mumbai, India. *Indian Journal of Endocrinology and Metabolism*, 18(3), 317-324.
- Kumarapeli, V., Seneviratne, R. de A., Wijeyaratne, C. N., Yapa, R. M., & Dodampahala, S. H. (2008). A simple screening approach for assessing community prevalence and phenotypic features of polycystic ovary syndrome in a semi-urban population in Sri Lanka. *American Journal of Epidemiology*, 168(3), 321-328.

ANNERUX

Ag	e: • Under 12
	• 12-18
	• 18-24
	• 25-34
	• 35-44
	45 and above
2.	Gender:
	• Female
	• Other
3.	Occupation:
	• Student
	• Employed
	Self-employed
	Unemployed
	• Other
4.	Do you have a regular menstrual cycle?
	• Yes
	• No
5.	Have you been clinically diagnosed with Polycystic Ovarian Syndrome (PCOS)?
	• Yes
	• No
6.	If yes, how long have you been diagnosed with PCOS?

• Less than 1 year

•	Never
•	Rarely
•	Sometimes
•	Often
•	Always
8. Rate t	he severity of your menstrual pain:
•	Mild
•	Moderate
•	Severe
9. Do you	u experience any of the following symptoms regularly?
•	Irregular periods
•	Heavy bleeding
•	Acne
•	Weight gain
•	Hair loss
•	Excessive hair growth on face/body
•	Fatigue
•	Other
10 Da voi	u evertionee mood swings during vour monstruel evelo?
	u experience mood swings during your menstrual cycle?
•	Never

1-3 years

4-6 years

• More than 6 years

7. How often do you experience menstrual pain?

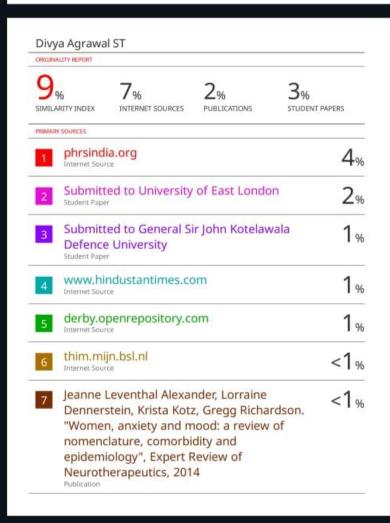
• Rarely				
• Sometimes				
• Often				
• Always				
11. Do you feel more stressed during your menstrual cycle compared to other times?				
• Yes				
• No				
12. How often do you feel anxious or depressed during your menstrual cycle?				
• Never				
• Rarely				
• Sometimes				
Often				
• Always				
13. Rate the intensity of your emotional stress during your menstrual cycle:				
• Mild				
Moderate				
• Severe				
14. How does emotional stress during your menstrual cycle affect your daily life?				
Minor impact				
Moderate impact				
Severe impact				
15. What coping mechanisms do you use to manage emotional stress during your menstrual cycle				
• Exercise				

- Meditation/Yoga Talking to friends/family Professional therapy/counselling
- Medication
- Other
- 16. Do you feel that your current coping mechanisms are effective?
 - Yes
 - No
- 17. Do you seek professional help for managing emotional stress related to your menstrual cycle or PCOS?
 - Yes
 - No
- 18. If yes, how satisfied are you with the professional help you receive?
 - Very satisfied
 - Satisfied
 - Not satisfied
- 19. Do you follow a specific diet plan to manage your PCOS symptoms?
 - Yes
 - No
- 20. If yes, please specify the diet plan you follow.
 - Low glycemic index (GI) diet {Green vegetables, most fruits, raw carrots, kidney beans, chickpeas and lentils.}
 - Keto diet (include fish and seafood, meat and poultry, non-starchy vegetables nuts and seeds, eggs, high-fat dairy products, olive oil and other oils, and high-cocoa chocolate}
 - Paleo diet { Fruits, Vegetables, Nuts and seeds, Eggs, Lean meats, especially grass-fed animals or wild game, Fish, especially those rich in omega-3 fatty

acids, such as salmon, mackerel and albacore tuna, Oils from fruits and nuts, such as olive oil or walnut oil.}

- Mediterranean diet {vegetables, fruits, extra virgin olive oil, wholegrain breads and cereals, legumes or beans (e.g. chickpeas, kidney beans or lentils), nuts and seeds, fish and seafood, onion, garlic and other herbs and spices (e.g. oregano, coriander, cumin etc.}
- Other
- 21. Have you noticed any changes in your emotional well-being since starting this diet?
 - Yes
 - No
 - Not applicable
- 22. Do you take any medication or supplements to manage PCOS symptoms or emotional stress?
 - Birth control pills
 - Metformin
 - Spironolactone
 - Anti-anxiety medication
 - Antidepressants
 - Other
- 23. If you are a student or working women do you get the menstrual leave in your institute or organization?
 - Yes
 - No





8	Internet Sour		rary.uab.edu		<1%
9	mener source			<1 _%	
10					
	quotes	On	Exclude matches	Off	

















