

Research Article

Relationship between Emotions and Moods during Menstruation and Development of Behavioural and Personality Traits among Young Women

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A B S T R A C T

Introduction: Emotions and moods are significant influencers of individuals' attitudes towards themselves and others. Often, we forget that when we exhibit a negative attitude towards others, we are also affecting ourselves in the process. The response comes in the form of varying degrees of feelings and thinking could affect our personality.

Objectives: The study was to gain a deeper understanding of the various issues, challenges, and ways forward related to the menstrual health aspects of young women, as well as to explore the behavioral processes adopted in response to menstrual challenges and how these contribute to the emergence of behavioral and personality traits and attributes.

Methods: A qualitative study was carried out using five interviews and two FGDs after the workshop organized for this purpose, where more than 30 young women participated.

Results: The responses driven out of their affects, decision-making and behavior, in turn, impacted the development of behavioral and personality traits. Emotions gave feelings – positive and negative, were always in a mix, not consistently negative or positive. Therefore, emotions, moods, and affects were interrelated. Menstruation in this exploratory study is referred to as generating varying degrees of feelings and moods. Mood swings that led to the culmination of linking menstruation with development of behavioral and personality traits. Dozens of emotions – anger, contempt, enthusiasm, envy, fear, frustration, disappointment, embarrassment, disgust, happiness, hate, hope, jealousy joy, love, pride, surprise, sadness, bore, content and so on were also observed.

Conclusion: A direct consequence of various emotions may lead to the development of various behavioral patterns, ultimately shaping an individual's behavior and personality traits.

Keywords: Menstruation, Personality, Emotions, Mood, Design thinking, Passivism

Introduction

The World Health Organization (WHO), as outlined in the Ottawa Charter for Health Promotion, emphasizes the importance of healthcare for personal development (WHO, 2009).¹ The charter actively emphasizes the promotion of individual initiatives for self-care in life and mentions these initiatives as a solution to address life's challenges (Van Der Wall & Kok, 2019).² The importance of personal development for human health has also been emphasized in medical approaches (Gonot-Schoupinsky, Garip & Sheffield, 2020).³ Promoting health and well-being in life is considered a growing challenge due to its great importance. The observable performance of young women during menstruation was reported to be declining due to obsessions with unpredictable emotions, mood swings, and being overly distressed due to physical health challenges, in many cases, due to cramps and severe period pains. Menarche generally marks the onset of puberty in women. A lot of these kinds of problems are culturally driven, where several compulsive behaviours are desired by young women menstruating and the response to such pressures have been though varying, cultural differences also have been playing an important role in comforts/discomforts during menstruation and because the cultural pressures, may be adjusted silently uncomfortably resulting in cropping up of several types of feeling driven emotions and moods – negative and positive both. In many cases, where there is a lack of knowledge about menstruation in young women, research has reported problems related to readiness to face menarche (Sabur et al. 2024).⁴ Thakur et al. (2014)⁵ noted that adolescence is a transitional period between childhood and adulthood, during which girls undergo a rapid process of physical, cognitive, social, and emotional maturation, preparing them to become adult women. Puberty in women is marked by the presence of the first menstruation or menarche. Menarche usually occurs between the ages of 10 and 16 years, depending on several factors, including the woman's health, nutritional status, heredity, and social environmental factors. Young women will have difficulty dealing with their first menstruation if they have never known or talked about it with their peers or mother. Adolescent girls who are not ready to face menarche may have a desire to reject the physiological process; they may feel that menstruation is something cruel and threatening. This situation can continue to deteriorate further. Difficulty accepting menarche can arise due to adolescents' ignorance of the physiological changes that occur at the beginning of a teenage girl's life, and a lack of knowledge. This can be caused by the physical and psychological aspects of immature adolescents, a lack of information from parents, which causes feelings of anxiety and fear in adolescents when their first menstruation

arrives. Awareness about menarche is an important aspect that needs to be imparted to girls entering puberty.

In an attempt to develop an understanding of this construct, the present study made a basic assumption that, prior to entering puberty, a girl's feelings, thoughts driven by these feelings, and actions and responses differ from those that occur when a girl enters puberty. It attempts to capture various feelings (both negative and positive) generated while a girl is menstruating, as well as the thoughts (again, both positive and negative) that trigger and actions (also positive and negative) that propel them, resulting in the development of both positive and negative behavioural traits. Feelings, thoughts, and actions all contribute to trait development, which can be measured using an inventory.

Interaction with girls has highlighted several issues and challenges related to this topic, and some have been successful in establishing a connection. It was found to exist between various types of emotions, moods, and the development of behavioral and personality traits among young women. This paper is based on a larger part of the information gathered from individual interviews and focus group discussions. This paper aims to gain a deeper understanding of the various issues, challenges, and ways forward related to the menstrual health aspects of young women, as well as to explore the behavioral processes adopted in response to menstrual challenges and how these contribute to the emergence of behavioral and personality traits and attributes.

Methodology

A great deal of methodological care was taken, keeping in mind the sensitivities involved in discussing these issues. Initially, small-group workshops were held for young women aged 19 to 24. The workshop participants were asked to list various problems and issues that young women have faced and continue to face during menstruation. It was found that girls identified various problems, issues, and challenges detailed in Annexure 1.

Based on the participation in the workshop, the design included the holding of Focus Group Discussions and Individual Interviews to gain deeper insights. Two small focus group discussions were carried out first, with 4-5 young women in each group, and later Individual interviews were held. A small Interview guide and FGD guide used are placed in Annexure 2 and 3. The questions elicited were shared individually with the girls, keeping all details. The girls' consent was obtained, and they were also assured of confidentiality and their privacy. The details of the Individual interviews and Focus Group conducted are given in Table 1:

It was discovered that major behavioural problems existed among girls, and they also pointed out various problems that many girls do not feel comfortable sharing.

Table 1. Characteristics of the participants involved in the focus group discussion and interviews

Methodology used	Sample	Age Group	Profile
Individual Interviews	5	19-24	Young Women from Urban areas are graduating and pursuing post-graduation from Delhi NCR
Focus Group Discussions	2	19-24	Young Women from Urban areas are graduating and pursuing post-graduation from Delhi NCR

The girls who actually participated were found to be more open to the interactions and discussions. Their holding of FGD set the ground for exploring beyond the visible truths related to girls' biological processes that moved a girl child into a new journey from the onset of the menstrual cycle through an Individual interview.

During Individual interviews, young women were approached to share their menstrual stories, from which important 'critical incidents' were identified, and were asked about the way they responded to the associated challenges. Based on the responses to various critical incidents, the likely behavioral processes were identified, and the various behavioral and personality traits responsible for both functional and dysfunctional behavioral actions and responses were enumerated. Regarding a complete set of critical incidents, in the form of episodes, the girls' responses to these episodes, along with the behavioral responses and efforts made to decode some traits that could be said to be forming as a result of that process, were examined. An effort was made to identify some key episodes, their responses to those episodes, and processes and traits that could possibly emerge.

Results and Discussions

It was revealed during FGD and Individual interviews that in an interactive interview with girls during menstruation, they exhibited some kind of reactive behaviour. The girls pointed out that even though she had learned about periods through sessions conducted in schools, and was 14 when she got her first period, she had gotten scared that something had gone wrong and that she had probably done something wrong unknowingly, and was scared to tell her mother. The girl could be said to have suddenly moved into a state of fearfulness, and as a result, the emotional wheel takes a turn from a highly positively activated state of mind to somewhat negative activation under a state of fear.

Having emotions of cheerfulness and possibly also elation, one gets astonished, transitioning into a negatively activated state of fearfulness in the mind. Fearing the mother and sister creates a psychological distance between the mother and the child. A more child-controlling culture, where children are expected to be disciplined. Knowing fully about menstruation and getting scared of mother and sister, who are to provide a helping hand to the

child during menstruation, means an apparent lack of open communication and a culture of shame given high importance, and so this fear phenomenon, as evidenced by:

"This is because I was never close to my mother, and we never talked openly about anything like this. Even though I have an elder sister, she never discussed this with me, so even after knowing it is a natural process, I was scared about my mother's reaction. Also, I was scared about how I would manage it and what would happen now."

This is obviously more likely to give rise to behavioural dispositions such as: an irritating trait, a reactive disposition, being less responsive, living in shame, fearfulness, and uncertainty.

The girl also responded that the only thing she learnt about periods in school was how to use pads. This is indicative of a lack of awareness about menstruation processes, which may have raised several curious questions related to menstruation in the child's mind. The child, naturally, as curiosity is the first process that is developed among all after taking birth and coming out from the state of estrangement immediately after the birth, moves towards searching and finding out what it is, and moves on, on the lookout for finding out more and more information related to this. The tendency is to discuss more and more. This is evidenced by what is said:

"No other understanding was developed about periods through school sessions."

The behavioural traits that can be developed may include curiosity, self-awareness, and exploring not only with female friends but also with male friends. If there is a functional stretch in this process, it will lead to the development of innovativeness and creativity in decision-making. However, a stretch on the dysfunctional side will lead to a highly stressed individual, who will be far removed from creativity and innovation, and will become a critical and rebellious kind of person.

Another respondent reported that when she got her period, her sister, told by her mother, gave you pads to put on. She taught only how to use, and this again, obviously raising different kinds of curiosities and discomforts in oneself, and the pathway through which the curiosities got satisfied will determine the emergence of the behavioural traits in

the person, as evidenced by:

“In my friends’ circle, I was the last one to have periods, so most of my curiosities were satisfied by them only, and when I grew up, the rest of them were satisfied by social media and the internet.”

Searching for information related to menstruation on social media and the internet has a likelihood of being linked to other adolescent-related sites, and much unnecessary information may be obtained, which can create turbulence in the mind. Already during periods, mood swings are high due to hormonal imbalances, and a whole lot of information, some of which is not needed at the particular tender age, may be affecting the girl’s behavior. Information from peer groups is less likely to be sincere and may be skewed towards the end of the peer’s friendship. It is also very likely to contain incorrect information that may further disturb the mind and not pacify curiosity. Satisfaction of curiosity from reliable sources such as parents, family members, government institutions, philanthropic subject expert organizations, etc. There is a chance that the following behavioural traits might develop: curiosity, design thinking, obsessive behaviour, heightened mood swings, increased irritability, developing unwanted fears, developing pessimism, and a fear of failure. Each episode has an impact on the development of certain behavioral traits. Based on several episodes and the responses made to each episode, as well as the behavioral processes decoded from them, certain emerging behavioral and personality traits were observed. Collectively, the episodes, responses to episodes, behavioral processes, and traits for all episodes formed the Behavioral profile of the adolescent girl.

Srivastava & Srivastava (2025)⁶ in a concept note related to menstruation and behaviour referred to their holding of an assumption: ‘Action – Response – Adjustment – Reaction Cycle’ as having a bearing on young women’s behaviour that emerges during menstruation. In this, they referred to Menstruation as an event, comprising a basic biological process related to reproductive health. However, as this process occurs in the intimate part of the body of girls and women, there are specific cultural dictates regarding this matter, and conformance and adherence to these cultural norms are compulsory, irrespective of whether it brings discomfort or comfort. It is not out of place to mention, as it is part of the action-response-adjustment-reaction cycle, that for every action, act, or event, there is a response given by an individual. That response is intended to make the person comfortable, although so, or may not actually achieve this. When it has not got the desired comfort from a given response, in this case, the occurrence of menstruation is an action, and managing the menstrual flow is a response to manage, including cultural compulsions. Adjustment is made, perhaps, due to the limited options. When the limit

of tolerance is crossed, one enters a reactive state. This is used to understand emerging behavioral processes that may develop due to the emergence of one or more behavioral traits during the menstrual cycle of a menstruating girl. During a period that is marked by the flow of blood, a girl has to respond to managing, and that may call for specific adjustments in mind, thinking, etc., as traces or remnants of discomfort, leading to the self-getting hurt, leading to mood swings and uncomfortable behaviour, which may contribute to the development of traits. Since the process recurs every month, the display of behaviour and traits may become prominent and become a part of the personality.

What we have hitherto mainly mentioned connect to young women’s menstruation-related problems, issues, and challenges. Building on the conceptual framework for a subject like this, where little work has been previously done, except for limited research on menstrual hygiene, health, pubertal behavior, and mood swings during menstruation, among other topics, has been a challenging task. Although many related and unrelated aspects exist, there has been a lack of comprehensive work. The challenges were several. Several research questions came to mind. The basis of this was discovering the cause of reduced concentration of an outstanding girl student in class, to severe period cramp, pain, and discomfort, absenteeism from class during periods, inability to focus on things that need concentration, changed mood and behaviour during menstruation, and several others. Suppose we refer to the emotional wheel. In everyday parlance, we thought of moving beyond the usual way of managing menarche or menstruation among young women by making aware of menstrual hygiene, holding awareness programs on use of products, as there are several emotion and mood related issues which leads to the development of behavioural and personality traits and this paper is the outcome of explorations of relation between emotions and moods and development of behavioural and personality traits amongst young women during menstruation.

Srivastava (2016)⁷ pointed out, in a perspective note, that the energies of adolescents and youth are tremendous, and addressing any problem or issue requires examining their specific concerns, which could provide insights into conserving their overall energy. One can develop focused initiatives and interventions and plans for bringing about an understanding of the ‘healthier self-concept’ but the energies propelling from the same could resolve most of the mid and late adolescent problems being self-managed by the early adolescents with such positive attributes as: learning to living primarily in positively activated state of mind, at the most positively un-activated state, gradually coming out from the pangs of negatively activated states, which puts them in a state full of fear, sad and bore. The prolonged period in these states may compel an adolescent

to go to a doctor who may prescribe anxiety/depression reduction drugs. However, the adolescent problems and issues will need to be looked at from a much broader perspective to achieve a significant 'societal transformation' (Srivastava, 2016).⁷ It is for this reason that an attempt was made to conduct in-depth explorations to establish various connections through an exploratory study, focusing on the menstruation journey of young women from puberty onwards.

Even though every girl has to deal with menstrual hygiene, there is a lack of awareness about the process of menstruation and proper menstrual hygiene among young women, and it is more prominent among tribal girls (Kumari et al. 2021),⁸ where resources are limited. Adolescence in girls has been recognized as a special period that signifies the transition from girlhood to womanhood. Menstruation is generally considered unclean in Indian Society. Isolation of the menstruating girls and restrictions imposed on them in the family have reinforced negative attitudes toward this phenomenon in girls. The perception of menstruation varies across different cultures and religions.⁴ Several studies have reported restrictions on daily activities, such as being prohibited from taking a bath, changing clothes, combing one's hair, and entering holy places. Apart from these, dietary restrictions (including a taboo on consuming foods such as rice, curd, milk, lassi, potato, and sugarcane) are also imposed during the menstrual period. This gives rise to negative emotions among adolescents and young women.

Avoidable anxiety and fear may also lead to undesirable practices.²⁻⁵ A study found that 43.7% of the girls did not take part in ceremonies, and 36.2% did not take part in the social activities with family during menstruation.⁴ Along with cultural constructs that lead to the formation of a certain preconception, the reaction to menstruation also depends on awareness and knowledge about the subject.

Kumari et al. (2021)⁸ reported that a large number (51.33%) of the girls were unaware of menstruation before they experienced it. The physical complaints reported during menstruation were that the majority, 84.67% of girls, experienced stomach ache, followed by loss of appetite (27.33%), nausea (19.33%), pain in legs (18.67%), and very few, 6% started having headache. When questioned about psychological complaints, such as tension/stress/palpitation, the majority of samples (71.33%) experienced palpitation and stress, while 28.67% did not have such complaints. It was found that, during menstruation, 52.67% of the sample experienced a decrease in interest in work and study. Additionally, another issue was asked about weaknesses during menstruation. Nearly 71.33% of subjects felt weaknesses. A large number (70.67%) of the girls faced sleep problems during menstruation. Regarding the issue

of work/study or school attendance, 67.33% of the girls accepted that they had a problem with school attendance.

Hennegan J et al. (2019)⁹ referred to emotions as significantly affecting and influencing individuals' attitudes towards themselves and others. Emotions giving rise to feelings – positive and negative are always in a mix, not consistently negative or positive. Emotions that generally tend to hinder performance are negative; positive emotions, on the other hand, accelerate performance. It is linked with anxiety and depression (Young et al, 2019).¹⁰ Barsade and Gibson (2007)¹¹ pointed out three intertwined terms – affect, which refers to a broad range of feelings, including both emotions and moods, and is characterized as intense, discrete, and short-lived feeling experiences caused by specific events. Menstruation in this specific context is referred to as generating varying degrees of feelings and moods, with mood swings being a key aspect. This assumption led to the connection between menstruation and behavioral and personality traits, as mentioned in the underlying thought. Moods have been referred to as longer-lived, less intense feelings than emotions and often arise without a specific event acting as a stimulus. Frijda NH, et al. (1993)¹² referred to many emotions – anger, contempt, enthusiasm, envy, fear, frustration, disappointment, embarrassment, disgust, happiness, hate, hope, jealousy, joy, love, pride, surprise, sadness, boredom, content, and a list can be added. A direct consequence of these emotions, if they persist and recur, may lead to the development of various issues, and the triggers that evoke them may become ingrained in an individual's behavior and personality traits. In the past, psychologists have attempted to identify basic emotions by studying how they are expressed, and facial expressions have proven difficult to interpret (Solomon, 2002).¹³ Some researchers believe that certain emotions are too complex to be easily represented on faces, further complicated by the cultural paradox (Elfenbein & Ambady, 2002).¹⁴ A girl undergoing menstruation has several cultural dimensions to disclosures and/or non-disclosure of the event, referred to as 'menstrual taboos', which abounds in literature too. Representation of the menstrual event in a girl or / woman can be represented on her face. However, there is likely to be a more profound impact of emotions and feelings triggered by the menstrual event when it has commenced/ occurred. Cultural norms have significantly influenced the expression of emotions during menstruation, and the way they are recognized differs from how they are portrayed. Tracy and Randles (2011)¹⁵ agree on six universal emotions: anger, fear, sadness, happiness, disgust, and surprise/astonishment. There is an excellent correlation between these emotions and menstruation. There are other emotions as well – remaining tranquil, content, cheerful, and elated - that generally occur when estrogen levels are high.¹⁶

There is a smile on the face. Smiling during emotional moments may help reverse certain negative emotions altogether and contribute to the development of positive behaviors and traits, as well as several associated beneficial behavioral phenomena, such as problem-solving rather than obsession, resilience, critical thinking, interpersonal skills, and adaptability. These are important traits that may be necessary for managing emotions during menstruation, as they can be developed through inquisitiveness-centered awareness, driven by rising curiosity. Earlier, Srivastava & Srivastava (2024),¹⁷ had used the broad components of internal and external locus of control, fearfulness, curiosity, resilience, mental wellness, awareness, critical thinking, interpersonal skills, inquisitiveness, and adaptability to understand what we may call 'menstrual behaviour' and constructed a Behaviour and Personality Traits Determinants Inventory – Adolescent Girls (BPTDI – AG)¹⁷ for mentoring, coaching and counselling adolescent girls and young women for managing their negative traits and dysfunctional behaviour and strengthening positive, high potential traits and functional behaviour during their journey from adolescent girl to young women.

Future Research

Future research, including the development of tools for behavioral assessments and personality traits, could be the outcome of future studies. The respondents were provided with their behavioural profile, and by and large, agreed with the findings and conclusions drawn based on their menstruation journey. The research can be extended to mid-aged women and also to women in the Pre-Menopause Syndrome (PMS) age group to establish a linkage between the challenges faced by women in PMS and the challenges in managing them, as well as strategies for strengthening their leadership potential to achieve higher performance in the workplace.

We need to identify the challenges faced by young women in the areas of physical and biological health, Mental Health, social health, relationships, and Personality and competency development. We have to learn "How do these challenges look different for girls, boys, transgender, and intersex individuals?" It would be helpful to identify the societal and cultural determinants that can impact adolescent well-being, and learning modules need to be developed for this age group.

Conclusions

young women developing into adult women are influenced by their menstrual experiences, which can be measured as a predictive model for behavioural and personality traits. Further work is needed to be continued, and efforts are being made to develop a research team by enhancing qualitative research skills among women who are passionate

about pursuing this kind of work. Through research, develop mentoring and coaching skills, and contribute to the overall well-being, happiness, and success of women, enabling them to be proactively assertive, positively strong, and powerful.

NB: The "Behavioural and Personality Traits Determinants Inventory - Adolescent Girls (BPTDI – AG)"¹⁷ and "A Concept Note on Emerging Behavioural and Personality Traits - Menstruation driven Conceptual Constructs"⁶ are copyrighted works of Dr. Virendra Nath Srivastava and Savita Srivastava, developed for commercial use having a price. No part of these documents may be copied, reproduced, or republished in any form without the written permission of the owners of the copyright.

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Table 2. Problems, Issues, and Challenges mentioned by Young Women: Age Group: 19 – 24 years Girls

Occurrence of Changes	Nature of Change	Change Triggered Behavior / Curiosities, Inquisitiveness
Physical & Biological Changes	i) Developmental changes are completed	Curious about bodies, exploring their sexual demands, and self-conscious
Emotional Changes	ii) Steps into the dating world and explores relationships. iii) Might develop more stable relationships and marry. iv) Develops health-seeking behaviour for sexual and reproductive health v) Hormonal balance or imbalance might lead to disorders such as PCOD, etc. vi) Understands the consequences of behaviors and might prepare for parenthood vii) Ambiguity in understanding self in relation to others, including spouse viii) Copes with competing demands of school, family, spouse, community, livelihood, and self ix) Tries to understand and recognize problems and seek help.	<ul style="list-style-type: none"> • Curious about relationships, unable to express their feelings/curiosity, of exploring or their physical needs, need self-validation, doubt, might think of marrying early due to social pressures, timid personality • Feeling confused due to hormonal imbalance, try to seek information regarding this from female friends, and try to follow their advice regarding their health issues • Overemphasizing serious relationships, unrealistic relationship expectations, curious, same to girls • Constant denial of reality • Avoiding • Difficult conversations • Trust issues • Conversations / sexual demands start • Consumes more information from the internet • Rebellious nature, more partners, try to find people like themselves, or form a relationship with them • Awareness about sexual health, researching online / offline, enhancing knowledge about sex, seeking peer advice • Impulsive decisions, in personal and in pr of lives, seeking validation, defending, indecisive, lack of skills, experimentation • Anxiety, stress, cold feet, substance use and abuse, peer validation, and healthy routine • Comparison with successful people, follows their routine, and starts surrounding themselves with successful and positive people • Confused, work-life balance, strike conversation with peer groups, assertiveness, and less acceptance of others' opinions • Comparing, following the footsteps of models, debating with peers, an inflated sense of righteousness, and not taking feedback positively • Self-doubt about their qualities starts imbibing their qualities, behaving like their peers, even if they aren't like them, vulnerable, • Comparison with fellow friends, family relationships, seeks advice from their surrounding relationships, conforms to what is correct as per the advice from their family relationships, because they are naïve

Annexure 1

Focus Group Guide

1. What did you feel when you came to know the implications of not having regular periods?
2. What were the effects on your mind when, in the initial phase, the bleeding was very intense?

Annexure 2

Interview Guide

1. When you got your period, you got scared? What was the reason for the scare?
2. What understanding did you develop about periods through school sessions?
3. When you got your period, what kind of curiosities and discomforts did you have, and how did you satisfy your curiosities?
4. With what kinds of things did you become uncomfortable, and why? What kind of effects did it have on your mind?
5. What used to happen to you in the initial months that made your period days very tense?
6. Also, at first, when you used to get your period for 9-10 days, why did you use to get scared?
7. On the first and second day, when you experience a lot of pain, what makes you feel stronger?
8. How freely you shared about your periods with your male friends, and from what age you have been doing so?