IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

# EFFECTS OF MENSTRUAL SYMPTOMS ON SELF EFFICACY AND ANXIETY

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**ABSTRACT**

This research aims to conduct an inquiry to scrutinise and analyse the impact of physiological menstrual symptoms on psychological aspects of anxiety and self-efficacy during menstruation. Self-reported measures of menstrual symptoms, anxiety and self-efficacy have been collected. The population of age group 18-30 has been selected for conducting the study. The data in this study has been obtained with the help of the scales named "Menstrual Symptom Questionnaire", "Beck Anxiety Inventory" and "General Self-Efficacy Scale" as well as a demographic information form. The results suggest that there is significant positive relationship Congestive menstrual symptoms with anxiety, whereas it has been observed that there is a significant negative relationship of Congestive Menstrual Symptoms with Self efficacy. Furthermore, there exists a significant positive relationship of Spasmodic Menstrual Symptoms with anxiety and there exists no considerable relationship of such symptoms with Self – efficacy.

*Keywords: anxiety, self-efficacy, congestive menstrual symptoms, spasmodic menstrual symptoms.*

## INTRODUCTION

The goal of this study is to evaluate the effect of menstrual symptoms on anxiety and self efficacy to provide a better understanding of the menstrual aspect of females' life on their self-efficacy and anxiety.

## MENSTRUATION

Menstruation is a normal, biological process in which the uterine lining is lost through the vagina on a monthly basis in those with uteruses. Typically, menstruation starts during puberty and lasts until menopause, which happens between the ages of 45 and 55. Hormones govern the menstrual cycle, which includes the uterus' preparation for pregnancy. In the absence of pregnancy, the uterine lining is shed, along with blood and other substances, which leave the body through the vagina. [1, 2]

Usually, menstrual bleeding lasts three to seven days, however for some people, it may last less or more time. Most women have cycles that last between 26 and 35 days on average, with infertility that persists independent of age or cycle length fertility window of 5 days before ovulation; 5 day menstrual cycle

Additionally, a variety of physical and psychological symptoms, which vary in intensity and frequency from person to person, can be linked to menstruation. It's important to note that not everyone experiences all of these emotional and physical symptoms, and some people may not experience any at all. Cramps and abdominal pain, bloating and fluid retention, Breast tenderness, Headaches or migraines, Fatigue and tiredness, Mood changes, such as irritability, anxiety, or depression, Acne breakouts or other skin changes, Food cravings or changes in appetite, Changes in bowel movements or digestive issues, Insomnia or difficulty sleeping are some of the symptoms faced before and during menstruation.

Variations in hormones related to During some phases of a woman's menstrual cycle, she may be more likely to experience or show signs of a number of neurological diseases and ailments. In the premenstrual stage of the menstrual cycle, ovarian hormonal changes may have a neuromodulatory influence that aids in the emergence and maintenance of a pathological or maladaptive illness.

**MENSTRUAL SYMPTOMS**

Cramps and stomach pain: Typical menstrual symptoms that can range from moderate to severe. The uterus contracts to expel the lining, which is what causes it.

Bloating and fluid retention: During the menstrual cycle, many people experience bloating and fluid retention, which can leave them feeling uneasy and puffy.

Breast sensitivity: Hormonal fluctuations may be to blame for some women's breast sensitivity or swelling during their menstrual cycle.

Headaches or migraines: For some people, hormonal changes associated with menstruation might cause headaches or migraines.

Fatigue and exhaustion: Common menstrual cycle complaints, and they can be brought on by hormonal changes, altered sleep patterns, and blood loss.

Hormonal changes: Associated with the menstrual cycle can also alter a person's mood, causing irritation, anxiety, or even sadness.

Acne outbreaks or other skin changes: Hormonal fluctuations during the menstrual cycle can negatively effect the skin and result in changes like acne outbreaks or other skin changes.

Changes in appetite or food cravings: Some women experience these symptoms during their menstrual cycle.

Bowel changes or digestive problems: Hormonal changes during menstruation can also have an impact on the digestive tract, resulting in bowel changes or digestive problems.

Hormonal fluctuations, discomfort, and pain can all contribute to insomnia or difficulties sleeping throughout the menstrual cycle.

**DYSMENRROHEA**

Dysmenorrhea, often known as menstruation accompanied by acute pain in the lower abdomen, and is characterised strong cramping pain that radiates throughout the abdominal wall, causing one to double over in anguish.that appear just before or during the menses. It can also radiate to the lower back and thighs.

Dysmenorrhea comes in two forms: Primary dysmenorrhea is pain without a clear pathological condition of the pelvis, and it nearly invariably manifests itself in women 20 years of age or younger after the ovulatory cycle has been established. Increased amounts of prostaglandins, hormone-like substances produced in the uterus, are thought to be the cause. The contraction of the uterus produced on by prostaglandins may cause pain and discomfort. Women with Primary dysmenorrhea frequently report moderate to severe cramping pain that lasts one to three days.[4]

Secondary dysmenorrhea is more commonly observed in women beyond the age of 20 and is brought on by underlying pelvic pathology or disorders. develops as a result of an underlying medical problem like pelvic inflammatory disease, fibroids, or endometriosis. Compared to women with primary dysmenorrhea, women with secondary dysmenorrhea tend to experience more intense and protracted discomfort. Other symptoms including excessive menstrual bleeding, irregular periods, and pain during sex may also be present in addition to the pain.[4]

The effects on health-related quality of life and productivity are substantial. at work, as it is a debilitating condition for many women. As a result of the expenditures on drugs, medical treatment, and lost productivity, dysmenorrhea also causes significant economic losses.

The most typical symptom of all menstruation disorders, dysmenorrhea is also the gynaecological complaint with the highest disease burden in underdeveloped nations.

The studies accounting Less certain are the estimates of the prevalence of dysmenorrhea among adult women, which normally centre around a single group and range roughly from 15% to 75%. A study of adolescents and young adults aged 26 or younger found that 41% of participants experienced limitations of some sort when going about their daily activities due to dysmenorrhea, despite the fact that only 7%-15% of women experience severe discomfort, severe enough to limit daily activities.[5,6]

**ANXIETY**

Anxiety is "a state of intense apprehension, uncertainty, and fear resulting from the anticipation of a threatening event or situation, often to the degree that normal physical and psychological functioning is disrupted" (p. 38), according to American Heritage Medical (2007).

The Anxiety Disorders, as defined by the American Psychiatric Association (APA), are typified by excessive anxiety and fear.

“To contrast, anxiety is "the mental state characterised by apprehensive, worry-inducing preoccupation with potential danger" (APA, 2013).

It's not uncommon stress out frequently about medical issues, money, and relationships. Anxiety disorders, on the other hand, encompass a wide range of emotions beyond simple worry or fear. Anxiety disorders are characterised by persistent bouts of suffering that increase in intensity with time. The symptoms may have an impact on a person's work performance, academic success, and interpersonal connections.

Anxiety can manifest itself physically in a number of ways, including a racing heartbeat, heavy sweating, muscle trembling, and difficulty breathing. or shortness of breath, Nausea or stomach upset, Muscle tension or aches, Headaches and Insomnia or difficulty sleeping.[9]

Anxiety's emotional signs can include: Worry or excessive concern, Fear or dread, Irritability or restlessness, Difficulty concentrating or thinking clearly, Feeling on edge or nervous, Sense of impending doom or danger.[9]

Anxiety-related behavioural symptoms can include: Avoidance or withdrawal from situations or people that trigger anxiety, Ritualistic or repetitive behaviors, Panic attacks, Agitation or restlessness and Difficulty completing tasks or making decisions.[9]

**SELF EFFICACY**

The individual's capacity to make changes leading to a certain effect is referred to as self-efficacy. Making a positive impact on the world fills people with pride and satisfaction take action; Unhappy and unmotivated individuals believe they are powerless. Either be the change you want to see in the world, or be the reason others do. "Conditions" and "contingencies" are often used in place of "true causes" because the former may be more difficult to pin down. If the effect is exclusive to a specific set of conditions, we say that it is "conditional." These aids are not strictly necessary to bring about the effect, but they do help.. We say that people (or groups) are in charge of a particular objective in the event that they can create the relating changes. To put it a little more succinctly, One is in control of a goal for which they have both the knowledge of its requirements and the ability

to implement those requirements. If both of these requirements are met, then entire control exists; otherwise, control is only partial.

Bandura (1977) suggested replacing control with efficacy, and more specifically self-efficacy, as a more appropriate phrase. The concepts of independence and self-reliance are often used interchangeably.. [28] The word self-efficacy was characterized by Bandura as faith in your capacity in performing tasks effectively, and he has referred to self-efficacy as a feeling of capability, productivity, and the capacity to adapt to life. Individuals with higher self-adequacy show more exertion and demand in performing errands than those with low self-viability. As a result, their task performance is also improved.[28]

**DEVELOPMENT OF SELF EFFICACY BELIEFS**

A brand-new infant clearly has little faith in his or her own talents. Self-efficacy beliefs are laid down during a person's first three to four years of existence.

An infant's understanding of the world develops in stages, beginning with the basic event schema and progressing through the basic causal schema, the basic causal schema of causes and effects, the basic causal schema of pride and shame, and finally the basic causal schema of the infant's own creations. According to Flammer (1995), this is the essence of self-efficacy.

The baby appears to be developing normally in these areas. Eventually, even seemingly unconnected industries will have to rely on this cutting-edge technology. In the second half of their first decade, most children begin to encounter the need to distinguish between several means leading to the same ends. As a result, he or she learns to let go of the belief that anything is possible and instead prioritises a smaller set of factors, most likely including the following: effort, individual ability, and the difficulty of the task.

There's a lot more we can learn as young adults getting our feet wet. As one's intellectual, physical, or financial strength and social influence increase, they are able to exert greater control over more aspects of life. This is really cool. Consumers, however, are ultimately limited to the options presented to them (Flammer, 1996). Overwhelm sets in when you try to keep everything under control. Deselecting control domains that pose a threat to other, more crucial control domains is one option; giving up control when there are no good alternatives is another. For the duration of the absence of withdrawal, alternatives that seem good at first, but losing control over crucial areas can have disastrous effects for the elderly and the physically impaired. Retirees who want to delay quitting for as long as feasible should actively seek financial compensation. Hearing aids, memory aids, and the indirect control (social resources) and secondary control that we've already covered all fall under this group of compensations.

Heckhausen and Schulz (1995) provide evidence that the use of secondary control is increasing in frequency and significance. Nursing home residents may adapt better to their new surroundings if they relinquish all of their

independence, according to research by Baltes and Silverberg (1994). They labelled it "learned dependency," which means that people were made to feel helpless.

Dependence allows us to escape some social confrontations; sometimes we have no choice but to give in.[28]

**MAJOR SOURCES TO INCREASE SELF EFFICACY**

Self-confidence is formed early in childhood as we take on increasing levels of responsibility and challenge ourselves in novel situations. Conversely, one's sense of self-efficacy often increases as one gains knowledge and experience. Bandura outlined four primary contributors to autonomy. There are four ways to boost one's confidence in one's own abilities: through mastery experiences, social modelling, social persuasion, and psychological reactions.

Mastery experiences

Since they show whether or not one is willing to do whatever it takes to succeed, "mastery experiences" are the most persuasive source of efficacy knowledge. A strong sense of one's own power is built through achieving one's goals. It is damaged by setbacks, especially if they come before a sense of competence has been developed (Bandura, 1997).

Spending dedicated time practising is the best way to improve at any skill.

To improve at anything or learn anything new, one must first convince themselves that they can do so. For this reason, an optimistic outlook—the conviction that one can achieve the goals they set for themselves—is crucial.[31]

Vicarious Experiences

"Seeing people similar to oneself succeed by sustained effort raises observers'" beliefs that they, too, had the talents to master similar tasks in order to succeed, as stated by Bandura (1977).

"Vicarious experience" means gaining knowledge through imitating the actions of those who have already achieved achievement. The possibility that an individual would internalise the beliefs of their role models (especially those who exhibit a healthy level of self-efficacy) improves when those role models are present in the individual's life. A person's role models can come from a wide variety of sources, including family members, friends, counsellors, teachers, coaches, mentors, and even coworkers and bosses.[31]

Influence in Society

If you encourage someone verbally while they are trying something challenging, they are more likely to believe in their own skills and succeed.

Both positive and negative comments regarding one's performance or competence might influence one's sense of self-efficacy (Redmond, 2010).

An example of effective verbal persuasion would be encouraging a young child to pursue their dreams by telling them they can do everything they set their minds to. Persuasive speech can be used with people of all ages, but it works particularly well with younger children to boost their confidence.[31]

Emotional and Physiological States

A person's sense of competence in any particular circumstance may be affected by their mental, physical, and emotional well-being.

For instance, maintaining a positive view on life may be more difficult if you suffer from mental health difficulties such as depression or anxiety. Is it feasible to improve your confidence in the face of these difficulties? Obviously not, but when one is in good mental and physical health, it is much simpler to increase self-efficacy (Bandura, 1982). Learning to remain composed and optimistic in the face of adversity is one way in which people might increase their sense of personal competence.[31]

## REVIEW OF LITERATURE

Ayduk, O., Gyurak, A., & Luerssen, A. (2009). In their study, stated that a person's self-image, self-identity, and self-esteem, or the value they place on themselves, are the three main components of their self-concept. The behaviour component is where their self-concept shapes and influences their behaviour. Self-concept can be distinguished from self-esteem, which is measured by how well one's self-learning is characterised, predictable, and relevant to their inner selves. Similar distinctions exist between self-idea and confidence: self-concept is a psychological or obvious aspect of one's self (for example, "I am a quick sprinter"), whereas self-esteem is subjective and judgmental (for example, "I like being a quick sprinter").

Kazumi, T. and Kawai, N. (2017). The role of this study is to find the extent to which local institutional forces affect female entrepreneurial venture performance. It aimed to use quantitative analysis to explain why certain women business owners feel more confident than others, and how this relates to their financial performance. Participants spanned 30 prefectures and included 202 female business owners in Japan. Women who scored higher on tests of entrepreneurial self-efficacy were found to be in a better position to spot and take advantage of opportunities. The value of a confident sense of competence in one's professional abilities was highlighted.

Mohammadyari, G. is the cited source. The goal of this study was to compare the effects of test anxiety and general self-efficacy on the academic performance of male and female students. One hundred seventy-five male and one hundred seventy-five female students were polled. Self-efficacy was found to be more predictive of academic success in male students, while test anxiety proved to be more predictive of success in female students.

Wang, C. M., Qu, H. Y., & Xu, H. M. (2015) set out to investigate the connection between female psychiatrists' social networks and their sense of professional competence. the survey was conducted on 140 women psychiatrists using social support scale and general self efficacy scale(GSE). Mental support, physical support and the use of such support are all positively correlated with self-efficacy in female psychiatrists. According to the research, the social support and self efficacy vary greatly with variation in age and education levels.

Solhi M, Kazemi S S, Haghni H.(2012) in their study, aimed to find the relationship between general health and self efficacy in women in Chaloos using descriptive cross-sectional- analytical study. A sample of 130 women were selected using random sampling. The result stated that a few women complained of physical symptoms, few had anxiety issues and sleep disorder, few of the women had impairment in social functioning and very few of them had some symptoms that indicated depression. In general, one third of women had some kind of health problems. The study concluded that There was a significant correlation between marital status and depression, general health and self-efficacy, and general health and self-worth.

Hunter, E. C.et al (2021) The study aimed at creating a measure of girl's menstrual confidence by development and validation of a self efficacy scale that addresses the menstrual needs. Focused group discussion were conducted with girls from rural and urban background in Bangladesh. The the result of the study indicates that the self efficacy scale that was developed indicated a negative correlation with girls who chose to stay at home during their periods also scored lower on anxiety tests.

## METHODOLOGY

### AIM OF THE STUDY

To find the effect of menstrual symptoms on anxiety and self-efficacy

### RESEARCH OBJECTIVE

- To analyze the relationship between menstrual symptoms and anxiety.
- To analyze the relationship between menstrual symptoms and self efficacy.
- To provide recommendations for lower anxiety and higher self efficacy in menstruating females.

## HYPOTHESES

H1: There is a significant positive relationship between congestive menstrual symptom on anxiety

H2: There is a significant positive relationship between congestive menstrual symptoms and self efficacy.

H3: There is a significant positive relationship between spasmodic menstrual symptoms and anxiety.

H4: There is a significant positive relationship between spasmodic menstrual symptoms and self efficacy.

## RESEARCH DESIGN

The researchers set out to establish a link between anxiousness, sense of competence, and self-esteem. menstrual symptoms (spasmodic and Congestive symptoms) along the efficiency with which menstrual symptoms predict anxiety and self-efficacy. In doing so, standardized tools have been used.

## SAMPLE

The sample consists of 80 females and the sampling design used is snowball and purposive sampling. The sample consists of females of the age group 18- 30, who menstruate.

## RESEARCH METHOD

The data was gathered using the Menstrual Symptoms Questionnaire, consisting 24 questions ( about the spasmodic and the congestive symptoms), Beck's Anxiety Inventory, consisting 21 items, General Self Efficacy Scale, consisting 10 items. Questionnaires were being given out in the message box and other locations to recruit young females from a wide range of backgrounds. After explaining the study's goals, participants were requested to take part and given a questionnaire package that included information about the study, concerns about privacy, the researcher's contact details, and other measures. Ten to fifteen minutes are needed to describe the instruments.

## RESEARCH INSTRUMENTS

### Menstrual Symptoms Questionnaire

Margaret Chesney and Donald L. Tasto developed the Menstrual Symptom Questionnaire to provide a reliable means of differentiating between the two types of dysmenorrhea (Painful menstruation symptoms), Spasmodic and Congestive Dysmenorrhea. It is vital to determine which type a woman has because therapy, mainly

hormone medication, varies greatly between the two. Items with scores between 1 and 5 are classified as Spasmodic. Items with congestion should be scored lower.

**Beck's Anxiety Inventory**

The Beck Anxiety Inventory (BAI) was developed by Aaron T. Beck and colleagues to assess the existence and severity of anxiety in both children and adults. It consists of 21 items, all of which are multiple-choice. The Beck Anxiety Inventory identifies the following symptoms as indicative of anxiety: tingling or numbness, excessive sweating for no apparent reason, and excessive preoccupation with catastrophic outcomes. Each of the 21 questions on the inventory has a four-point scale ranging from 0 (not at all) to 3 (very badly). Anxiety symptoms are more severe when the overall score is high.. The total score has a minimum of 0 and a maximum of 63.

**General Self Efficacy scale**

The General Self-Efficacy Scale is a 10-item psychometric tool used to assess an individual's belief in their own abilities and their resilience in the face of adversity.Since its development in 1981 by Matthias Jerusalem and Ralf Schwarzer in German, thousands of participants have taken part in several investigations utilising the scale. This optimism scale differs from others in that it places greater weight on the idea that positive outcomes can be attributed to one's own efforts. Each claim suggests competent handling of adversity and a constant internal attribution of success. Because of its status as a "operative construct" that is linked to subsequent behaviour, self-efficacy is seen as important in therapeutic treatment and bringing about change in one's way of living.

## RESULTS

***TABLE 1:*** *Descriptive Analysis*

| Variable | *n* | *M* | *SD* |
|---|---|---|---|
| 1. Self-efficacy | 80 | 30.25 | 4.98 |
| 2. Anxiety | 80 | 18.98 | 11.69 |
| 3. Spasmodic | 80 | 35.36 | 8.406 |
| 4. Congestive | 80 | 34.91 | 8.008 |

The mean and standard deviation of self-efficacy found to be 30.25 and 4.98, for anxiety mean and standard deviation are 18.98 and 11.69, for spasmodic, it is 35.36 and 8.406 and for congestive symptoms 34.91 and 8.008 are the mean and standard deviation respectively

***TABLE 2-*** *Correlation between self-efficacy, anxiety, and menstrual symptoms (spasmodic, Congestive symptoms) are given below-*

| Variable | Self-efficacy | Anxiety | Spasmodic | Congestive |
|---|---|---|---|---|
| 1.Self-efficacy | — | | | |
| 2. Anxiety | -.319** | — | | |
| 3. Spasmodic | -.151 | .501** | — | |
| 4. Congestive | -.230* | .592** | .644** | — |

** We find a 0.01 (2-tailed) level of significance for a correlation.
* At the 5% (2-tailed) level of significance, a correlation exists.

The Pearson's correlation between self-efficacy and anxiety came out to be r= -.319(significant at 0.01 level), correlation between spasmodic symptoms and anxiety came out to be significant at 0.01 level, r= .501 and with other dimension of menstrual symptoms i.e., congestive with anxiety it also came out to be significant r=.92(significant at 0.01 level). Spasmodic symptoms when correlated self-efficacy came out to be insignificant, r=-.151 whereas Congestive symptoms with self-efficacy came out to be significant at 0.01 level, r=0.501.

Therefore H1, H2 and H3 has been supported but H4 came out to be insignificant.

Table 2- *Impact of Congestive symptoms on Anxiety has been show below-*

| Effect | Estimate | *SE* | Adj R | *p* |
|---|---|---|---|---|
| Predictor | | | | |
| Anxiety [a] | 9.486 | 3777.8 | .342 | .000 |
| Congestive [b] | | 7019.17 | | |

*Note*. total *N* = 1,2=78; a = dependent variable, b = constant(predictor)

According to table 2, Congestive symptoms significantly predicts anxiety scores, b = .864, t =6.49, p<.01, Congestive symptoms also explains a significant proportion of variance in anxiety scores, $R^2$=.342, F (1,78) = 41.98, p=.000.

**Table 3**

*Impact of Congestive symptoms on Self-efficacy has been show below-*

| Effect | Estimate | *SE* | Adj R | *p* |
|---|---|---|---|---|
| Predictor | | | | |
| Self-efficacy [a] | 4.884 | 2.457 | .041 | .040 |
| Congestive [b] | | .069 | | |

*Note*. total *N* = 1,2=78. a = dependent variable, b = constant(predictor)

According to table 3, Congestive symptoms significantly predicts self-efficacy scores, b= -.230, t =-2.092, p<.01, Congestive symptoms also explains a significant proportion of variance in self-efficacy scores, $R^2$= .053, F (1,78) = 4.376, p=.040.

**Table 4**

*Impact of Spasmodic symptoms on Anxiety has been shown below-*

| Effect | Estimate | *SE* | Adj R | *p* |
|---|---|---|---|---|
| Predictor | | | | |
| Anxiety [a] | 10.18 | 4.952 | .241 | .000 |
| Spasmodic [b] | | .136 | | |

*Note*. total *N* = 1,2=78. a = dependent variable, b = constant(predictor)

According to table 4, Spasmodic symptoms significantly predicts anxiety scores, b= -5.643, t =5.11, p<.01, Spasmodic symptoms also explains a significant proportion of variance in anxiety scores, $R^2$= .251, F (1,78) = 26.11, p=.000.

**Table 5**

*Impact of Spasmodic symptoms on Anxiety has been shown below-*

| Effect | Estimate | *SE* | Adj R | *p* |
|---|---|---|---|---|
| Predictor | | | | |
| Self-efficacy [a] | 4.96 | 2.413 | .010 | .180 |
| Spasmodic [b] | | .066 | | |

*Note*. total *N* = 1,2=78. a = dependent variable, b = constant(predictor)

According to table 4, Spasmodic symptoms insignificantly predicts self-efficacy scores, b= -.151, t =-1.352, p<.01, Spasmodic symptoms also explains a insignificant proportion of variance in self-efficacy scores, $R^2$= .023, F (1,78) = 1.828, p=.180.

Therefore H1, H2 and H3 has been supported but H4 came out to be insignificant.

## DISCUSSION AND CONCLUSION

Anxiety is one of the most common problems affecting people's mental health. "Menstrual symptoms can include acne, constipation, diarrhea, fatigue, fluid retention, headaches, insomnia, increased sex drive, joint or muscle pain, anxiety, bursts of energy, cravings for sweet or salty foods, a feeling of loss of control, irritability, poor concentration, and tension." The majority of women experience some combination of these menstrual symptoms. Women who are particularly sensitive to changes in "gonadal hormone levels, such as the loss of estrogen or progesterone in the late luteal phase and during the menstrual cycle", are more likely to experience premenstrual symptoms than other women. Premenstrual symptoms are also known as perimenstrual syndrome. In women who suffer from premenstrual dysphoric disorder, there is an observable presence of the biological markers of susceptibility to anxiety as well as sensitivity to cognitive anxiety which lead to decrease in their self-efficacy, self-esteem etc.

This study aims to clarify not only whether or not menstrual symptoms (namely spasmodic and congestive symptoms) are predictive of anxiety and self-efficacy, but also the nature of this association. Using the snowball method and systematic sampling, we were able to collect data from 80 participants. purposive sampling methods, and the variables were measured with the help of a standardized questionnaire. To find out the correlation Pearson's bivariate correlation and linear regression has been used with the help of SPSS version 26.0.

Hypothesis which stated there will be a significant relationship between menstrual symptoms (Spasmodic and Congestive symptoms) with self-efficacy and anxiety. The findings revealed that there is significant correlation between congestive symptoms with self-efficacy and anxiety but spasmodic symptoms do not show any significant relationship with self-efficacy whereas has significant relationship with anxiety. The result findings have been supported and contradict by some of then previous literature which has been discussed below.

A study conducted by Iqbal, Aljanoubi, alzarah & Slrashedi (2021) the purpose of this study is to shed light on the significance of the menstrual cycle phase in the development of anxiety in Saudi women. "Frequencies and the Chi-squared test were used to analyse the data. If the P-value was less than 0.05, the results were considered significant. The results showed that 56.4% of women experience some form of anxiety in the days leading up to or during their menstrual cycles. Seventy-six percent of women reported experiencing anxiety before their periods began, 28% during their periods, and 16% afterwards. Monthly anxiety was reported by 42.1%, menstrual suppression by 46.6%, and menstrual length change by 23.7%. While just 14.1% of women experience panic episodes during their period, 38.4% of women report difficulty sleeping the night before their period. The

menstrual cycle is negatively impacted by anxiety and stress. Anxiety significantly increased the length of the menstrual cycle, the intensity of bleeding, and the frequency of menstrual prophylaxis."

There is very limited study found of self-efficacy and menstrual symptoms, no research has been done earlier on these variables some studies showed the anxiety and premenstrual with different variables and their role play highlights the interplay between premenstrual progesterone and its metabolite, allopregnanolone, and the cognitive vulnerability for Panic disorder, anxiety sensitivity, and the behavioural and physiological responses to stress. This partnership is hypothesised as a potential female-specific mechanism in the genesis and upkeep of anxiety and panic disorders. In order to better customise interventions for women who appear with anxiety and panic problems, it may be helpful to screen for menstrual cycle variations in the clinic. In particular, premenstrual therapy intensification may be helpful for women whose panic symptoms worsen before menstruation.

The menstrual reactivity hypothesis states that some women accurately report more severe and more frequent period symptoms than other women do.

The results of the present study would be helpful in determining whether or not there is a connection between menstruation symptoms and various life outcomes for women. Findings from this study would be helpful to researchers, health professionals, medical practitioners, and policy makers in their efforts to understand the dynamics of menstruation distress in young women.

The menstrual cycle in females tends to be defined by a significant degree of diversity in cycle length, with varying accompanying alterations in physiology and psychology of the individual, occurring throughout different phases of the cycle. The present study found a correlation between the menstrual symptoms and an increase in unfavorable psychological symptoms such as anxiety and low levels of self-efficacy in women. Premenstrual syndrome (PMS) is characterised by emotional and behavioural shifts in the days leading up to menstruation, specifically irritability, tension, mood swings, fatigue, and food cravings. Several days before a woman's period is due to begin, she may have premenstrual syndrome (PMS). The study also aimed to see how menstruation symptoms affected participants' sense of agency and their level of stress. During menstruation, women may have either spasmodic or congestive symptoms. Spasms of pain, analogous to labour pains, that start on day one of menstruation are a hallmark of spasmodic systems. Prior to the onset of menstruation, women may have congestive symptoms, which include dull, aching aches followed by lethargy and despair.. The research aiming to establish a correlation with the physiological aspect of menstrual symptoms (spasmodic and congestive) with the psychological levels of anxiety and self-efficacy. The findings supported the hypothesis and were found to demonstrate beyond doubt the significant impact of menstrual symptoms on anxiety and self-efficacy. The research established a positive significant relationship (p= .000) of congestive symptoms with anxiety which reflects that anxiety exhibits a direct relationship with menstrual symptoms; self-efficacy established a negative significant relationship (p= .040) with congestive symptoms, indicating an inverse relation between the two variables. On the other hand, a positive significant relationship (p= .000) has been observed between spasmodic

symptoms and anxiety indicating a substantial increase in the magnitude of symptoms would be effectively followed by an increase in anxiety which varies in every individual. This study did not probe into the relationship of spasmodic menstrual symptoms and self-efficacy, as the aforementioned remained insignificant.

In order to improve the standard of living for women of childbearing age, health providers should encourage healthy habits of self-care. Extreme emotional and physical distress, shocking and hurtful information, reluctance, humiliation, guilt and dread, a sense of illness, limit the being of a woman. Main correlates included behavioural, emotional, cognitive, gender identity, body image, residence, self-concept, quality of life, familial support, and social outcomes in alleviating feelings of anxiety and poor self-esteem

## LIMITATIONS & RECOMMENDATIONS

Like every scholarly work, the present study too has certain limitations like limited sample size, limited geographical area and questionnaires not adapted to Indian population. In order to overcome these limitations, it is recommended that future researches should have larger sample size, cover larger geographical area, and adapt the questionnaires to Indian population before administering them.

Although menstruation is a natural occurrence, the emotional pain it causes for certain women has its origins in the psychological and social norms they must contend with on a daily basis. Their happiness, sense of self, and future prospects are all profoundly affected. Future research could focus on confirming these results in a different cultural context, identifying additional social and psychological factors that contribute to community awareness of menstruation and hygiene management, and investigating the effects of these factors on women's sense of self, mental performance, stress levels, and problem solving. In addition, qualitative and mixed methodologies will be useful in uncovering the underlying causes and consequences of menstruation pain.

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