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# A Study on Autistic Girls During Menstrual Cycle; Age 9-14 Years

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#### I. Abstract

Menstrual cycle is commonly starts from at the age of 9 years for normal girls. But for the autistic girls it is risky to understand and deal with it. In this study, 150 girls have been studied from the age of 9-14 years. The methodology which is followed during this study was primary method to collect the information through the questionnaire and with the monthly assessments. The descriptive and regression analysis is been opted for the data analysis to get the better results. The results are showing that autistic girls are not aware of their menstrual cycle, they do not have any knowledge of how to deal with it, they have no knowledge of methods to be followed during this period and most importantly they were assisted by their mothers. This is measured by the method ACF, PC and LDSH.

**Keywords:** ACF, PC,LDSH, Menstrual Cycle, Autistics, Training, PAD.

### **II. Introduction**

The menstrual cycle day count begins on the first day of menstruation, when blood begins to flow from the vaginal opening. The duration of the menstrual cycle has been considered to be 28 days in this section (which is the average among women). The uterus sheds its inner lining of soft tissue and blood vessels which exits the body from the vagina in the form of menstrual fluid. Blood loss of 10 ml to 80 ml is considered normal. You may experience abdominal cramps. These cramps are caused by the contraction ofthe uterine and the abdominal muscles to expel the menstrual fluid. Most ladies get their first duration while they're among eleven and 14½, however everywhere from 9-sixteen years is taken into consideration normal. If a woman has a first-rate boom spurt and has grown a few underarm hair, durations are in all likelihood to be simply across the corner.ASD doesn't have an effect on while ladies begin their durations. Children with autism spectrum disorder (ASD) regularly want longer to modify to and apprehend modifications of their lives than commonly growing kids do<sup>5</sup>. Autism spectrum issues

(ASDs) are a collection of neurodevelopmental issues characterised with the aid of using middle deficits in 3 domains: social interaction, communication, and repetitive or stereotypic behavior. The diploma of impairment amongst people with ASD is variable, however the effect on affected people and their households is universally life-altering. The circumstance became to begin with defined withinside the U.S. and European scientific literature withinside the mid-1940s; however, references to people each fictional and ancient who reputedly meet the ASD medical profile pass again numerous centuries. Through the Nineteen Eighties ASDs have been believed to be rare, with a occurrence of no extra than five in keeping with 10,000 individuals and have been taken into consideration extra of an interesting medical catch 22 situation than a first-rate public fitness problem. Knowledge of menstrual care must consist of an knowhow of what menstrual waft will appearance like, that the waft is everyday for ladies, that it'll manifest for 5 or six days every month, and that unique hygiene abilities should be performed. Researchers have discovered using Social Stories to be very powerful for college kids not able to recognize this statistics thru conventional training. Social Stories is a tutorial technique the use of without difficulty understood statistics to offer college students with ASD an know-how of events, behaviors, and social policies for a extensive variety of situations. A full-size benefit of Social Stories is they permit for repeated evaluation of the equal statistics with out variation. A replica may be despatched domestic so mother and father also can evaluation the Social Story, in particular in context of private hygiene care. One issue of menstrual care now no longer addressed through studies is the refusal of a few ladies to put on sanitary pads because of sensory sensitivities. In such cases, a desensitization technique may be powerful so one can regularly divulge the pupil to carrying the pad. Having the pupil put on an increasing number of large or thicker sections of pads over a time frame can boom tolerance to the feeling of the pad. Begin with a completely small, skinny segment of the pad and regularly boom length and thickness because the pupil's tolerance improves.9 Preparing ladies for unbiased menstrual care calls for that they reap each expertise and talent acquisition. Menstrual care calls for new abilities in a non-public frame area, for this reason requiring stronger making plans and sensitivity for training. The commonly prevalent exercise is to start this education previous to the onset of menstruation.

# III. Review of Literature

Karley Cordova, (2020), Teaching Menstrual Care to a Student With Autism Spectrum Disorder in a School Setting. They stated that There is a lack of training for parents, school staff, and residential staff aimed at helping persons with intellectual disabilities acquire menstrual self-care skills. According to them Typically, information on menstrual care is learned

through television commercials, pamphlets, books, magazines, family members, and through health class in school. For students who do not learn through these methods, or have access to this information due to restricted educational settings, menstrual care education is limited or completely missing.

Amita Singh ,Arpita Singh ,et.al,(2018),Menstrual Pattern and Prevalence of Menstrual Disorders among Women and Adolescent Girls Residing in the Rural Area of Central India, Rewa, Madhya Pradesh, conducted a cross sectional study with total 171 participants & stated that Menstruation is a natural, normal biological process experienced by all adolescent girls and women in reproductive age. The aim of study was to determine the patterns of menstruation and identify the prevalence of common menstrual disorders among women of reproductive age groups residing in the rural areas and concluded that The age of menarche in majority of participants 79 (46.19%) was between 12-13 years; menstrual cycles were regular in 129 (75.43%) and irregular in 42 (24.56%) subjects.<sup>9</sup>

Rajanbir Kaur, Kanwaljit Kauret.al,(2018), Menstrual Hygiene, Management, and Waste Disposal: Practices and Challenges Faced by Girls/Women of Developing Countries, stated that menstrual cycle is recognized as a special period in a girl's life cycle which requires special attention. Menarche is an important biological milestone in a woman's life as it marks the onset of the reproductive phase of her life. The average age at menarche is mostly consistent across the populations, that is, between 12 and 13 years of age. Unfortunately, due to lack of knowledge on menstruation preparedness and management or due to shyness and embarrassment the situation becomes worse for girls<sup>10</sup>.

Farah Tarrannum, Najam Khalique Et.Al, (2018), A Community Based Study On The Age Of Menarche Among Adolescent Girls In Aligarh, stated that the age of menarche reflects the health status of a population. This marks the beginning of sexual maturation and is affected by various factors. This study measured the menarchial age of adolescent girls in Aligarh and explored the factors that could influence the onset of menarche. And concluded that the majority of study population had attained menarche between 12 to 14 years, socio-economic class and order of birth influences the age of menarche<sup>11</sup>.

Shabnam Omidvar, Fatemeh Nasiri Amiri et.al,(2018)A study on menstruation of Indian adolescent girls in an urban area of South India. A cross-sectional study was conducted on 536 healthy menstruating females aged 10–19 years. Standardized self-reporting questionnaires were used to obtain relevant data. The categorical data were analyzed using Chi-square or Fisher's exact test. Mean age of menarche was 13 ± 1.1 years with wide variations, i.e., 10–17 years. 73.1% had cycle duration of 21–35 days. More than half of them reported 5–6 days' duration of menstrual blood flow and 12% of the participants had >7 days of flow. Long blood flow duration was more prevalent in early than in late adolescence. 30.1% reported abundant blood loss. 66.8% had dysmenorrhea and no difference was observed between early and late adolescents. Menstrual cycles tend to be shorter in early adolescence period. They concluded that A comprehensive school education program on menarche and menstrual problems may help girls to cope better and seek proper medical assistance<sup>12</sup>.

L. Tondo, M. Pinna, et.al, (2017), Age at menarche predicts age at onset of major affective and anxiety disorders. They stated that Menarche denotes the onset of the female reproductive capacity. The age that menarche occurs is mostly attributed to the interaction of genetics and various environmental factors. Herein, the author describes the evolution of the age at menarche from prehistoric to the present times. Data from skeletal remains suggest that in the Paleolithic woman menarche occurred at an age between 7 and 13 years, early sexual maturation being a trade-off for reduced life expectancy. In the classical, as well as in the medieval years, the age at menarche was generally reported to be at approximately 14 years, with a range from 12 to 15 years. A significant retardation of the age at menarche occurred in the beginning of the modern times, soon after the industrial revolution, due to the deterioration of the living conditions, with most studies reporting menarche to occur at 15-16 years. In the 20th century, especially in the second half of it, in the industrialized countries, the age at menarche decreased significantly, as a result of the improvement of the socioeconomic conditions, occurring at 12-13 years. In the present times, in the developed countries, this trend seems to slow down or level off<sup>13</sup>.

Sebahat Altundag and Nazanet al ,(2016)Teaching menstrual care skills to intellectually disabled female students. Their study aimed at teaching pad replacement skills to

intellectually disabled adolescent female students during their menstruation periods by demonstrating on a dummy. According to them It may be difficult to make intellectually disabled adolescents achieve self-care during menstruation. In addition, there are difficulties experienced in explaining menstruation, such as physical changes and the practice of cleaning during this period. The study used a 'One group pretest and post-test model. The study was performed in a special educational institution. The population consisted of 77

JCR

female students in the high school section. Calculation of a sample size was not attempted, and 54 students with no attendance issues agreed to take part in the study and were included. They found that pad replacement training significantly changed the scores of mentally disabled adolescents before and after training, their training yielded positive results, and the population improved their skills at all stages of skill building. And concluded that Training adolescents with mental disabilities helped them gain hygiene habits. Performance of these trainings occurs at the beginning of menstrual hygiene education.

Jane tracy, Sonia grover et.al, (2016), Menstrual issues for women with intellectual disability. They stated that the approach to menstrual management in girls with intellectual disabilities should be the same as it is for other girls. Advice may need to be tailored according to the severity of the disability. Girls who can manage their own toilet hygiene can usually learn to manage their menses independently.

# IV. Objectives

- 1) To identify the difficulties associated with menstrual cycle in Autistic girls
- 2) To analyze the best suited methods for Autistics Girls during menstrual cycle.

# V. Methodology

Data Collection = The data is collected with the help of the Questionnaire in which there were three scales. i)

ACF, ii) LDSH and iii) PC.

Sample = Total number of girls were 130 in this study and they have been selected randomly.

Demographic Area = Ghaziabad, UP and NCR.

Method = Randomly Selection of the sample

Statistical Analysis Method = Descriptive Statistics and Multiple Regression Analysis with the help of Stata.

# VI. Analysis

# **ACF (Awareness and Command Following):**

- a= EDUCATION OF THE MOTHER
- **b= AGE OF MENARCHE**
- c= SHE AWARE WHY SHE HAS STARTED MENSTRUATING
- d= HAVE YOU INTRODUCED THE AWARENESS REGARDING MENSTRUATION
- e= ARE YOU ABLE TO MAKE HER UNDERSTAND THE CHANGES OCCURING IN HER BODY DURING ADOLESCENT PHASE
- **f= DOES SHE KNOW THE NAMES OF HER PRIVATE PARTS**
- g= DOES THE CHILD KNOWS THAT SHE SOILS HER CLOTHES DURING THOSE DAYS
- h= THE CHILD FOLLOW SIMPLE INSTRUCTIONS

**Table 1.0 Descriptive Statistics** 

A		b		$\boldsymbol{C}$		D		e		f		g		h	
	4.		4.99	Me	4.		4.	,	4.	7	2.1		4.393	/	1.6266
Mean	96	Mean	3333	an	_ 5	Mean	8	Mean	84	Mean	2	Mean	333	Mean	67
				Sta											
	0.			nda			0.		0.						
Stand	01	Stand		rd		Stand	03	Stand	03	Stand	0.0	Stand			
ard	60	ard	0.00	Err		ard	27	ard	28	ard	964	ard	0.070	Standard	0.0638
Error	54	Error	6667	or	0	Error	69	Error	78	Error	33	Error	724	Error	42
				Me					-						
Medi		Medi		dia		Medi		Medi		Medi		Medi			
an	5	an	5	n	5	an	5	an	5	an	2	an	5	Median	1
				Mo											
Mode	5	Mode	5	de	5	Mode	5	Mode	5	Mode	1	Mode	5	Mode	1
				Sta											
				nda											
Stand	0.	Stand		rd		Stand	0.	Stand	0.	Stand		Stand			
ard	19	ard		De		ard	40	ard	40	ard	1.1	ard		Standard	
Devi	66	Devia	0.08	viat		Devia	13	Devia	26	Devia	810	Devia	0.866	Deviatio	0.7818
ation	16	tion	165	ion	0	tion	4	tion	76	tion	59	tion	193	n	98

The above table 1.0 is showing the descriptive statistics of Awareness and Command Following the value are Mean, Median, Mode, Standard Error and Standard Deviation.

Table 2.0 Coefficients, Standard Error, t-Stat and p-Value

	Coefficients	Standard Error	t Stat	P-value
Intercept	22.74956	7.431895	3.061072	0.002638
A	-1.4655	0.550515	-2.66205	0.008662
В	-0.76607	1.292132	-0.59288	0.554207
C	0	0	65535	#NUM!
D	-0.11749	0.267695	-0.43889	0.661408
Е	0.319157	0.273699	1.166088	0.245534
F	0.008626	0.090089	0.095745	0.923858
G	-0.22413	0.126191	-1.7761	0.077858
Н	-0.08136	0.13866	-0.58676	0.558296

The above table 2.0 is showing the results for variables; a,b,c,d,e,f,g and h. The p-value of variable a is 0.0026 it means the p-value is significant because it is lower than the 0.05.

**Table 3.0 Regression Statistics** 

	S	
	Regression Statistics	
Multiple R		0.330479
R Square		0.109216
Adjusted R Square		0.058262
Standard Error		1.281389

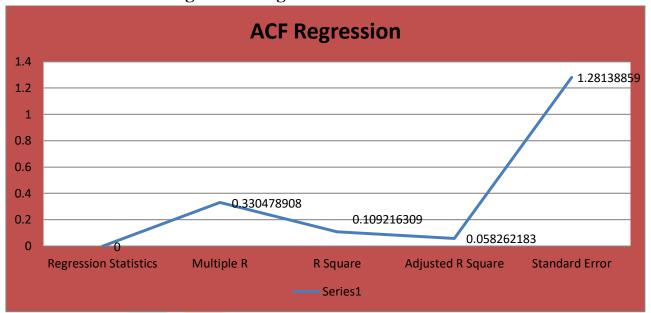


Figure 2.0 Regression Statistics of ACF

The above table 3.0 and figure 2.0 are showing the regression statistics of ACF. The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error.

## LDSH (LEVEL OF DEPENDENCY /SELF HYGEINE)

- a= IS SHE INDEPENDENT IN DRESSING HERSELF
- b= SHE COMFORTABLE IN WEARING PANTIES RATHER THAN BOXERS OR BLOOMERS?
- c= SHE KNOW THE CONCEPT OF PRIVACY FOR CHANGING CLOTHES AND USING TOILET MATERIALS
- d= DOES SHE KNOW HOW TO APPLY PADS?
- e=IS SHE COMFORTABLE WITH PADS PLACEMENT?
- f=HAS HER MENSTRUAL CARE TRAINING BEEN STARTED BY YOU/TRAINER/THERAPISTS?
- g= DO YOU FIND IT DIIFICULT TO TRAIN HER FOR GETTING READY FOR HER PERIODS?
- h= CAN SHE MAINTAIN MENSTRUAL HYGEINE INDEPENDENTLY?
- i= CAN SHE REACH FOR ABSORBENT MATERIAL BY HERSELF?
- j= WHAT SORT OF ABSORBENT MATERIALS ARE BEING PROVIDED BY YOU TO YOUR DAUGHTER?
- k= IS SHE HAVING THE CONCEPT OF CHANGING PADS AFTER REGULAR INTERVALS?
- 1= DO YOU GIVE HER SOAP ,WATER & ANTISEPTIC FOR CLEANING EXTERNAL GENITALIA?
- M= DO YOU PRACTICE RESRICTIONS DURING HER MENSES?

Table 4.0 Coefficients, Standard Error, t-Stat and p-Value

	Coefficients	Standard Error	t Stat	P-value
Intercept	10.21281	2.39653	4.261501	3.77E-05
A	-0.00938	0.110405	-0.08492	0.932453
В	0.27613	0.1694	1.63005	0.105405
c	0.025763	0.175591	0.146721	0.88357
d	0.069727	0.09239	0.754697	0.451736
e	0.112463	0.165209	0.680729	0.4972
f	0.097363	0.181384	0.53678	0.592296
g	-0.06019	0.211097	-0.28515	0.775965
h	0.191123	0.204218	0.935878	0.350995
i	0.033702	0.158192	0.213046	0.83161
j	0.026644	0.15727	0.169415	0.865722
k	-0.08739	0.143285	-0.60991	0.542937
1	-0.19356	0.159218	-1.21568	0.226211
m	-0.1286	0.087669	-1.46689	0.144714

The above table 4.0 is showing the results for variables; a,b,c,d,e,f,g,h,I,j,k,l and m. The p-value of variable a is 0.932 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable a. The p-value of variable b 0.1054 it means the p-value is insignificant because it is more than the 0.05.

**Table 5.0 Regression Statistics** 

D (P. 1997)	Regression Stati <mark>stics</mark>	
Multiple R		0.222941
R Square		0.049703
Adjusted R Square		-0.04113
Standard Error		1.352381

The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.2229 it means that there are correlation with dependent and independent variable. There is almost 22.22% positive relationship among all the dependent and independent variable.

# **PC(Psychological Command):**

#### **a=DOES SHE EXPRESS HER PAIN DURING THE DIFFICULT PHASE?**

b= HOW SHE EXPRESSES HER FEELINGS DURING THAT PHASE; DOES SHE REMAIN

#### c= SHE AWARE ABOUT ITS RE-OCCURENCE PERIODICALLY EVERY MONTH?

**Table 6.0 Descriptive Statistics** 

а		В		С	
Mean 2.046667		Mean	2.693333	Mean	4.626667
Standard Error	ndard Error 0.079335		0.10186	Standard Error	0.05479
Median	2	Median	3	Median	5
Mode	2	Mode	3	Mode	5
Standard Deviation	0.9716 <mark>56</mark>	Standard Deviation	1.24753	Standard Deviation	0.671037

The above table 6.0 is showing the Descriptive Statistics for PC-PSYCHOLOGICAL COMPONENT. The variables which are taken into consideration for the Psychological Component are; a, b and c. The mean value of variable a is 2.0466, standard error is 0.07933, median is 2, mode is 2 and standard deviation is 0.9716.

Table 7.0 Coefficients, Standard Error, t-Stat and p-Value

	<b>Coefficients</b>	Standard Error	t Stat	P-value
Intercept	12.01059	0.784642	15.30711	3.72E-32
a	-0.04341	0.115032	-0.37734	0.706471
b	-0.05076	0.088147	-0.57585	0.565604
c	-0.05351	0.167318	-0.31982	0.749565

The above table 7.0 is showing the coefficients, standard error, t-stat and p-value for the psychological component of autism patient during their menstrual cycle. The p-value of variable a is 0.706471 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable a.

**Table 8.0 Regression Statistics** 

Regression Statistics					
Multiple R	0.067885				
R Square	0.004608				
Adjusted R Square	-0.01584				
Standard Error	1.335855				

The above table 8.0 is showing the regression statistics for psychological component of autism patients. The regression statistics are Multiple R, R-Square, Adjusted R Square and Standard Error. The Multiple R is 0.0688 it means that there are correlation with dependent and independent variable. There is almost 6.88% positive relationship among all the dependent and independent variable. The R Square is 0.004608; it means that the changes in independent variable changes in its dependent variable. Therefore, R Square is showing 0.46% of changes in independent variable the dependent changes by 0.46% positively. The Adjusted R Square is -0.0158; it means the R Square is adjusted by the dividing the R Square by n-1, Which gives the exact correlation between dependent and independent variable. So, the relationship between dependent and independent variable is in negative but very less. The Standard Error is 1.3358; it means that the overall error is high which shows that the chances of error in PC variable a,b and c have possibility of error.

#### VII. Results

The results of the overall analysis are descriptive statistics of Awareness and Command Following the value are Mean, Median, Mode, Standard Error and Standard Deviation. The mean value of a variable is 4.96, standard error is 0.1060, median is 5, mode is 5 and standard deviation is 0.1966. The standard error depicts the error which has occurred during the study. And for the variable a standard error is 0.1060 which means for the variable-a there is a possibility of error is more. Chances are slightly higher of occurrence. The mean of variable b is 4.99, standard error is 0.0066, median is 5, mode is 5 and standard deviation is 0.08165. The standard error for variable b is 0.0066 which means the error occurrence chances are low for the variable b. There are less possibilities for the error occurrence of variable b. The mean of variable c is 5, standar<mark>d error is</mark> 0, median is 5, mode is 5 and standard deviation is 0. The standard error for variable c is 0. It means there are no chances of error for the variable c. The mean of variable d is 4.8, standard error is 0.0327, median is 5, mode is 5 and standard deviation is 0.4013. The standard error of variable d is 0.0327 which means the chances of error are there but very less. It may occur but do not have high tendency of occurring. The mean of variable e is 4.84, standard error is 0.0328, median is 5, mode is 5 and standard deviation is 0.4026. The standard error for the variable e is 0.0328 which means the chances of error are there but very less. It may occur but do not have high tendency of occurring. The mean of variable f is 2.12, standard error is 0.0964, median is 2, mode is 1 and standard deviation is 1.1810. The standard error for variable f is 0.0964 it depicts error which has occurred during the study. And for the variable a standard error is 0.0964 which means for the variable-a there is a possibility of error is more. Chances are slightly higher of occurrence. The mean of variable g is 4.3933, standard error is 0.0707, median is 5, mode is 5 and standard deviation is 0.8661. The standard error for the variable g is 0.0707. It means the chances of error are there but very less. It may occur but do not have high tendency of occurring. The mean of variable h is 1.6266, standard error is 0.0638, median is 1, mode is 1 and standard deviation is 0.7818. The standard error for the variable h is 0.0638 it depicts that the error occurrence chances are low for the variable h. There are less possibilities for the error occurrence of variable h.

The p-value of variable d is 0.661408 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable d. The p-value of variable e is 0.2455 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable e. The p-value of variable f is 0.9238 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable f. The p-value of variable g is 0.0778 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject the alternate hypothesis for variable g. The p-value of variable h is 0.5528 it means the p-value is insignificant because it is more than the 0.05. In this case the null hypothesis will be accepted and reject. The standard error for the variable h is 0.0.0476it depicts that the error occurrence chances are low for the variable h. There are less possibilities for the error occurrence of variable h. The

mean of variable j is 1.6333, standard error is 0.0593, median is 4, mode is 4 and standard deviation is 0.7273. The standard error for the variable j is 0.0593 it depicts that the error occurrence chances are low for the variable j. There are fewer possibilities for the error occurrence of variable j. The mean of variable k is 4.0066, standard error is 0.0651, median is 4, mode is 4 and standard deviation is 0.7984. Therefore, those variables have high standard error need more attention than those have lesser for variables; a,b,c,d,e,f,g,h,I,j,k,I and m.

#### VIII. Discussion

Various studies have been finished on menstruation care schooling but none has worked on the wholistic approach of occupational treatment. As we apprehend that menstruation is a difficult section for every girl; and for ladies in ASD it becomes extra difficult for them, mothers/care takers to take care of their menstrual problems mainly searching after absorbent material change at some point of such section. Up to 80% of women report having some symptoms and symptoms at a few level within side the most effective to two weeks proceeding to menstruation. Common symptoms and symptoms embody acne, tender breasts, bloating, feeling tired, irritability and mood changes. These symptoms and symptoms interfere with normal lifestyles and therefore qualify as premenstrual syndrome in 20 to 30% of women. In 3 to 8%, they are severe. All girls benefit from steerage in advance than the menarche to understand what is taking place in their body. This applies in addition to girls with intellectual disabilities. All girls need records furnished in techniques which may be appropriate to their diploma of know-how Autism doesn't have an impact on while girls start their periods. However, your daughter with autism may moreover take longer to modify and need greater useful resource with dealing with everything. It is important that you, as a parent, start this communication collectively together with your daughter early. Don't wait until it without a doubt takes place. Through this check we have got were given focused on multimodal occupational treatment intervention withinside the form of schooling menstrual care in autistic ladies. It will help to complete that occupational treatment intervention is an entire whole approach at the manner to help in future for ladies with autism and moreover their care takers. Although menarche and menstruation are overwhelmingly appeared as though it'd be bad for ladies with autism, girls health problems are despite the fact that beneathneath research withinside the place of autism. An important step to mitigate ability problems following menarche is to increase focus of menstruation related problems in adolescent ladies and their families and mainly step by step introduction of schooling method for a manner to take care of hygiene related to menstruation. The girls will be receiving sports like advent and focus approximately self care talents to sell independence, preserving hygiene, reduced sensitivity to sensation associated with self care, collaborate with dad and mom to growth self care expectancies at domestic as talents will improve, create organizational techniques for every day responsibilities & to plot for extra occasional obligations together with changing toiletries, growth knowledge of social contexts & suitable responses, coaching approximately periods, ache expression, idea of public and private, coaching of utility of absorbent materials & their disposal. Visual aids is probably created that allows you to include photographs of important hygiene products in conjunction with soap, deodorant and pads on the aspect of a seen image time table of each step in their use. In addition, this ee-ebook can help to choose out the devices she may be capable of need for a particular task. For remembering what to wash, we'll be putting a laminated movement time table withinside the shower. It should show which step comes after which.A seen time table will help themthrough the steps needed to change pads. Slip a pocket-duration version of this time table in her "pad purse." Keeping a few different in a folder in thebathroom. The time table will include reminders to check and change pads at set periods at a few degree withinside the day. For school, we'd need to growth a plan with their teachers that offer them a smooth way to request the ones breaks.

For helping in dealing with the time and self help skills to extrade pads after intervals; a song CD equal to the time frame she must take to take care of her personal care like changing the pads, washing genitalias is probably created. Each track extrade withinside the CD can signal that it's time to move to the subsequent step on the schedule. Mothers are probably there to act as co-therapist to can create hygiene kits for particular

tasks. On the outdoor of each box, putting a image illustrating the venture along with pix or a list of the devices withinside the box. For example, a hygiene package deal for menstrual hygiene will include a clean panty, sanitary pads, clean towel, cleansing cleaning soap or sanitizer. As girls enter puberty, they may need to wash and wash their non-public additives extra frequently. This can be difficult for humans with sensory issues spherical the feel of water. In that case we might ask their mothers to permit her wash her organs with a soft sponge.

### Conclusion.

An important step in mitigating potential post-menarche problems is to raise awareness of menstrual problems in adolescent girls and their families, and gradually introduce hygiene education processes, especially those related to. During my study, 80% of ASD parents were convinced of how to handle their child in that face and how to end his problem. I applied this protocol to this way every day; every activity will be done once daily. Monthly assessment in terms of progress will be done. For a single absent (per day), the number of hours will be compensated within a week. To accomplish this purpose a co-therapist will be taken from student's family (could be mother or siblings) Visual aids will be created which will include images of important hygiene products such as soap, deodorant and pads along with a visual picture schedule of each step in their use. In addition, this book can help to select the items she will need for a particular task. For remembering what to wash; we'll be hanging a laminated action schedule in the shower. It would show which step comes after which. A visual schedule will help themthrough the steps needed to change pads. Slip a pocket-size version of this schedule in her "pad purse." Keeping another in a folder in the bathroom. The schedule will include reminders to check and change pads at set intervals during the day. For school, we might need to develop a plan with their teachers that provide them an easy way to request these breaks. To help manage time and selfhelp skills to extrapolate bearings after intervals; probably a CD of a song is created equal to the time it takes to take care of personal care such as changing sanitary napkins, washing his genitals.

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