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ANNEXURE I

STUDENT CONSENT FORM

Use of questionnaires' for students

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information. The purpose of the research is to study the Attitude towards Menstruation, level of Perceived Stress and Psychological Well-being and enhance the level of healthy and favourable Menstrual Attitude, Psychological Well-being and reduce Perceived Stress.

STUDY PROCEDURE

You will be given three tests of paper-pencil type along with socio demographic profile. You need to respond to all the items in the tests. There is no risk in undertaking the study. There will be no direct benefits to you for your participation in this study. Your responses to the question will be anonymous and kept confidential. Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign this form. You are free to withdraw at any time and without giving any reason. There are no costs to you for your participation in this study.

CONSENT

"By signing this consent form, I confirm that I have read and understood the information and have the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study conducted by Ms. Srinithi A.M. Pursuing P.hD in Counselling Psychology.

Name of the participant:

Signature :

Place :

Date :

ANNEXURE II

SOCIODEMOGRAPHIC STATUS PROFILE

NAME :

AGE :

EDUCATION :

AREA : Rural/ Semi Urban/ Urban

I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

ANNEXURE III

Menstrual Attitude Questionnaire (Brooks, Gunn and Ruble. 1980)

Given below are some statements. Please read them carefully and indicate on the 7 point scale given, how strongly you agree or disagree with the statement.

Strongly disagree-1, strongly agree-7. These are the two extremes with 2 to 6 showing intermediate stages of agreement.

S.No	**Statements**	1	2	3	4	5	6	7
1	Women are more tired than usual when they are menstruating.							
2	Menstruation is something I have to put up with.							
3	Menstruation allows women to be more aware of their bodies.							
4	I can tell that my period is approaching because of backache, breast tenderness, cramps or other physical signs.							
5	Others should not be critical of a woman who is easily upset before or during her menstrual period.							
6	A woman's performance in sports is not negatively affected by menstruation.							
7	In some ways I enjoy my menstrual periods.							
8	Menstruation provides a way for me to keep in touch with my body.							
9	I have learned to anticipate my menstrual period by the mood changes that precede or come before.							
10	Cramps (stomach pains) are bothersome only if one pays attention to it.							
11	I expect extra consideration from my friends when I am menstruating.							
12	Men have a real advantage in not having the monthly interruption of a menstrual period.							

13	Menstruation is reoccurring affirmation of womanhood							
14	My own mood is not influenced in any major way by the phase of my menstrual cycle.							
15	A woman who attributes her irritability to her approaching menstrual period is neurotic.							
16	The physiological effects of menstruation are normally no greater than other usual fluctuations in physical state.							
17	I hope it will be possible some day to finish a menstrual							
18	Menstruation is an obvious example of the rhythmicity which pervades all life.							
19	I am more easily upset during my premenstrual or menstrual periods than at other days of the month.							
20	I barely notice the minor physiological effects of my menstrual period.							
21	I feel as fit during menstruation as I do during any other day of the month.							
22	The only thing menstruation is good for, is that it lets a woman know that she is not pregnant.							
23	The recurring monthly flow of menstruation is an external indication of a woman's general health.							
24	Most women show a weight gain just before or during Menstruation							
25	Women who complain of menstrual distress are just using that as an excuse.							
26	I don't allow the fact that I am menstruating to interfere with my usual activities.							
27	Avoiding certain activities during menstruation is often very wise.							
28	I don't believe my menstrual period affects how well I							

	do on intellectual tasks.							
29	I realize that I cannot expect as much of myself during menstruation compared to the rest of the month.							
30	Women just have to accept the fact that they may not perform as well when they are menstruating.							

ANNEXURE IV

Perceived Stress Scale (Cohen et al, 1983)

For the below mentioned questions indicate how often you agree with the following statements. Place a tick mark (✓) next to each item that shows how much you agree with it.

S.No	Statements	Never	Almost never	Sometimes	Fairly Often	Very often
1	In the last month, how often have you been upset because of something that happened unexpectedly?					
2	In the last month, how often have you felt that you were unable to control important things in your life?					
3	In the last month, how often have you felt nervous and "stressed"?					
4	In the last month, how often have you dealt successfully with irritating life hassles?					
5	In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?					
6	In the last month, how often have you felt confident about your ability to handle your personal problems?					
7	In the last month, how often have you felt that things were going your way?					
8	In the last month, how often have you found that you could not cope with all the things that you had to do?					
9	In the last month, how often have you been able to control irritations in your life?					
10	In the last month, how often have you felt that you were on top of things?					

11	In the last month, how often have you been angered because of things that happened that were outside of your control?					
12	In the last month, how often have you found yourself thinking about things that you have to accomplish?					
13	In the last month, how often have you been able to control the way you spend your time?					
14	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?					

Reference

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). Perceived Stress Scale

ANNEXURE V

Psychological Well Being Scale (Ryff, 2013)

1. "I like most parts of my personality."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

2. "When I look at the story of my life, I am pleased with how things have turned out so far"

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

3. "Some people wander aimlessly through life, but I am not one of them."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

4. "The demands of everyday life often get me down."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

5. "In many ways I feel disappointed about my achievements in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

6. "Maintaining close relationships has been difficult and frustrating for me."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

7. "I live life one day at a time and don't really think about the future."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

8. "In general, I feel I am in charge of the situation in which I live."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

9. "I am good at managing the responsibilities of daily life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

10. "I sometimes feel as if I've done all there is to do in life."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

11. "For me, life has been a continuous process of learning, changing, and growth."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

12. "I think it is important to have new experiences that challenge how I think about myself and the world."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

13. "People would describe me as a giving person, willing to share my time with others."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

14. "I gave up trying to make big improvements or changes in my life a long time ago"

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

15. "I tend to be influenced by people with strong opinions"

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

16. "I have not experienced many warm and trusting relationships with others."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

17. "I have confidence in my own opinions, even if they are different from the way most other people think."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

18. "I judge myself by what I think is important, not by the values of what others think is important."

Strongly agree	Somewhat agree	A little agree	Neither agree nor disagree	A little disagree	Somewhat disagree	Strongly disagree

ANNEXURE VI

Institutional Ethical Clearance Form

INSTITUTIONAL HUMAN ETHICS COMMITTEE

Avinashilingam

Institute for Home Science and Higher Education for Women
(Deemed to be university under Category 'A' by MHRD, Estd. u/s 3 of UGC Act 1956) Re-accredited with 'A^{++}' Grade by NAAC.
Recognised by UGC Under Section 12 B
Coimbatore- 641043, Tamil Nadu, India

Chairman
Dr.Sudha Ramalingam
Director – Research and Innovation
Professor- Community Medicine,
PSG Institute of Medical Sciences
&Research, Coimbatore

Member Secretary
Dr. A Thirumani Devi
Professor
Department of Food Science and Nutrition

Members
Mr. K. Arulmoli (Legal Expert)
Dr. Subashini K. Sripathi
Dr. A Saraswathy (Medical Officer)
Ms. D. Kavitha
Dr. A R Sudamani Ramasamy
Dr. G. Victoria Naomi
Dr. Judith Justin
Dr. Anitha Subash
Dr. K. Sampath Rani

05.01.2023

To
Ms. Srinithi, A.M.
Department of Psychology
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore- 641043

DearSrinithi,

Ref: Your proposal No. IHEC/22-23/PSY-28 entitled "Enhancing Favourable Menstrual Attitude using Yoga and Psychoeducation among Adolescent Girls'' submitted for approval of IHEC on 19.11.2022.

The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No.IHEC/22-23/PSY-28 entitled "Enhancing Favourable Menstrual Attitude using Yoga and Psychoeducation among Adolescent Girls" submitted by you. The Approval number for the same is AUW/IHEC/PSY-22-23/XMT-28.

We wish you all the best in your research endeavours.

Regards

5.1.23

Dr. A Thirumani Devi
Member Secretary

Institutional Human Ethics Committee

ANNEXURE VII

PLAGARISM REPORT

Avinashilingam Institute for Home Science and Higher Education for Women
(Deemed to be University Estd. u/s 3 of UGC Act 1956, Category A by MHRD)
Re-accredited with 'A++' Grade by NAAC.CGPA 3.65/4, Category I by UGC
Coimbatore – 641 043, Tamil Nadu, India

PLAGIARISM CHECK REPORT (THESIS)

1.	Name of the Research Scholar	Srinithi, A.M
2.	Roll No. and Year of Registration	20PHCPP002, 2021
3.	Department	Psychology
4.	Name of the Research Guide	Dr. S. Gayatridevi
5.	Title of the Thesis / Dissertation	Enhancing Favourable Menstrual Attitude using Yoga and Psychoeducation among Adolescent School Girls
6.	Similarity Content (%) Identified	**6%**
7.	Software Used	Turnitin
8.	Date of Verification	22-05-2025

Note : The report is excluding 14 Consecutive words, Review of Literature and Quoted Materials.

Checked by :

22/5/25
Information Scientist

Research Scholar

22.05.25
Assistant Librarian

S. Gayatridevi 22.5.25
Research Guide

Date: 22-05-2025

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Submission author:	Adu Library
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File name:	Plagarism_Check_Srinithi_A_M_ch1,3-5.docx
File size:	5.01M
Page count:	131
Word count:	31,234
Character count:	189,576
Submission date:	22-May-2025 02:58PM (UTC+0530)
Submission ID:	2676391159

ENHANCING FAVOURABLE MENSTRUAL ATTITUDE USING
YOGA AND PSYCHOEDUCATION AMONG ADOLESCENT SCHOOL GIRLS 1

Chapter 1

Introduction

"Menstruation is a complex biopsychosocial phenomenon involving cyclical physiological changes in the female reproductive system which is accompanied by psychological responses and possess sociocultural meanings, which together influence how individuals experience, interpret and manage their menstrual cycles" (Chrisler, 2011).

Menstruation is a natural biological process that signifies an important stage in the growth of adolescent girls, representing their transition into womanhood. It is a universal experience, yet discussions around menstruation are often limited due to stigma, traditional myths, and deep-rooted misconceptions. These issues are particularly pronounced in low-income and culturally conservative settings (Sommer et al., 2015). The negative societal attitudes can significantly affect young girls' emotional, psychological, and physical health, potentially lowering their self-esteem, disrupting academic progress, and diminishing overall quality of life (Hennegan et al., 2019). In many communities, limited access to menstrual health education and the dominance of silence and shame surrounding the topic leave adolescent girls inadequately prepared to manage this important aspect of their development (Bobel, 2018).

Adolescence, being a phase of intense physical, cognitive, and emotional growth, provides a critical opportunity for shaping health-related attitudes and behaviours (Patton et al., 2016). Promoting menstrual health awareness and nurturing a positive perception of menstruation during this period are essential steps in helping girls gain confidence and maintain dignity as they mature (House et al., 2012). The conventional menstrual education usually focus narrowly on the biological side ,overlooking the psychological and emotional dimensions that are equally important (Koff & Rierdan, 1995). This traditional ways of dealing with menstrual health and education highlights the importance of adopting a more holistic approach that integrates both physical and mental health perspectives into menstrual education.

"Yoga, an ancient practice that combines mindful movement, controlled breathing, and meditation, has increasingly been acknowledged for its wide-ranging benefits on both physical and mental health" (Ross & Thomas, 2010). Research evidences prove that yoga can help individuals manage stress, regulate emotions and develop better self-awareness all of which may contribute to healthier attitudes toward menstruation (Field, 2016). The yoga practices when paired with psychoeducation, offers structured learning to address psychological challenges, yoga can become a comprehensive intervention to reconstruct negative menstrual attitudes and encourage a more open mindset (Khalsa et al., 2012). Menstrual health concerns

Enhancing Favourable Menstrual Attitude using Yoga and Psychoeducation among Adolescent School Girls

by Adu Library

Submission date: 22-May-2025 02:58PM (UTC+0530)
Submission ID: 2676391159
File name: Plagarism_Check_Srinithi_A_M_ch1,3-5.docx (5.01M)
Word count: 31234
Character count: 189576

Enhancing Favourable Menstrual Attitude using Yoga and Psychoeducation among Adolescent School Girls

ORIGINALITY REPORT

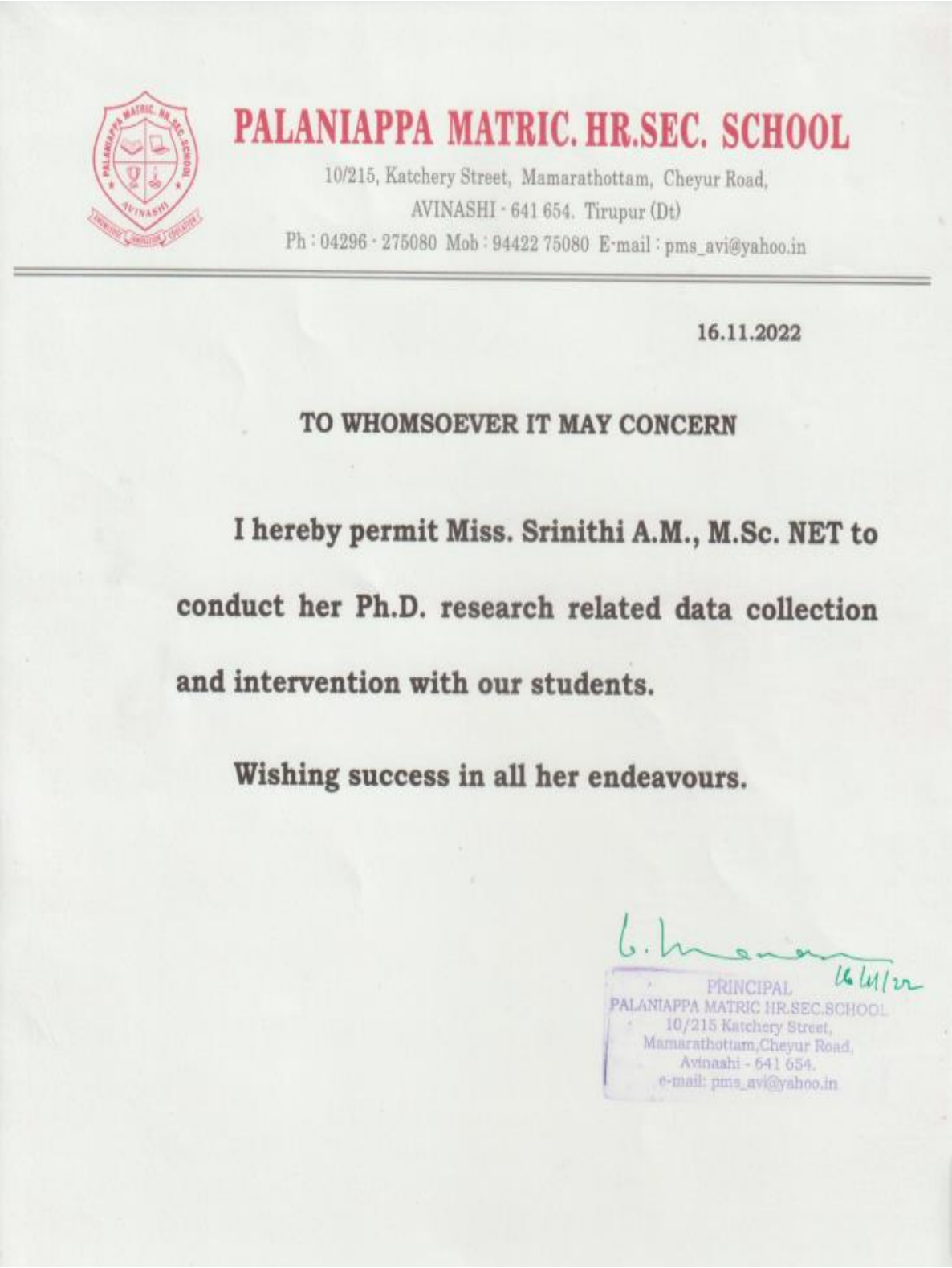
6%	4%	5%	2%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Yaser Mohammed Al-Worafi. "Handbook of Complementary, Alternative, and Integrative Medicine - Education, Practice and Research: Volume 5: Disease Focused Efficacy and Safety Profiles: Psychiatric, Infectious, Skin, Hematologic, Oncologic, Urologic and Special Population Diseases/Disorders", CRC Press, 2025 Publication	<1%
2	Submitted to University of Minnesota System Student Paper	<1%
3	"Abstracts of Award-Winning Posters, 19th International Forum on Mood and Anxiety Disorders, Virtual Edition, July 22–24, 2021", Neuropsychobiology, 2021 Publication	<1%
4	www.oiirj.org Internet Source	<1%
5	Paul Kinnear, Colin Gray. "SPSS 12 Made Simple", Psychology Press, 2019 Publication	<1%
6	Tamiru Yazew, Chala. G. Kuyu, Girma Beressa, Getu Seyoum. "Effect of nutrition education on dietary diversity and academic achievement among adolescent school girls in North Shoa Zone, Oromia, Ethiopia", Nutrition, 2024	<1%

ANNEXURE VIII

PERMISSION LETTER FROM SCHOOL



PALANIAPPA MATRIC. HR.SEC. SCHOOL

10/215, Katchery Street, Mamarathottam, Cheyur Road,
AVINASHI - 641 654. Tirupur (Dt)
Ph : 04296 - 275080 Mob : 94422 75080 E-mail : pms_avi@yahoo.in

16.11.2022

TO WHOMSOEVER IT MAY CONCERN

I hereby permit Miss. Srinithi A.M., M.Sc. NET to conduct her Ph.D. research related data collection and intervention with our students.

Wishing success in all her endeavours.

PRINCIPAL
PALANIAPPA MATRIC HR.SEC.SCHOOL
10/215 Katchery Street,
Mamarathottam,Cheyur Road,
Avinashi - 641 654.
e-mail: pms_avi@yahoo.in

ANNEXURE IX

ACKNOWLEDGEMENT FROM SKY YOGA CENTRE

வாழ்க வையகம் குரு அருள் வாழ்க வளமுடன்

அறிவுத் திருக்கோயில்

அவிநாசி மனவளக்கலை மன்றம் அறக்கட்டளை

உலக சமுதாய சேவா சங்கத்துடன் இணைக்கப்பட்டது. இணைப்பு எண் : 233

தலைவர் :	செயலாளர் :	பொருளாளர் :
அ/நி. S. சந்திரசேகரன்	அ/நி. M. மோகனசுந்தரம்	அ/நி. R. மாதேஸ்வரி
95249 91608	95244 92649	94425 24133

To Whomsoever it may Concern

The Avinashi Arivu Thiru Kovil (Temple of Consciousness) is dedicated to promoting inner peace, holistic well-being, and the betterment of humanity through the practices of Simplified Kundalini Yoga, introspection, and spiritual education. The temple recognizes and wholeheartedly supports the research entitled ***"Enhancing Favourable Menstrual Attitude Using Yoga and Psychoeducation Among Adolescent School Girls."*** This important study aligns with the vision of the Temple of Consciousness by fostering a holistic approach to addressing physical, emotional, and mental health challenges faced by young girls. By integrating yoga and psychoeducation, this research not only aims to enhance menstrual attitudes but also strives to cultivate psychological well-being and reduce stress in adolescence—a pivotal stage in life. The Temple of Consciousness extends its blessings and best wishes to **Ms. Srinithi, A.M.** pursuing part time Ph.D. in Counselling Psychology at Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore for the successful completion of this research, with the hope that its outcomes will positively impact the lives of many and contribute to the larger vision of societal harmony and wellness.

அவிநாசி மனவளக்கலை மன்றம்
அறக்கட்டளைக்காக

4/5/23

தலைவர் /செயலாளர்/பொருளாளர்

/214, கச்சேரி வீதி, மாமரத்தோட்டம், அவிநாசி 641654. செல் : 93849 50042, 93849 50043

ANNEXURE X

(ITEM NO. 5 OF CHECK LIST)

Avinashilingam Institute for Home Science and Higher Education for Women
(Deemed to be University Estd. u/s3 ofUGCAct1956,Category'A'byMHRD Re-accredited with A++ Grade by NAAC. CGPA 3.65/4, Category I by UGC
Coimbatore - 641 043, Tamil Nadu, India

Appendix L2

(Item No 5 of CheckList)

Details of Research Publications

S.No	Article	Journal	OtherDetails Vol/No/Page No/ Year	PublishedinUGC- CARE / Scopus Indexed/ Web of Science
1	Effect of Yoga and Psychoeducation on Menstrual Attitude and Premenstrual Syndrome among Adolescent School Girls	INSPA Journal of Applied and School Psychology	Vol.VI.No.1, 495-505/2024	UGC CARE
2	Effectiveness of Yoga and Psychoeducation on Menstrual Attitudes, Psychological Well-being and Stress reduction among Undergraduate Students	Journal of Indian Academy of Applied Psychology	Acceptance Received	UGC CARE

*Proof of list of Journals from Internet to be attached along with copies of reprints.

Scholar : D. Ll Shru

Supervisor : S. Gayatridevi 12/12/24

S. Gayatridevi 12/12/24

12.12.2024

Checked By:

HoD/Dean of Respective School

The Scholar Miss. Sainithi, A.M. has published/got acceptance from the following journals:

1. INSPA Journal of Applied and School Psychology - indexed in UGC Care Group I
2. She got acceptance from the journal "Journal of the Indian Academy of Applied Psychology" - indexed in UGC Care Group I.

This may be considered.

12.12.2024.

Asst. Librarian

© INSPA JOURNAL OF APPLIED AND SCHOOL PSYCHOLOGY
October 2024, Vol.VI, No.1, 495-505

ISSN (3048-698X) print
RNI No. PONENG/2019/80436
UGC CARE Listed

Effect of Yoga and Psychoeducation on Menstrual Attitude and Premenstrual Syndrome among Adolescent School Girls

Srinithi A M and Gayatridevi S
Avinashilingam Institute for Home Science and Higher education for Women

Premenstrual Syndrome (PMS) and negative menstrual attitudes are prevalent issues among adolescent school girls, impacting their physical, emotional, and educational well-being. This study aims to evaluate the effectiveness of yoga and psychoeducation in developing favourable menstrual attitudes and reducing the severity of PMS in adolescent school girls. Forty adolescent school girls were chosen to participate in the before-after intervention study. Menstrual Attitude Questionnaire and Pre-Menstrual Syndrome Questionnaire was used to collect data. Yoga in the form of Simplified Physical exercises by Vethathri Maharishi paired with Psychoeducation was the intervention provided to the research participants. The results were analysed using SPSS-27. The findings suggest that yoga and psychoeducation are effective interventions for fostering favourable menstrual attitudes and reducing the severity of PMS symptoms among adolescent school girls.

Keywords: Menstrual attitude, premenstrual syndrome, simplified physical exercise

Adolescence is the age for hormonal shifts especially in females. In India, 71% of girls are not having the knowledge about the menarche The first experience of menstruation is often associated with shame, fear and agony. Several regional studies have also indicated that menstruating girls are not aware of the biological reasons associated with menstruation and in fact perceived menstruation to be a disease (Kumar and Srivastava,2011). The majority of Indian adolescent females attain menarche with ambiguity and they undergo physical discomfort with irritable emotional states. Myths and taboos related to menstruation are persisting in today's world and as a result of it the adolescent female learns, assumes and develops many unhelpful attitudes. A woman's reproductive life begins with menarche and menstruation becomes a part in one's life for at least 40 years or above. The enhancement of favourable menstrual attitude and reduced symptoms of pre menstrual syndrome enables holistic well-being in women. This experimental study would help females to develop favourable attitude towards menstruation and educate them on various essential factors related to menstrual health.

Menstrual Attitude

Menstrual attitude refers to the perceptions, beliefs, and feelings individuals have about menstruation. (Chrisler, 2011). These attitudes can be influenced by various factors, including cultural, social, and personal experiences. Understanding menstrual attitudes is important for promoting menstrual health and breaking down stigmas associated with menstruation.

Components of Menstrual Attitude

Cultural Influences

Cultural norms and traditions play a significant role in shaping menstrual attitudes. In many cultures, menstruation is

viewed negatively and is associated with taboos and restrictions. These cultural perceptions can affect how individuals feel about their own menstrual cycles (Chrisler, 2013).

Personal Experiences

Personal experiences, such as the age of menarche, education about menstruation, and experiences of menstrual symptoms, can shape an individual's attitude towards menstruation. Positive experiences and supportive environments can lead to more positive attitudes (Marván & Trujillo, 2010).

Education and Awareness

Education about menstruation, including accurate information about the menstrual cycle and menstrual health, can significantly influence attitudes. Comprehensive menstrual education can lead to more positive attitudes and reduce stigma and misconceptions (Kumar & Srivastava, 2011).

Psychological and Emotional Factors

Psychological and emotional factors, such as body image and self-esteem, can also impact menstrual attitudes. Women with higher self-esteem and positive body image are more likely to have positive attitudes towards menstruation (McPherson & Korfine, 2004).

Impact of Menstrual Attitudes

Negative attitudes towards menstruation can lead to feelings of shame and embarrassment, which may prevent individuals from seeking medical help for menstrual-related issues. Positive attitudes, on the other hand, can promote menstrual health and well-being.

Changing Menstrual Attitudes

Efforts to change menstrual attitudes include Implementing comprehensive menstrual education programs in schools to provide accurate information and dispel myths. Public awareness campaigns to raise awareness and normalize menstruation in society. Creating supportive environments where individuals can openly discuss menstruation without stigma.

Premenstrual Syndrome (PMS)

Premenstrual Syndrome (PMS) refers to a group of physical, emotional, and behavioural symptoms that occur in the luteal phase of the menstrual cycle, typically just before menstruation. These symptoms can include mood swings, tender breasts, fatigue, irritability, and depression, and they often resolve with the onset of menstruation (Racine et al., 2012). These symptoms resolve with the onset of menstruation. PMS affects a significant number of women of reproductive age and can vary widely in severity. Premenstrual Syndrome includes a range of emotional, psychological and physical symptoms. Some of the common emotional and psychological symptoms include mood swings, irritability, anxiety, depression, crying spells and changes in sleep patterns (Yonkers et al., 2008). The physical symptoms include bloating, breast tenderness, headaches, fatigue, changes in appetite, joint or muscle pain (Rapkin & Mikacich, 2013). The exact cause of PMS is not fully understood, but it is believed to be related to hormonal fluctuations, particularly involving estrogen and progesterone, during the menstrual cycle. Additionally, changes in serotonin levels, a neurotransmitter that affects mood, may contribute to the emotional symptoms of PMS (Huo et al., 2007).

Diagnosis and Treatment

Diagnosis of PMS involves tracking symptoms over several menstrual cycles to identify a consistent pattern. Healthcare providers may ask patients to keep a diary of their symptoms, noting their severity and impact on daily life (American College of Obstetricians and Gynaecologists [ACOG],

2015). The Treatment options for PMS include lifestyle changes, medications, and alternative therapies. Lifestyle Modifications such as regular exercise, a balanced diet, and adequate sleep can help alleviate symptoms. medications, such as ibuprofen or acetaminophen, can relieve physical symptoms. In more severe cases, hormonal treatments (e.g., oral contraceptives) or antidepressants may be prescribed (Mayo Clinic, 2021). Alternative therapies aid some women find relief through acupuncture, yoga, or dietary supplements like calcium and magnesium (Rapkin & Mikacich, 2013).

Impact on Daily Life

PMS can significantly affect a woman's quality of life, interfering with work, school, and personal relationships. Severe cases may require medical intervention to manage symptoms effectively and improve daily functioning (Yonkers et al., 2008). Premenstrual Syndrome (PMS) and negative menstrual attitudes significantly impact the quality of life for many women. Non-pharmacological interventions such as yoga and psychoeducation have gained attention for their potential to alleviate PMS symptoms and promote healthier menstrual attitudes. Research indicates that yoga can significantly reduce physical symptoms associated with PMS, including cramps, bloating, and breast tenderness. A study by Rani et al. (2011) found that a 12-week yoga intervention led to significant reductions in the severity of these symptoms compared to a control group.

Yoga has also been shown to alleviate emotional and psychological symptoms of PMS, such as anxiety, depression, and mood swings. A randomized controlled trial by Joshi et al. (2011) demonstrated that participants who practiced yoga reported lower levels of anxiety and depression compared to those who did not. Yoga promotes overall well-being through relaxation, mindfulness, and improved physical fitness. This holistic approach helps in managing stress, which is often exacerbated during the premenstrual phase (Chong et al., 2011).

Psychoeducation involves providing information about the menstrual cycle, PMS, and coping strategies. This knowledge empowers women to understand and manage their symptoms more effectively. A study by Lustyk et al. (2010) found that women who participated in psychoeducational sessions reported fewer and less severe PMS symptoms. Psychoeducation helps reduce stigma and negative attitudes towards menstruation by promoting a more positive and informed perspective. Research by Blake (2015) showed that women who received menstrual education had more positive attitudes and were less likely to view menstruation as a debilitating condition. Psychoeducation enhances coping skills by teaching stress management, relaxation techniques, and lifestyle modifications. This holistic approach can improve emotional well-being and reduce the impact of PMS on daily life (Ussher, 2006).

Adolescence is a crucial developmental stage characterized by physical, emotional, and psychological changes. During this period, girls are particularly vulnerable to the effects of PMS and negative menstrual attitudes. Understanding these dynamics is essential for providing appropriate support and education (Cao et al., 2020). Many school girls lack adequate knowledge about menstruation and PMS, leading to misconceptions, fear, and anxiety. Research can identify gaps in knowledge and the effectiveness of educational programs, helping to design curricula that improve menstrual literacy and health outcomes (Sommer et al., 2015). Negative menstrual attitudes and severe PMS symptoms can contribute to poor mental health outcomes, including anxiety, depression, and low self-esteem. Research can help in developing

strategies to promote positive menstrual attitudes and improve psychological well-being (Stubbs et al., 2019). Premenstrual Syndrome (PMS) and menstrual attitudes are critical aspects of adolescent health that significantly impact the well-being and quality of life of school girls. Understanding and addressing these issues through research is essential for several reasons, including the promotion of physical and mental health, the enhancement of educational experiences, and the reduction of stigma and misconceptions surrounding menstruation. MS is prevalent among adolescent girls, with studies indicating that a significant proportion of this population experiences moderate to severe symptoms. These symptoms can disrupt daily activities, including academic performance and social interactions (Davis et al., 2018). Research is needed to quantify the prevalence and impact of PMS on school girls to develop targeted interventions.

Both yoga and psychoeducation have shown promising results in managing PMS symptoms and improving menstrual attitudes. Yoga helps reduce physical and emotional symptoms, while psychoeducation empowers women with knowledge and coping strategies. Further research is needed to explore the long-term effects of these interventions and their potential to be integrated into standard care practices for managing PMS and promoting positive menstrual health. Research findings can inform school policies and practices related to menstrual health. This includes the development of school-based health education programs, the provision of menstrual hygiene products, and the creation of supportive environments for girls experiencing PMS (Patel et al., 2021). Research can play a crucial role in reducing the stigma associated with menstruation. By promoting open discussions and accurate information, research can help create a more inclusive and supportive environment, contributing to gender equality in education (Chandra-Mouli & Patel, 2017). Empowering girls with knowledge and coping strategies for PMS and menstruation can enhance their confidence and self-esteem. Research-based interventions can provide girls with the tools they need to navigate menstruation with confidence and dignity (Kirk & Sommer, 2006).

Objectives

- To identify the effect of yoga and psychoeducation on menstrual attitude among adolescent school girls
- To measure the effect of yoga and psychoeducation on pre-menstrual syndrome among adolescent school girls

Hypotheses

- There is a significant difference between before and after intervention scores of the menstrual attitudes through yoga and psychoeducation among adolescent school girls
- There is a significant difference between before and after intervention scores of the severity of pre-menstrual syndrome through yoga and psychoeducation among adolescent school girls

Method

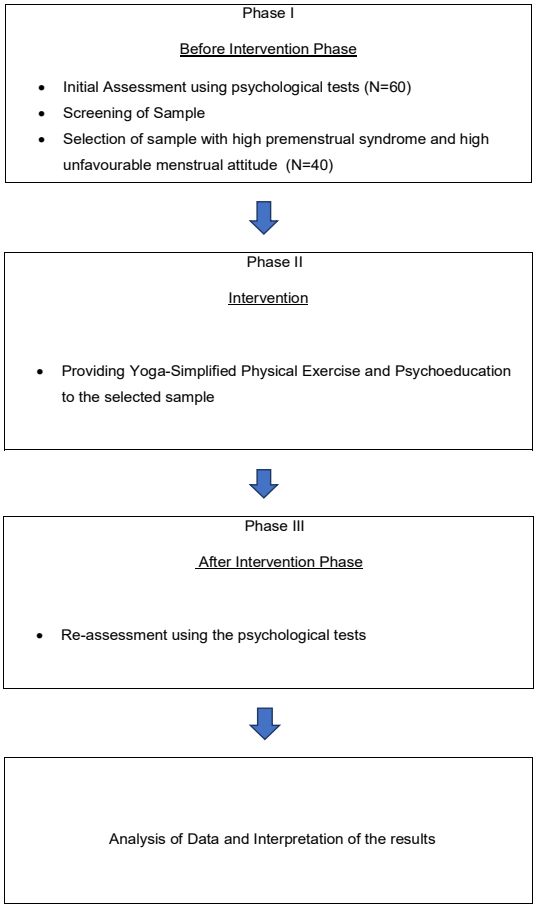
Sample size and Sampling technique

The sample were adolescent school girls pursuing higher secondary education from the Avinashi Taluk, Tiruppur District, Tamil Nadu. Sixty (60) adolescent school girls were chosen for the study using random sampling method. The study adopted before-after without control group research design.

Research Design and Approach

This research uses a before-after without control group design. It involves assessing the impact of Yoga in the form of simplified physical exercise and

psychoeducation intervention on reducing unfavourable menstrual attitudes and premenstrual syndrome (PMS) symptoms. This design includes measuring the participants' menstrual attitudes and PMS symptoms before the intervention to establish baseline data. The intervention comprises a structured program of simplified physical exercises by Vethathri Maharishi to be easily performed by the participants, combined with psychoeducational sessions that provide information on menstrual health, coping strategies, and stress management techniques. Following the intervention, the same measures are administered to assess any changes in menstrual attitudes and PMS symptoms. This approach allows for the evaluation of the intervention's effectiveness within the same group of participants.



Inclusion Criteria:

- Students willing to participate
- Students pursuing School Education
- Students who can read and comprehend English
- Students who scored high in debilitating, bothersome, anticipation and denial of onset of menstruation were included in the experimental group.
- Students who scored high Premenstrual Syndrome were included in the experimental group.

Exclusion Criteria:

- Students who are physically challenged
- Students with menorrhagia and diagnosed health conditions

Description of the Tools

Menstrual Attitude Questionnaire by Brooks, Gunn and Ruble was developed in the year 1980, The Indian adaptation was completed by Bhogle in 1991. The reliability of the MAQ has been reported to have a Cronbach's alpha coefficient of approximately 0.80, indicating good internal consistency. There are five dimensions such as considering menstruation as Debilitating Event, Bothersome Event, Natural Event, Anticipation of onset and Denial of effects, it enables the understanding of attitude towards menstruation. The high score indicates high debilitating attitude, bothersome attitude, anticipation attitude, denial of onset attitude and considering menstruation as a normal event with respect to scores of individuals in each dimension.

Premenstrual Syndrome Questionnaire given by Kelly Wallace in 2003 is used to assess the level of Premenstrual syndrome. The Premenstrual Syndrome Questionnaire (PMSQ) developed by Kelly

Wallace in 2003 has demonstrated good reliability, with a reported Cronbach's alpha coefficient of 0.87, indicating high internal consistency. This scale consists of 29 questions. Scores ranging from 0-29 would be considered low level of premenstrual syndrome. Scores ranging from 30-58 would be considered moderate level of premenstrual syndrome. Scores ranging from 59-87 would be considered severe level of premenstrual syndrome.

Procedure

The researcher established rapport with the participants. The sample for the experimental study is 40. Premenstrual Syndrome Questionnaire, Menstrual Attitude Questionnaire were administered to 60 participants. Only 40 School Girls possessing high level of Premenstrual Syndrome and unfavourable menstrual attitude ere opted for the study. The selected participants were intervened using Vethathri Maharishi's Simplified Physical Exercises and Psychoeducation. The sessions were conducted for duration of 45 minutes, twice a week for seven weeks. After seven weeks, the after-intervention data collection was completed using the same tools. Statistical Package for Social Sciences -27 was used to analyse the data.

Yoga

The Simplified Physical Exercises by Vethathri Maharishi were adopted for the experimental Study. The following exercises were included in the sessions.

Neuro Muscular Breathing

Neuro Muscular breathing exercises put forth by Vedathri Maharishi involve seven postures with five inhalation and exhalation in each position. The first and second is practiced in kneeling position with the right big toe over left big toe (Vajrasana). The postures 3-7 are practiced in cross-legged position (Sukhasana). In each posture deep inhalation and exhalation is performed without retention of breath after each position is completed.

Foot Reflexology

The exercise involves massaging one's foot from toes to ankle with suitable pressure to stimulate the nerve endings of different parts of the body. The massaging and rotation of ankle in each leg provides a relief to the heaviness experienced in one's leg as an immediate effect and with regular practice all the important organs of the human body such as heart, lungs, intestines, brain are activated.

Makarasana

Makarasana is divided into two parts and each part possess seven posture. In part A, the hands are kept at 45 degree to the body with palms facing up. The tips pf the thumb and first finger of both hands are joined together like a ring. The other three fingers should be stretched (referred as chin mudra). This hand posture is maintained throughout Makarasana Part-A. The body turns towards left simultaneously turning the head towards right for three trials in each posture with different leg positions. In the Part B, the basic position is lying on one's stomach and placing the hands at 45 degrees with palms facing down, the leg positions change in each posture and the head goes left so as the right cheek rests on the ground and twisting the body to extreme left, the palms are flipped with each movement.

Psychoeducation

The psychoeducation focused on the following facets:

Menstrual process- Biopsychosocial View, Premenstrual Syndrome (Causes, Range of Symptoms), Menstrual Hygiene Promoting Healthy Menstruation.

Results

Table 1. Effectiveness of Yoga and Psychoeducation on Menstrual Attitudes

N=40

Menstrual Attitude	Before Intervention		After Intervention		Mean Difference	t-value	Cohen's D
	Mean	S.D	Mean	S.D			
Debilitating	45.68	5.55	39.40	4.61	6.28	9.51**	1.23
Bothersome	30.73	5.98	25.03	4.31	5.7	8.27**	1.09
Natural	16.00	3.45	19.48	4.07	-3.48	6.03**	0.92
Anticipation of Onset	22.97	2.68	22.17	2.68	0.8	7.95**	0.30
Denial	24.20	3.16	22.90	3.24	1.3	4.22**	0.41

** Significant at 0.01 level

The table 1 portrays the effect of Yoga and Psychoeducation on dimensions of menstrual attitude, The t value ensures the significance in the differences of the mean between before and after intervention phases. The Cohen's D value suggests the effect size on each dimension and thus proves the effectiveness of the intervention. There is a reduction in the mean values of after intervention scores for the dimensions such as considering menstruation to be a debilitating, bothersome event, possessing anticipation of onset and denial of the effects of menstruation. Likewise, the increase in the mean of considering menstruation as a natural event suggests the enhancement of favourable menstrual attitude. Yoga, with its holistic approach, appears to positively influence menstrual attitudes by addressing both physical and emotional well-being. The physical exercises of Vethathri Maharishi's yoga, including Maharasana (postures), Neuro Muscular Breathing (breathing exercises), Foot Reflexology and Psychoeducation help in reducing menstrual discomfort and stress, leading to a more positive outlook on menstruation. The data aligns with previous studies indicating that yoga reduces menstrual pain and emotional distress, contributing to a more favourable menstrual experience (Chong et al., 2011). The data suggests that the combination of yoga and psychoeducation may have a synergistic effect, leading to even greater improvements in menstrual attitudes. This combined approach addresses both the physical and psychological aspects of menstruation, offering a comprehensive strategy for enhancing menstrual health.

Table 2. Effectiveness of Yoga and Psychoeducation on Premenstrual Syndrome

N=40

Variables	Mean	Standard Deviation	Mean Difference	t-value	Cohen's D
Before interventionPremenstrual Syndrome	69.50	10.70	5.65	14.37**	0.51
After interventionPremenstrual Syndrome	63.85	11.56			

** Significant at 0.01 level

The t value indicates a significant difference between before and after intervention phases , The effect size is proven with Cohen's D . The mean indicates a significant reduction in Premenstrual Syndrome (PMS) symptoms among school girls who participated in yoga and psychoeducation interventions. The participants in experienced notable improvements in both physical and emotional PMS symptoms. The findings suggest that yoga and psychoeducation are effective non-pharmacological interventions for managing PMS in adolescent girls. Participants reported reduced menstrual cramps, bloating, breast tenderness, and overall discomfort. Additionally, yoga was effective in improving mood and reducing anxiety and depression related to PMS. These outcomes are consistent with prior studies that highlight the benefits of yoga for menstrual health (Rani et al., 2011).

Discussion

Yoga has been found to significantly reduce the physical and psychological symptoms of PMS. Studies suggest that practicing yoga can alleviate symptoms such as menstrual pain, water retention, and negative mood states. A study by Rakhshaee (2011) found that a 12-week yoga program significantly reduced the severity of PMS symptoms in young women. Daley (2009) reported that women who engaged in regular aerobic exercise experienced a reduction in the severity of PMS symptoms, including less pain, improved mood, and better overall physical health. A study by Chandrima et al. (2019) highlighted those mind-body practices, including yoga, were effective in reducing both the physical and emotional symptoms of PMS among participants. In a study by Matsumoto et al. (2013), participants who engaged in both yoga and aerobic exercises reported significant improvements in PMS symptoms compared to those who only did one type of exercise. The simplified physical exercises involve stretching and relaxation exercises that help relieve muscle tension and reduce menstrual pain. Regular yoga practice can help regulate hormonal fluctuations, which are a major cause of PMS symptoms. Yoga reduces stress and anxiety, which can exacerbate PMS symptoms, The range of emotional, psychological and physical symptoms can be managed effectively through practices such as neuro-muscular breathing exercise, foot reflexology and Makarasana. Psychoeducational interventions, such as workshops and informational sessions, have been found to help women manage PMS symptoms more effectively. These interventions often include education on lifestyle modifications, stress management techniques, and dietary recommendations (Bhat, 2020). Psychoeducational programs improve women's knowledge about menstrual health, which can lead to better self-care practices and reduced anxiety related to menstrual symptoms (Delaney, 2019). Psychoeducation teaches effective coping strategies, such as maintaining a healthy diet, regular exercise, and stress management techniques. Psychoeducational sessions provided a supportive environment where the school girls can share their experiences and feelings, reducing the sense of isolation and anxiety. Yoga reduces cortisol levels, promoting relaxation and reducing anxiety, which are common during menstruation. Yoga enhances body awareness and mindfulness, encouraging a more accepting and positive view of natural bodily processes, including menstruation. Applied research studies on adolescents ensure a holistic development. The United Nation's Sustainable Development Goal 3- "Good health and well-being" is not a destiny and a process. This research encompasses the

goal of physical and psychological well-being with practical and easy to follow approaches to sustain healthy reproductive cycles and prevent from consequences that occur as a result of poor menstrual health. Government schemes such as Rashtriya Kishor Swasthya Karyakram-2014 and Menstrual Hygiene Scheme- 2011 can be achieved and sustained using applied research studies.

Limitations

Factors like food intake, sleep and regular exercise or other physical activity were not studied in this research.

Implications

Schools could consider incorporating yoga and psychoeducation into their health education curricula. These programmes can provide girls with the tools and knowledge they need to manage PMS effectively, improving their overall well-being and academic performance. Community health organizations can implement yoga and psychoeducation workshops aimed at adolescent girls. These initiatives can help reduce the stigma associated with menstruation and PMS while promoting healthier lifestyle choices. Integrating yoga and psychoeducation into school health programs and community initiatives can greatly benefit adolescent girls, promoting healthier menstrual experiences and enhancing their quality of life.

Conclusion

Yoga (Simplified Physical Exercises by Vethathri Maharishi) and Psychoeducation has proven effective in reducing the severity of Pre-Menstrual Syndrome and enhancing Favourable Menstrual Attitude among Adolescent School Girls.

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Effectiveness of Yoga and Psychoeducation on Menstrual Attitudes, Psychological Well-being, and Stress Reduction among Undergraduate Students

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Yoga is an ancient Indian approach practiced for 5000 years to attain holistic wellbeing, The system of simplified physical exercises developed by Shri Vethathiri Maharishi after years of intense research, fulfills the need of maintaining holistic health.This experimental research proves the effectiveness of yoga and psychoeducation in enhancing psychological well-being, favourable attitude towards menstruation and stress reduction among undergraduate students. The need to enhance favourable attitude towards menstruation the psychosocial demands in the present world and the difficulties associated with menstruation interferes with the caliber of the students to perform their fullest in academic and personal life. Sixty One students participated in this before-after, without control group study. The study used simple random sampling and the results were analyzed using SPSS-21. Yoga and psychoeducation is effective in enhancing favourable menstrual attitude, psychological well-being and reducing stress in undergraduate students

Key Words: Yoga, Menstrual Attitude, Psychological Well being, Stress, Psychoeducation

Yoga, an ancient practice dating back over 5,000 years, is renowned for promoting holistic well-being. Among its many forms, Hatha Yoga, which blends various styles, stands out as one of the most popular. Unlike purely meditative forms, Hatha Yoga emphasizes physical movement and poses. (Desai, 2019).

Vethathiri Maharishi, drawing from his profound knowledge of ancient Indian yogic traditions, developed a simplified and scientific approach to yoga. His system of simplified physical exercises, rooted in the principles of bio-magnetism, is designed to maintain the proper circulation of blood, heat, air, energy, and bio-magnetism in the body. This gentle yet effective approach supports overall health, boosts immunity, and helps prevent diseases. These exercises also serve as a curative tool, regulating the flow of vital energies—blood, heat, air, and life force—thereby fostering optimal physical health. (Vethathiri Maharishi, 2007).

Psychoeducation

Psychoeducation interventions in therapy involve providing clients with information about psychological concepts, their specific problems, and the relationships between thinking, emotion, and behavior.

In the last few decades, psychoeducation has come up as a useful and effective mode of psychotherapy for persons with mental illness. Psychoeducation combines the elements of cognitive-behavior therapy, group therapy, and education. The basic aim is to provide knowledge and create awareness on one's health and wellness.

Menstruation

Menstruation, often referred to as a woman's period, is a natural physiological

process that occurs in people with female reproductive systems. It is a monthly cycle in which the lining of the uterus (the endometrium) thickens in preparation for possible pregnancy. If pregnancy does not occur, the body sheds this uterine lining, resulting in the release of blood and other uterine tissues from the body through the vagina. This process typically occurs once every 21 to 35 days and lasts for several days, although the exact duration and flow can vary from person to person.Menstruation is a key aspect of the female reproductive system and is controlled by hormonal changes, primarily involving estrogen and progesterone. It usually begins during adolescence, known as menarche, and continues until menopause, which marks the cessation of menstrual cycles typically around the age of 45 to 55.

Menstrual Attitude

Menstrual attitude refers to the opinions a woman forms regarding the process of menstruation, which can vary based on life experiences and awareness about menstruation. The formation of menstrual attitudes is influenced by biopsychosocial factors. A healthy or favorable menstrual attitude enables individuals to challenge myths about menstruation and equips women with the essential abilities to contribute to their fullest potential (Chrisler et al., 1995; Johnston-Robledo & Chrisler, 2013).

Perceived Stress

The perceived stress of an individual reflects their subjective experience in coping with the increasing demands of biopsychosocial factors. Various factors, including lifestyle, psychological health, and societal pressures, significantly impact menstrual health and well-being.

Research shows that regular exercise is associated with a lower prevalence of dysmenorrhea, a condition significantly linked to premenstrual syndrome (PMS) and its severity. Psychological symptoms of PMS are often more pronounced than physical ones (Indu, Gaurika, Dinesh, & Soni, 2020). Among adolescents, approximately 49.8% reported experiencing menstrual pain severe enough to affect daily activities, which correlated with worse sleep quality, inattention, hyperactivity-impulsivity, and psychological symptoms such as anxiety, depression, and hostility. Menstrual pain severity has also been associated with symptoms of ADHD and other psychological distress (Kabuku, Basay, & Basay, 2021).

Furthermore, changes in eating and exercise behaviors across the menstrual cycle, coupled with societal pressures to manage body image through restrictive eating and rigorous exercise, contribute to premenstrual distress and body dissatisfaction. The internalization of such pressures exacerbates psychological challenges during the premenstrual phase (Ryan, Ussher, & Hawkey, 2021).

Adolescent menstrual health, particularly in low- and middle-income countries, demands a holistic approach, including improved research and actionable strategies to address their comprehensive needs (Pelsons, Patkar, Babbj, et al., 2021). Yoga has emerged as a promising intervention for alleviating menstrual pain in women with primary dysmenorrhea, providing a non-invasive and effective method for pain management (Kirka & Celik, 2021).

Adolescence, characterized by significant hormonal shifts, is particularly challenging for Indian females who often experience menarche amidst myths, taboos, and societal stigma. These misconceptions contribute to physical discomfort and emotional irritability, fostering negative attitudes toward menstruation. Given that menstruation is a recurring aspect of life for many years,

promoting favorable attitudes through interventions like yoga and psychoeducation can enhance psychological well-being and reduce stress, which is the primary focus of this study.

Objectives

- To identify the effectiveness of Yoga in enhancing favourable menstrual attitude, psychological well-being and reducing Perceieved Stress
- To assess the effectiveness of Psychoeducation in enhancing favourable menstrual attitude, psychological well-being and reducing Perceieved Stress
- To compare the effectiveness of Yoga, Psychoeducation, in enhancing favourable menstrual Attitude, Psychological Well-being and reducing Perceieved Stress among undergraduate students

Hypotheses

H_1 There will be significant difference between before and after phases in dimensions of Menstrual Attitude, level of Perceived Stress and domains of Psychological Well-being among undergraduate students through Yoga

H_2 There will be significant difference between before and after phases in dimensions of Menstrual Attitude, level of Perceived Stress and domains of Psychological Well-being among undergraduate students through Psychoeducation

H_3-There will be significant difference between the intervention, yoga and psychoeducation in enhancing favourable menstrual attitude, psychological well-being and reduce stress among undergraduate students

Method

Tools

Menstrual Attitude Questionnaire by Brooks, Gunn and Ruble was developed in the year 1980, The Indian adaptation was completed by Bhogle in 1991. There are five dimensions such as considering menstruation as Debilitating Event, Bothersome Event, Natural Event, Anticipation of onset and Denial of effects , It enables the understanding of attitude towards menstruation.

The Perceived Stress Scale (Cohen et al. 1983) consists of 14 items that assess the symptoms of stress experienced by an individual for a period of past one month.

Psychological Well Being Scale (Ryff, 2013) consists of six sub scales such as Autonomy, Environmental Mastery, Personal Growth, Positive relations with Others, Purpose in Life and Self Acceptance , It aids in assessing the specific domains pertaining to psychological well-being

Procedure

The consent was sought from the willing participants and confidentiality was ensured. The initial sample size of the study was 211 , the samples were selected using simple random technique and were screened using the selected tools , based on the scores obtained, participants assessed to have high level of perceived stress, unfavourable menstrual attitude and low psychological well being were selected for the intervention phase.

The research adopted before, after without waitlist/control experimental research design and involved 61 samples with 30 experimental first group and 31 in second experimental group. The samples were undergraduate students belonging to different courses of study. The samples were divided into the experimental groups using randomization.

Intervention

Sessions

- Weekly thrice for 7 weeks

Duration

- **35 minutes**

Total Sessions- 21 for each experimental group

Yoga- The Simplified Exercises by Vethathri Maharishi were adopted for the experimental Study. The following exercises were included in the sessions.

- *Neuro Muscular Breathing* - Neuro-Muscular Breathing involves specific breathing techniques designed to strengthen the connection between the nervous and muscular systems, improving oxygen flow, focus, and relaxation.
- *Foot Reflexology*- Foot Reflexology, an integral part of the exercises, emphasizes stimulating pressure points on the feet that correspond to various organs and systems in the body, enhancing circulation and activating the body's natural healing processes.
- *Maharasana* - Maharasana, a yogic posture, focuses on spinal alignment, flexibility, and energy balance, offering physical and mental stability. These practices, rooted in simplicity and effectiveness, serve as tools for self-care and holistic health, suitable for people of all ages and fitness levels.

Psychoeducation- The psychoeducation focused on the following facets

Menstrual process- Biopsychosocial View, Premenstrual Syndrome ,Menstrual Hygiene Promoting Healthy Menstruation

Stress- Causes, Symptoms, Biology, Postive Coping Strategies

Psychological Well-being- Dimensions of Psychological Well-being, Benefits of High Psychlogical well-being.

Statistical Analysis

SPSS (Statistical Package for Social Sciences) version 25 was used to analyze data. The effectiveness of the intervention between before and after groups were analyzed using paired t test and the comparison of efficacy between yoga and psychoeducation was computed using independent samples t test.

Results and Discussion

The table 2, demonstrates that there is a significant difference between before and after phases of the intervention . The t values of the dimensions Debilitating event, Bothersome event , Natural event , Denial of effects are significant at 0.01 level and the mean value portrays the yoga has effectively reduced the unfavourable menstrual attitude and strengthened favourable attitude as considering menstruation as a normal event. The before and after intervention phases of Anticipation of onset is not statistically significant. The increasing psychosocial demands exhaust adolescent females during menstrual cycle interfering with everyday life responsibilities and the myths and taboo associated with the process of menstruation creates an unfavourable menstrual attitude and reduces the coping resources and normal perspective development towards menstruation. Thus, strengthening of favourable attitude towards menstruation leads to holistic well-being.

Table 1 Before and After Intervention Phases of Menstrual Attitude through Yoga

Menstrual Attitude	Before Intervention		After Intervention		Mean Difference	t
	Mean	S.D	Mean	S.D		
Debilitating	51.00	5.058	40.97	4.460	10.03	9.61**
Botherosme	29.07	3.823	24.90	2.369	4.17	7.00**
Natural	19.33	4.163	20.03	3.978	-0.7	4.37**
Anticipation of Onset	19.93	2.288	20.37	3.479	-0.44	0.66 N.S
Denial	23.27	3.787	21.40	3.338	1.87	3.28**

** = significant at 0.01 level

N.S.= Not Significant

Table 2 Before and After Intervention Phases of Menstrual Attitude through Psychoeducation

Menstrual Attitude	Before Intervention		After Intervention		Mean Difference	t
	Mean	S.D	Mean	S.D		
Debilitating	44.27	5.546	38.53	4.562	5.74	7.403**
Botherosme	31.20	6.266	25.33	4.816	5.87	7.239**
Natural	15.20	2.772	19.70	4.129	-4.0	6.725**
Anticipation of Onset	22.97	2.684	22.17	2.679	0.8	7.954**
Denial	25.07	2.993	23.43	3.431	1.64	4.178**

** = significant at 0.01 level

Table 3 Before and After Intervention Phases of Perceived Stress through Yoga

Variables	Before Intervention		After Intervention		Mean Difference	t
	Mean	S.D	Mean	S.D		
Stress	26.81	4.83	15.65	4.17	11.16	10.58**

** = significant at 0.01 level

The table shows that there is significant difference between before and after intervention phases. The t values are significant at 0.01 level and the mean scores in the dimensions of menstrual attitude such as Debilitating event, Bothersome event, Anticipation of onset and Denial of effects of menstruation demonstrates a reduction in the level of scores and in the dimension, natural event the mean of after intervention phase has increased proving the efficacy of psychoeducation in enhancing the favourable attitude which further enables the students to develop coping skills to face the challenges during menstrual period and manage premenstrual syndrome.

The table 3 portrays there is a significant difference between before and after intervention phases of stress. The t value is significant at 0.01 level and the mean scores show that the level of stress has reduced in after intervention phase. Thus, Yoga is found

to be effective in reducing the levels of perceived stress that enables the students to understand the benefits of yoga in managing stress and equip oneself with positive coping strategies to deal with stress which is an inevitable factor in life.

The table 4 portrays there is a significant difference between before and after intervention phases of stress. The t value is significant at 0.01 level and the mean scores show that the level of stress has reduced in after intervention phase. Thus, psychoeducation is found to be effective in reducing the levels of perceived stress that enables the students to be aware of the stress, causes, symptoms, biology of stress and learn many effective coping techniques to avoid using negative coping strategies.

Table 4 Before and After Intervention Phases of Perceived Stress through Psychoeducation

Variables	Before Intervention		After Intervention		Mean Difference	t
	Mean	S.D	Mean	S.D		
Stress	34.43	6.224	22.50	5.704	11.93	15.90**

** = significant at 0.01 level

Table 5 Before and After Intervention Phases of Psychological Well-being through Yoga

Psychological Wellbeing	Before Intervention		After Intervention		Mean Difference	t
	Mean	S.D	Mean	S.D		
Autonomy	10.59	2.571	10.72	2.404	-0.13	2.11**
Environmental Mastery	11.86	1.726	11.93	1.668	-0.07	1.44 N.S.
Personal Growth	10.72	1.830	11.90	1.319	-1.18	3.34**
Positive Relations	10.17	1.490	10.31	1.628	-0.14	2.18**
Purpose in Life	10.59	1.955	11.69	1.365	-1.1	3.97**
Self-Acceptance	10.41	2.196	11.66	1.289	-1.25	3.48**

** = significant at 0.01 level N.S.= Not Significant

The table 5 show there is a significant difference in the subscales of psychological well-being before and after intervention. The t values of the subscales autonomy, personal growth, positive relations , purpose in life and self acceptance are significant at 0.01 level portraying the effectiveness of yoga in enhancing psychological well-being. The mean scores depict the increase in the scores in the after intervention phase. The t value of the sub-scale environmental mastery is not statistically significant. The practice of yoga can help one in attaining personal growth in all facets of life and therefore ensure the sustainability in psychological well-being. The table 6 shows there is a significant difference in all the subscales of psychological well-being before and after intervention. The t values of the subscales autonomy, personal growth, positive relations , purpose in life and self acceptance are significant at 0.01 level portraying the effectiveness of psychoeducation in enhancing psychological well-being. The mean scores depict the increase in the scores in the after intervention phase. The knowledge about the factes of psychological wellbeing shall assist an individual in developing the right focus to help one in attaining goals in all walks of life and therefore the shift of one's direction towards enhanced psychological well-being. Therefore the hypotheses H1 and H2 is partially accepted

Table 6 Before and After Intervention Phases of Psychological Well-being using Psychoeducation

Psychological Wellbeing	Before Intervention		After Intervention		Mean Difference	t
	Mean	S.D	Mean	S.D		
Autonomy	10.37	2.173	11.87	1.570	-1.5	4.84**
Environmental Mastery	10.43	2.223	11.43	1.331	-1	4.01**
Personal Growth	10.83	2.036	11.23	1.612	-0.4	2.56**
Positive Relations	10.43	1.794	10.87	1.408	-0.44	3.26**
Purpose in Life	10.30	1.442	10.73	1.143	-0.43	3.07**
Self-Aceeptance	10.27	1.893	11.33	1.241	-1.06	3.50**

**= significant at 0.01 level

Table 7 Comparing the effectiveness of Yoga and Psychoeducation in Menstrual Attitude

Variable	ExperimentalGroup	N	Mean	SD	Df	t	Significance
Menstruation as a debilitating event	Yoga	30	40.97	4.460	60	2.26**	0.027
	Psychoeducation	31	38.32	4.636			
Menstruation as a bothersome event	Yoga	30	24.90	2.369	60	0.91N.S	0.37
	Psychoeducation	31	25.94	5.802			
Menstruation as a natural event	Yoga	30	20.03	3.978	60	0.28 N.S	0.78
	Psychoeducation	31	19.74	4.066			
Anticipation of onset ofMenstruation	Yoga	30	20.37	3.479	60	2.28**	0.026
	Psychoeducation	31	22.16	2.634			
Denial of effects OfMenstruation	Yoga	30	21.40	3.338	60	2.35**	0.022
	Psychoeducation	31	23.42	3.374			

** = significant at 0.01 level N.S.= Not Significant

The table 7 portrays the comparison of the two interventions Yoga and Psychoeducation in the dimensions of menstrual Attitude. The t value of the dimensions, Bothersome event and Natural event are not statistically significant. The t value of the dimensions considering menstruation as Debilitating event, Bothersome event, Anticipation of onset and Denial of effects are significant at 0.01 level. The Mean scores show that Psychoeducation is comparitively effective for the dimension of considering menstruation as Debilitating event. Yoga is found to more effective in dimensions such as anticipation of onset and denial of effects of menstruation.

The table 8 demonstrates that t values of the subscales of psychological well-being such as environmental mastery, Positive relations with others and self-acceptance are not significant. The sub-scales such as Autonomy and Purpose in life show significant differences between the two

interventions i.e., Yoga and Psychoeducation. The mean score of Autonomy shows Psychoeducation has comparatively been effective in enhancing levels of autonomy whereas the mean of Purpose in Life depicts Yoga has been effective in enhancing the level of purpose in life.

Table 8 Comparing the effectiveness of Yoga and Psychoeducation in Psychological Well-being

Variable	ExperimentalGroup	N	Mean	SD	Df	t	Significance
Autonomy	Yoga	30	10.63	2.539	60	2.35**	0.02
	Psychoeducation	31	11.88	1.540			
Environmental Mastery	Yoga	30	11.93	1.741	60	1.28 N.S	0.20
	Psychoeducation	31	11.44	1.294			
Personal Growth	Yoga	30	11.90	1.296	60	1.77 N.S	0.08
	Psychoeducation	31	11.25	1.566			
Positive Relations	Yoga	30	10.20	1.472	60	1.86 N.S	0.06
	Psychoeducation	31	10.88	1.385			
Purpose inLife	Yoga	30	11.63	1.377	60	2.88*	0.005
	Psychoeducation	31	10.72	1.114			
Self Acceptance	Yoga	30	11.67	1.269	60	1.28 N.S	0.22
	Psychoeducation	31	11.28	1.224			

** = significant at 0.01 level

*= significant at 0.05 level

N.S.= Not Significant

Table 9 Comparing the effectiveness of Yoga and Psychoeducation in Perceived Stress

Variable	Intervention	N	Mean	SD	df	t	Significance
PerceivedStress	Yoga	30	22.24	5.62	60	7.92**	0.00
	Psychoeducation	31	13.26	2.78			

**= significant at 0.01 level

Table 9 depicts the t value comparing the effectiveness of Yoga and Psychoeducation is significant at 0.01 level. The mean scores show that the psychoeducation has been more effective in reducing the stress levels of students. The knowledge and awareness of various stressors, analyzing the coping strategies and equipping self with more positive coping strategies can help in alleviating stress in longer run. Thus the hypothesis H3 is partially accepted.

Discussion

The findings highlight the efficacy of yoga and psychoeducation as interventions for improving menstrual attitudes, psychological well-being, and stress reduction in undergraduate students, while also exploring their comparative benefits in specific

domains. These interventions offer holistic strategies to address the multifaceted challenges faced by young women during menstruation, both physically and emotionally.

Yoga and its Effectiveness in Enhancing Menstrual Attitude, Psychological Well-being, and Stress Reduction. Yoga, an ancient mind-body practice, has been widely recognized for its role in promoting mental and physical health. Studies show that yoga helps reduce stress by activating the parasympathetic nervous system, enhancing mindfulness, and improving self-regulation (Kirk & Celik, 2021). In the context of menstrual health, yoga is particularly effective in fostering a more positive attitude toward menstruation by addressing the physical discomforts and psychological stresses associated with the menstrual cycle. Through postures (asanas) that enhance pelvic circulation and breathing techniques (pranayama) that calm the mind, yoga empowers students to better cope with menstrual-related challenges, improving their overall psychological well-being (Kirk & Celik, 2021).

Psychoeducation and its Effectiveness in Enhancing Menstrual Attitude, Psychological Well-being, and Stress Reduction. Psychoeducation, which involves educating individuals about health-related topics while addressing associated emotional and cognitive aspects, has been shown to be effective in improving menstrual attitudes and reducing stress. It dismantles myths and misconceptions surrounding menstruation, replacing negative beliefs with accurate knowledge and fostering a sense of empowerment (Pelsons, Patkar, & Babbj, 2021). Psychoeducation helps students understand the physiological and emotional changes during menstruation, equipping them with coping strategies that enhance psychological well-being and reduce perceived stress. By promoting awareness and self-acceptance, psychoeducation encourages undergraduate students to approach menstruation more positively, reducing feelings of shame or discomfort. Yoga is particularly effective in addressing the anticipation of menstruation and the tendency to deny its effects, reflecting its ability to reduce anxiety and increase emotional resilience. Regular yoga practice enhances mindfulness and helps individuals focus on the present moment, which reduces anticipatory anxiety about menstrual onset (Ryan, Ussher, & Hawkey, 2021). Furthermore, yoga promotes a sense of purpose and connection to one's body, fostering a deeper understanding and acceptance of physiological changes. This helps individuals view menstruation not as a hindrance but as a natural and manageable part of life, which aligns with broader benefits such as enhanced purpose in life (Kirk & Celik, 2021).

Psychoeducation is particularly effective in mitigating perceptions of menstruation as a debilitating event and reducing perceived stress. By providing scientifically accurate information and challenging cultural taboos, psychoeducation normalizes menstruation and reduces its perceived burden (Pelsons, Patkar, & Babbj, 2021). This intervention also promotes autonomy by empowering students with the knowledge and skills to manage their menstrual health independently. In doing so, psychoeducation addresses the psychosocial aspects of menstruation, reducing the stigma and psychological distress associated with it.

Implications

Practical techniques and simple exercises which could adopted for everyday life usage is essential in today's world to face the challenges putforth in all facets of life. The increasing psychosocial demands makes stress an inevitable factor in women's life that lead to various other health complications,

hence the use of simple Yoga and knowledge about favourable Menstrual Attitude, Perceived Stress and Psychological Well-being enables the students to promote healthy menstrual practices, shift their focus in right direction and learn to cope stress in an effective manner. The United Nation's Sustainable Development Goal 3- "Good health and well-being" is not a destiny and a process. Various schemes such as Rashtriya Kishor Swasthya Karyakram-2014 and Menstrual Hygiene Scheme- 2011 can be sustained using applied research studies.

Conclusion

Yoga is effective in enhancing favourable menstrual attitude, psychological well-being and reducing stress in undergraduate students

Psychoeducation is effective in enhancing favourable menstrual attitude, psychological well-being and reducing stress in undergraduate students

Yoga is comparatively effective in reducing the anticipation of onset of menstruation and denial of effects of menstruation, Yoga is effective in enhancing purpose in life.

Psychoeducation is comparatively effective in reducing considering menstruation as debilitating event and perceived stress. Pschoeducation is effective in enhancing Autonomy

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