

Menstrual health: a study on practices affected by lifestyle and socio-economic condition, Assam, India

Dr. Priyanka Tamuli

Assistant Professor, Gargaon College, Simaluguri, Assam, India.

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ABSTRACT

Menstruation is a natural physiological process and an important component of women's reproductive and overall health. However, young women may experience various menstrual health problems that can affect their physical, psychological, social, and academic well-being. These problems may be influenced not only by biological factors but also by lifestyle practices, socioeconomic conditions, awareness, and access to appropriate healthcare and menstrual hygiene facilities. The present study aims to examine the relationship between lifestyle, socioeconomic status, and menstrual health among college-going girls aged 19–22 years in Sivasagar district of Assam, India. The study is based on both primary and secondary data. Primary data were collected from selected college-going girls using a structured questionnaire, while secondary information was obtained from books, research articles, census reports, UNICEF publications, newspaper reports, and other relevant sources. Purposive sampling was employed to select respondents who met the specific criteria of the study. A mixed-methods approach was adopted, incorporating both quantitative and qualitative methods to provide a comprehensive understanding of the respondents' menstrual experiences and associated factors. The study considers several dimensions of menstrual health, including menstrual irregularities, physical and psychological symptoms, dietary practices, physical activity, stress, healthcare-seeking behaviour, and access to menstrual hygiene facilities. The findings indicate that menstrual health is significantly influenced by lifestyle and socioeconomic conditions. Unhealthy dietary practices, inadequate physical activity, stress, sedentary behaviour, and limited awareness may contribute to menstrual difficulties, while socioeconomic circumstances can influence access to healthcare, sanitary products, and appropriate facilities. The study highlights the importance of adopting a comprehensive approach to menstrual health that integrates health education, healthy lifestyle practices, improved healthcare access, and supportive menstrual hygiene facilities. Strengthening awareness and promoting appropriate menstrual health practices among young women can contribute to improved reproductive health, well-being, and quality of life.

Keywords: Menstruation, Physical activities, life style, socio-economic condition, impacted.

INTRODUCTION

Menstruation is a universal phenomenon that has been faced by 1.8 billion people across the world, according to UNICEF. Menstruation is a physiological process that happens in females. The word "menses" comes from the Latin word that means "months." The word "menstruation" is from "menstrual," which is old French; also, "menstrual" is a Latin word meaning "monthly" or "occurring on a monthly basis." (Shalini, 2022) A menstrual period is a very hard and censorious time in the lives of females (Shalini, 2022). The first menstruation is called menarche, which is an indicator of the start of puberty in females. Menarche happens between the ages of 10 and 15 (Durga Nandini et.al 2023). The menarche marks the start of a woman's physiological development, fertility, and reproductive capacities. The average interval between two menstrual cycles is 28–32 days, although it can vary from 21–35 days for different women (Dovom et.al 2016). Menstrual periods typically last three to seven days, with longer than ten days being considered irregular. Millions of girls, women, transgender men, and non-binary people struggle to regulate their menstrual cycle in a healthy and dignified manner; it is also viewed as a vulnerable stage of a woman's life, according to UNICEF. Women are currently dealing with a variety of emotional, physical, and societal issues. Examples include discomfort, anxiety, depression, irritability, weakness, mood swings, and so forth. The main causes of this disorder include lifestyle, socioeconomic status,

lack of awareness, and the absence of facilities. Therefore, the purpose of this work is to investigate and analyse the ways in which young women's menstrual health has been impacted by lifestyle and socioeconomic status.

Statement of the Problem

In some rural sections of Assam, menstruation is currently considered an impure phenomenon, and talking about it is considered a sign of shyness. Because of this, research on this subject is crucial to raising awareness of it.

Examining menstrual issues and health is crucial since it is seen to be a key indicator that offers crucial details about a woman's physical, emotional, and reproductive well-being. Therefore, research on this topic is crucial to treating underlying health issues as soon as possible.

Menstrual issues and concerns are correlated with lifestyle and socioeconomic level. Women are more conscious of their periods, but they do not understand how lifestyle choices can affect menstrual health. Therefore, this study looks at how women's lifestyle and socioeconomic status affect their menstrual problems.

Research Question

After analysing different literature reviews, researchers found some research gaps in this specific area. Hence, the research question of this research is given below.

1. What is the problem faced by women during the menstrual cycle?
2. How lifestyle and socioeconomic condition affected women's menstrual health.

Research Objectives

1. To find out the kind of menstrual problem faced by young women in that particular area.
2. To examine how women's menstruation issues are impacted by their lifestyle and socioeconomic status.
3. To explore how menstrual problems affected day-to-day activities and how women overcome this problem.

LITERATURE REVIEW

Menstrual health is an important component of adolescent girls' reproductive and overall well-being. Previous studies have highlighted that menstrual patterns and menstrual disorders are influenced by a combination of biological, psychological, nutritional, and lifestyle-related factors.

Durga Nandini, Rapolu Manasa, Afrah Begum, J. Hari Shiva Lakshmi, and Shaziya Saba (2003), examined menstrual health and hygiene among adolescent girls, emphasizing menstruation as an important indicator of reproductive health. Their study focused on menstrual hygiene awareness, the psychological effects of the menstrual cycle, common menstrual disorders, age at menarche, dietary practices, physical activity, and dietary patterns before, during, and after menstruation. Using a cross-sectional research design, primary data were collected from 195 adolescent girls. The findings indicated the occurrence of oligomenorrhea among the participants, highlighting the need for greater awareness of menstrual health and appropriate management of menstrual irregularities among adolescents.

Similarly, Arya Anupama, Verma Deendayal, Pandey Vikas, and Sharma Nirvi (2024), investigated the prevalence and management of menstrual problems among adolescent girls, with particular emphasis on lifestyle-related factors. The researchers collected data through structured questionnaires and face-to-face interviews. Their findings suggested that dietary practices, levels of physical activity, and stress management play an important role in maintaining menstrual health. The study further emphasized that appropriate lifestyle modifications can contribute to the prevention and management of menstrual problems among adolescent girls.

These findings indicate that menstrual health should be considered within a broader framework that includes nutritional, physical, and psychological well-being.

Debuka (2025), explored the complex relationship between menstruation, lifestyle, and environmental factors. The study, which was based on a review of existing literature rather than primary data collection, examined how environmental exposure and lifestyle patterns may influence reproductive health. The review identified factors such as exposure to environmental pollutants and toxins, inadequate dietary practices, psychological stress, and physical inactivity as potential contributors to hormonal imbalance and menstrual or reproductive problems. The study emphasized the importance of early intervention, including regular health screening and appropriate lifestyle modifications, in reducing the risk of reproductive dysfunction.

Overall, the reviewed studies demonstrate that menstrual health is influenced by multiple interconnected factors, including diet, physical activity, psychological stress, environmental exposure, and menstrual hygiene practices. While previous research has examined menstrual disorders and associated lifestyle factors among adolescent girls, there remains a need for context-specific studies that explore these issues among college-going young women. In particular, limited research has focused on the menstrual health experiences of college-going girls aged 19–22 years in Sivasagar district of Assam. The present study therefore seeks to contribute to this area by examining menstrual health and related factors among young women in the selected study area.

METHODOLOGY

The present study is based on both primary and secondary sources of data. Primary data were collected from college-going girls aged between 19 and 22 years in Sivasagar district of Assam, India. The respondents were selected through purposive sampling, based on the specific criteria relevant to the objectives of the study. Purposive sampling was used in this study because the research focuses on a specific group of respondents, namely, college-going girls aged between 19 and 22 years in Sivasagar district of Assam. The study requires participants who meet these specific demographic and educational criteria and who can provide information relevant to the research objectives. Therefore, rather than selecting respondents randomly from the general population, the researcher deliberately selected participants who fulfilled the predetermined criteria. This approach ensured that the data collected were relevant to the objectives of the study and enabled the researcher to obtain focused and meaningful information from the target population. Thus, purposive sampling was considered appropriate for the present study because of the specific nature of the study population and its research objectives.

Secondary data were collected from various sources, including books, research articles, census reports, UNICEF reports, newspaper reports, and other relevant published materials. These secondary sources were used to provide background information and support the analysis of the primary data.

The study employed a mixed-methods approach, incorporating both quantitative and qualitative methods of data collection and analysis. Quantitative data were analyzed to identify patterns, trends, and relationships, while qualitative data were used to understand the experiences, perceptions, and perspectives of the respondents. The integration of both approaches provided a more comprehensive understanding of the research topic.

DISCUSSION

Menstruation is a natural physiological process and an important indicator of reproductive health. Menarche generally occurs during early adolescence, commonly between the ages of 10 and 14 years. However, the menstrual experience may be associated with a range of physical and psychological challenges, including abdominal cramps, fatigue, anxiety, emotional distress, and mood changes. These difficulties may interfere with young women's academic performance, social participation, and routine activities. The reviewed study examined menstrual problems experienced by young women aged 17–23 years based on data collected from 85 respondents, of whom 47.6% were 19 years old.

The study found that menstrual problems were prevalent among the respondents, with 63.9% reporting at least one menstrual-related difficulty. Menstrual pain was the most commonly reported problem, affecting 44.6% of

the respondents, followed by irregular menstrual cycles (25.7%) and weakness or fatigue (28.4%). A further 1.3% reported other health complications. In addition, 10.7% of the respondents experienced menstrual bleeding lasting either more than seven days or fewer than three days, indicating patterns that may require further medical assessment. These findings demonstrate that menstrual disorders and associated symptoms are relatively common among young women and may have implications for their overall health and well-being.

In addition to physical symptoms, menstruation was found to have a considerable psychological and emotional impact on the respondents. Approximately 46.3% reported feeling irritated during menstruation, while 35.4% experienced emotional discomfort. Anxiety was reported by 9.8% of the respondents, whereas 8.5% reported other difficulties, including mood swings. These findings suggest that menstrual health should be understood from a holistic perspective, as physical discomfort may coexist with psychological and emotional challenges.

The study further revealed that menstrual problems affected the respondents' participation in everyday activities. Nearly 59% reported experiencing difficulties in carrying out their routine activities during menstruation. Despite the relatively high prevalence of menstrual problems, healthcare-seeking behaviour was limited. About 75.9% of the respondents did not consult a doctor regarding their menstrual difficulties, while 51.2% did not receive any treatment. Furthermore, 35.4% reported using home remedies to manage their menstrual problems. This pattern indicates a potential gap in menstrual health awareness and appropriate healthcare utilization and highlights the importance of encouraging young women to seek professional medical advice when menstrual symptoms are severe, persistent, or abnormal.

Lifestyle factors, particularly physical activity, also emerged as an important aspect of the study. According to the World Health Organization (WHO), physical activity includes bodily movement undertaken during leisure time, transportation, work, domestic activities, sports, and recreation. Regular physical activity is associated with important physical and mental health benefits. Although the respondents appeared to have some awareness of the importance of physical activity, their actual participation was relatively limited. Only 19% reported practising yoga and 15.2% engaged in exercise. Although 63.3% reported walking, walking was not necessarily undertaken as a planned form of physical activity. Moreover, 62.2% of the respondents spent a substantial portion of their day in sedentary activities. Only 11% regularly participated in activities such as exercise, outdoor games, household activities, or hobbies. These findings indicate a predominantly sedentary lifestyle among a considerable proportion of the respondents.

Another important lifestyle-related factor identified in the study was mobile-phone use. Excessive use of mobile phones may contribute to sedentary behaviour and may be associated with sleep disturbances, psychological stress, and reduced engagement in physical activities. The study found that 40.5% of the respondents spent their leisure time scrolling through their mobile phones. High levels of screen-based leisure may therefore further contribute to sedentary lifestyles and potentially affect the overall physical and psychological well-being of young women.

Overall, the findings indicate that menstrual health among young women is influenced by an interconnected range of physical, psychological, behavioural, and lifestyle factors. Menstrual pain and irregularities can interfere with daily activities, while inadequate healthcare-seeking behaviour may result in menstrual problems remaining unaddressed. At the same time, insufficient physical activity, prolonged sedentary behaviour, and extensive mobile-phone use may contribute to an unhealthy lifestyle. The findings therefore emphasize the need for comprehensive menstrual health education that addresses not only menstrual hygiene and disorders but also physical activity, mental well-being, healthy lifestyle practices, and appropriate healthcare-seeking behaviour among young women

CONCLUSION

The findings of the study demonstrate that menstruation is not merely a physiological process but an important aspect of young women's physical, psychological, and social well-being. A considerable proportion of the respondents experienced menstrual-related difficulties, with menstrual pain, irregular cycles, weakness, prolonged or shortened bleeding, anxiety, emotional discomfort, and mood changes being commonly reported.

These problems also affected their ability to participate in routine academic and daily activities, indicating that menstrual health can have a significant influence on the overall quality of life of young women.

Despite the prevalence of menstrual problems, the findings reveal a substantial gap between experiencing menstrual difficulties and seeking appropriate healthcare. A large proportion of respondents did not consult a doctor or receive any formal treatment, while some relied on home remedies. This may reflect inadequate awareness, social and cultural barriers, or the normalization of menstrual pain and discomfort. Such practices may delay the identification and management of underlying menstrual or reproductive health problems.

The study also highlights the importance of lifestyle factors in maintaining menstrual and overall health. Although many respondents were aware of the benefits of physical activity, their actual participation was relatively low. Walking was common, but regular exercise, yoga, and other forms of structured physical activity were less prevalent. In addition, prolonged sedentary behaviour was observed among a considerable proportion of the respondents. Excessive mobile-phone use during leisure time was also common, which may contribute to sedentary behaviour, sleep disturbances, and psychological stress.

Overall, the findings suggest that menstrual health among young women requires a comprehensive approach that goes beyond menstrual hygiene alone. Greater awareness regarding menstrual disorders, healthy lifestyle practices, regular physical activity, appropriate healthcare-seeking behaviour, stress management, and responsible use of digital devices is necessary. Educational institutions, healthcare providers, families, and community organizations can play an important role in creating supportive environments where young women can openly discuss menstrual concerns and seek timely medical advice. Strengthening menstrual health education and promoting healthy lifestyle practices may contribute significantly to improving the physical, psychological, and academic well-being of young women.

REFERENCES

1. Arya Anupama, Verma Deendayal, Pandey Vikas, Sharma Nirvi, 2024, MENSTRUAL ABNORMALITIES AND THEIR ASSOCIATION WITH LIFESTYLE PATTERNS IN ADOLESCENT GIRLS, International Journal of Medicine and Public Health, Vol 14, Issue 1, Jan-Mar. DOI: 10.5530/ijmedph.2024.1.92
[https://www.ijmedph.org/Uploads/Volume14Issue1/92.%20\[216.%20IJMEDPH_Ramanpal\]%20502-505.pdf](https://www.ijmedph.org/Uploads/Volume14Issue1/92.%20[216.%20IJMEDPH_Ramanpal]%20502-505.pdf)
2. Durga Nandini, Rapolu Manasa, Afrah Begum, J. Harishiva Lakshmi, Shaziya Saba, 2023. MENSTRUAL CYCLE: BASIC BIOLOGY, LIFESTYLE FACTORS, DIET AND MENTAL HEALTH, IJNRD, Volume 8, Issue 9. <https://www.ijnrd.org/papers/IJNRD2309221.pdf>
3. Dovom MR, Tehrani FR, Djalalinia S, et al. 2016. Menstrual cycle irregularity and metabolic disorders: a population-based prospective study. PLOS ONE. 2016;11:1–
<https://doi.org/10.1371/journal.pone.0168402>
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0168402>
4. Finer LB, Philbin JM. Trends in ages at key reproductive transitions in the United States, 1951-2010. Women's Health Issues. 2014 May-Jun;24(3):e271-9. [PMC free article] [PubMed]
5. Macquarie J. Below the belt. 1994. An owner's guide to gynecology, 1st ed. Melbourne, Australia, Text Publishing, 19–31. <https://www.ncbi.nlm.nih.gov/books/NBK470216/>
6. Rees M. 1995, The age of menarche. ORGYN. Vol-4:2-4. [PubMed]
7. Sushma Debuka, 2025, Impact of Environmental and Lifestyle Factors on Female Reproductive Physiology and Gynecologic Health, IOSR Journal of Dental and Medical Sciences (IOSR-JDMS). Volume 24, Issue 12 Ser. 4 <https://www.iosrjournals.org/iosr-jdms/papers/Vol24-issue12/Ser-1/N241201106110.pdf>
8. Shalini(ed.al).2022. Menstruation: The Socio-cultural Perspective in the Indian Society. Change management: An international journal. Vol-22.no.1
https://www.researchgate.net/publication/366973653_Menstruation_The_Socio-cultural_Perspective_in_the_Indian_Society

9. [Suneela Garg](#) & Tanu Anand, [2015](#). Menstruation-related myths in India: strategies for combating them. J Family Med Prim Care. 2015 Apr-Jun;4(2):184–186. doi: [10.4103/2249-4863.154627](#)
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4408698/>
10. https://www.researchgate.net/publication/366973653_Menstruation_The_Socio-cultural_Perspective_in_the_Indian_Society
11. <https://www.nationwidechildrens.org/family-resources-education/700childrens/2020/10/period-problems-4-common-menstrual-issues-for-young-women>
12. <https://www.who.int/news-room/fact-sheets/detail/physical-activity>
<https://www.unicef.org/wash/menstrual-hygiene>
13. <https://www.emro.who.int/emhj-volume-14-2008/volume-14-issue-1/article9.html>
14. <https://www.ncbi.nlm.nih.gov/books/NBK470216/>