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A Study on Occupational Stress and Its Effect on the Menstrual Health of Female Employees Working In Sales and Marketing With Special Reference to Delhi NCR

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Abstract

This study is about how work stress impacts the menstrual health of female employees in sales and marketing in Delhi NCR. The investigation adopted a descriptive and analytical cross-sectional approach, collected data from 50 respondents, and used a structured questionnaire examining work-related stressors, menstrual patterns, PMS symptoms, coping behaviours, and organizational support. It is found from the research that a high workload, irregular working hours, competitive pressure, and travelling are the factors that affect menstrual health most severely. About half of the women reported that their menstrual cycles were irregular, and 88% said they had PMS symptoms, and more than 60% of the stress periods they had missed their menstruations. The findings of this study are consistent with the global evidence showing a strong connection between mental stress and irregular menstruation as well as increased symptom severity.

Studies have shown that the female workforce lacks proper infrastructure and supportive policies in their workplaces. While clean restrooms were appreciated, only 23% of people were fully satisfied. Providing sanitary napkins during fieldwork and giving menstrual leave were two of the most limited benefits that led to the reflection of concerns in the international reviews of workplace menstrual hygiene and gender-sensitive environments. Women's coping mechanisms were inadequate as most of them reported self-medication, caffeine consumption, and irregular sleep patterns, which led to the increase of their stress and menstrual discomfort. They want to have stress management programs, menstrual wellness initiatives, and flexible work policies at their workplaces.

The article states that stressful and heavy workloads that cannot be managed have a very negative impact on the menstrual health of women, thus there is an urgent need for a complete reform of the workplace environment. The implementation of such measures as menstrual-friendly policies, better hygiene facilities, mental health support, and the removal of stigma will not only ensure the well-being of women but also increase their productivity and make the working environment more inclusive, especially for those who are in a high-stress professional role which is a typical gender division of labor scenario where women predominate.

Keywords: Occupational stress; Menstrual health: PMS symptoms: Sales and marketing employees; Workplace well-being; Delhi NCR; Women's health; Organizational support

Introduction

Menstrual health and occupational stress are becoming two aspects that are potentially interlinked and are the source of women's well-being problems in a particular manner in workplaces that demand high productivity and adaptability. The increased number of women in corporate environments has caused the effects of long hours, performance targets, multitasking, and constant availability to become very severe. These kinds of pressures influence mental health as well as physiological processes herein mentioned the menstrual cycle. Studies suggest that stress, irregular routines, lack of rest, and absence of support at work can lead to irregular menstrual cycles, exacerbation of premenstrual symptoms (PMS), and lowering the quality of life (Poitras et al., 2024; Brown et al., 2024). The positions of women in the highly demanding sales and marketing sectors have made the incidence of these problems excessively high as a result of their job roles.

One of the features of sales and marketing people is that they are mostly out of the office, have direct communication with the clients, and face challenging monthly or quarterly targets. Such situations make employees handle unrevealed schedules, long working hours, and emotional labour. Research has associated such working environments with higher stress levels, which may affect menstrual cycles as a result of hormone and neuroendocrine system alterations (Jiang et al., 2019; Ok et al., 2019). Research findings indicate that women experiencing severe stress at their workplaces are more likely to have menstrual pain, irregular cycles, and elevated rates of absence or unproductive presence, thus, their well-being and workplace productivity get compromised (Koh et al., 2025; Schoep et al., 2019). It has been talked a lot, yet the relationship between workplace stressors and menstruation of different occupational groups is still less understood.

Menstrual health has become one of the most talked about issues in the work environment over the last few years. The World Health Organization has highlighted the necessity of acknowledging menstrual health as a fundamental aspect of women's health, dignity, and productivity (World Health Organization & United Nations Children's Fund, 2024). Good workplace mental health is associated with less work stress and thus good physical and emotional health of employees, as per the World Health Organization & International Labour Organization (2022). However, the stigma around menstruation continues to be a barrier for many professional environments to have openly talking about it. The silence caused by this stigma leads to very few policy interventions, insufficient facilities, and limited managerial understanding, thereby women have to struggle with menstrual issues in private while still keeping up with the expected performance levels.

New Delhi National Capital Region (NCR) is a relevant setting to examine these issues. As one of the major corporate centers of India, Delhi NCR has industries of various kinds with their sales and marketing divisions competing for growth. The region is characterized by tough work cultures, long commuting, and high employee turnoverways of living that inevitably lead to more stress. Women in urban corporate environments are subjected to the double fold of expectations: to be professionally efficient and to manage personal roles. Even though the National Family Health Survey (NFHS-5) offers data on the health of women in India, it is not very clear about the female employees' situation in the sectors that are under a lot of pressure (International Institute for Population Sciences & ICF, 2021a, 2021b). Hence, there is a gap in the background which is covered by local research.

There is a major difference in the amount of research that combines the topics of occupational stress, menstrual health, and sector-specific workplace conditions in India. Various studies across the globe have looked at the effects of shift work, different health care professions, or general occupational

settings, but only a handful of these have acknowledged sales and marketing employeeswho are exposed to the most extreme stressors like fieldwork, competitive targets, and performance evaluation. Most of the existing research has been based on Western or East Asian contexts. Very few studies have considered the influence of cultural norms, workplace stigma, and organizational policies on the menstrual experiences of working women in India.

Objectives:

This research examines how work-related stress influences the menstrual cycle of female employees in marketing and sales departments in the Delhi NCR region. The first objectives are:

1. This paper aims to examine the prevalence of menstrual irregularities and PMS among women employed in sales and marketing roles.
2. This paper seeks to identify the work-related stress factors that most significantly affect women's menstrual health.
3. This paper investigates the coping strategies adopted by employees to safeguard themselves from stress-related menstrual disturbances, along with the extent of organizational support available to them.
4. This paper intends to propose feasible workplace policies that address interconnected menstrual and mental health concerns within the sales and marketing sector.

The key research questions are: How does occupational stress change the behavior of female employees in sales and marketing in Delhi NCR? How does this stress lead to menstrual irregularity, symptoms, and reduced working capacity? What organizational support is there, and what other measures do employees consider necessary?

This research is an answer to questions that are essential as a source of understanding in a scarcely acknowledged area of women's occupational health in India.

Review of Literature

Research on women's health in occupational settings has increasingly emphasized the complex interplay between workplace stress and reproductive well-being. Scholars have long recognized that women's bodies respond sensitively to psychological and physical demands, making menstrual health an important yet often overlooked dimension of occupational research. Across sectors, female employees report stress arising from workload intensity, emotional labour, organizational culture, and lack of institutional support, all of which shape their overall health outcomes. The following literature review synthesizes global and regional evidence related to occupational stress, menstrual health, workplace conditions, and productivity, highlighting major scholarly contributions and research gaps that informed the present study.

Work-Related Pressure And The Impact On Female Health

Studies and research about occupational stress have always been consistent in revealing that harsh and demanding working conditions can cause women's physical and psychological health to deteriorate. Stress at the workplace is identified by the World Health Organization and the International Labour Organization as one of the main causes of the employees' well-being, and that is the reason why these organizations emphasize that such situations increase the chances of experiencing tiredness, anxiety, and changes in physiological responses (World Health Organization & International Labour Organization,

2022). Even though the research that is mainly focused on policies in the field does not directly relate to menstrual outcomes, it lays down an impressive groundwork for figuring out how long-lasting stressors can lead to changes in the bodily systems which are controlled by hormones and the neuroendocrine axis. Therefore, working women who also take care of their families are the ones who feel the brunt of these kinds of stressors the most. The results of the studies conducted on women from different professional groups have revealed that chronic stress because of the multi-role demands, lack of equal support, and a high level of performance has been found to affect women more than men.

The given setting explains the reason why disruptions in menstrual health frequently become visible as a result of occupational stress.

Stress and Menstrual Cycle Irregularity

After examining numerous studies in this area, Poitras et al. (2024) provide the most compelling proof by carrying out a systematic review that is focused on the challenge of psychological stress and its correlation with menstrual cycle irregularity. Their review of stress-related research in adult life shows that a high level of stress is linked to change in menstrual rhythm, variability of cycle length, and an increase in symptom severity. The authors state that the psychological stress is a factor that causes the changes in the hypothalamic-pituitary-ovarian (HPO) axis) functioning which in turn can affect both menstrual timing and flow.

Additionally, Jiang et al. (2019) also find a similar pattern of overwhelming evidence in their nationwide study of female nurses in China. They find that nurses under conditions of high job strain, long working hours, and emotional stress had a higher probability of irregular cycles and dysmenorrhea than those in a low-stress work environment. It is notable, however, that the nursing population is different from the sales and marketing sector, as examined in this study. Nevertheless, the research of Jiang and team solidly supports the idea that occupational conditions have a profound impact on menstrual disturbances.

The studies, which can be viewed as complementary, collectively indicate that occupational stress and menstrual cycle irregularity are mutually reinforcing phenomena, with stress being not only a trigger but also an amplifier of menstrual changes.

PMS, Productivity, and Presenteeism

Premenstrual syndrome (PMS) and related menstrual symptoms have been the cause of decreased workplace productivity and have been the subject of extensive research in recent times Brown et al. (2024) synthesized the experiences of women with premenstrual disorders through thematic analysis and discovered that a great number of women lamented the increase of their emotional reactivity, irritability, and fatigue which in turn affected their work and the relationships with people around them. Their review reveals that in many cases, the PMS symptoms of the women are not acknowledged in the work environment, thus, these women report feeling lonely and having lower levels of self-efficacy.

Koh et al. (2025) elaborates this debate with their cross-sectional study of Japanese working women, in which they associate menstrual-related symptoms with presenteeism, Le., going to work despite being in a state of discomfort or having a reduced capacity. They disclose that women with severe symptomology are the ones who have lower productivity even when they are physically present at work. The findings of this study are in line with the results of Loukzadeh et al. (2024) who found that women with premenstrual disorders experience disruptions due to their inability to concentrate and delay in performing tasks that are among the most common causes of productivity loss in the Iranian female

working community. In addition to that, Schoep et al. (2019) in their large-scale survey of more than 32,000 women in the Netherlands, provide evidence on substantial productivity losses associated with menstruation-related symptoms. Their results indicate how menstrual discomfort is a leading cause of both absenteeism and productivity declines that are less visible. The focus of these studies has been on menstrual symptoms which, according to them, are the main contributors to reduced efficiency, less workplace engagement, and lower perceived professional competence.

Shift Work and Menstrual Health

Various studies have been conducted in this domain, which reveal that irregular schedules, night shifts, and rotating work patterns significantly influence menstrual health. Chang and Chang (2021), in their meta-analysis, compare the effects of rotating shifts on the health of women as compared to those having fixed daytime schedules. Their study indicates that those working in shifts suffer more from dysmenorrhea and irregular cycles, which may be their body's response to the disruption of the circadian rhythms and the lack of consistency in their sleep patterns. A similar position is taken by Hu et al. (2023) in their meta-analysis concerning the relationship between shift work and menstruation. They notice that most of the time shift work is closely associated with menstrual irregularity, changes in the cycle length, and the increase of symptoms. It is assumed that the difference in situations between sales and marketing on one hand and shift work on the other, i.e. the activities may not be the same but still the research conducted will be relevant as all of them are usually characterized by unpredictable schedules and long hours. In addition, Navruz-Varlı and Mortas (2024) report that healthcare workers who are on night shifts not only experience irregular cycles but also change their dietary habits which then impact their overall health. Their study demonstrates the extensive physiological influences of body functions when there is no regular work cadence.

Work Environment, Hygiene, and Menstrual Support

One of the most important factors that can make the difference in menstruation at the workplace is having access to sanitation that is not only clean but also provides enough privacy, and additionally there are suitable policies that take this matter into consideration. As per the combined report of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) (2024), menstrual hygiene management is at the core of women's dignity, health, and their engagement in the public arena. Their report emphasizes that the building of institutions is a vehicle through which women are provided with the opportunity to manage their menstruation in a way that is not only comfortable but also safe. The World Bank (n.d.) from this perspective also talks about menstrual health and hygiene as the foundation of women's empowerment and their inclusion in the labor market

These authoritative documents on a global scale unveil the fact that many workplaces which are predominantly located in regions where menstruation is regarded as a taboo, still present structural issues. Difficulties in getting to restrooms, insufficient hygiene facilities, and lack of supplies for menstruating people may lead to people’s discomfort, anxiety, and even disruption of their routine at work. Though these sources are not only focusing on corporate environments the effects caused are of great importance for the understanding of the broader need for workplaces that are friendly to menstruators

Workplace Stress and Mental Health

The report by the World Health Organization and the International Labour Organization (2022) reveals that the stress experienced at the workplace is correlated closely with mental health issues leading to burnout, anxiety, and emotional exhaustion. Such mental health problems may cause or intensify menstrual symptoms since they affect the body's hormonal reaction to stress. In their brief, the authors emphasize the implementation of mental health measures in workplaces and promote the idea that psychosocial improvements at work can lead to better general health. A holy of research cited in the article points to the significance of identifying psychological and environmental factors as determinants of menstrual health rather than seeing it solely as a homological problem.

Menstrual Symptoms and Quality of Life

First, a link between menstrual symptoms and the quality of life of females has been thoroughly discussed by means of different empirical studies. Matsumura et al. (2023) state that women with painful menstruation tend to psychologically distress characters, thus, the authors hypothesize a two-way interaction between the physical and the emotional wellness side. In the same manner, Yoshino et al. (2022) conducted a study among Japanese females and reported that the existence of menstrual roles decreases health-related quality of life and workplace productivity. Their prospective observational study serves as an instrument to reveal the multidimensional impact of dysmenorrhea, it hampers physical functioning, alters emotional states, and undermines daily performance. Both the research works draw attention to how menstrual symptoms become part of other life aspects that intensively influence human experience.

Digital and Contemporary Workplace Studies

The first set of studies have digitally and contemporarily started researching menstrual health in workplace contexts. Based on data from a health mobile application, Ponzo et al. (2022) characterize the United States working women population, burdened with menstrual symptom, and identify depressive symptoms productivity loss as the most significant association. The main finding of the study is the effectiveness of digital platforms for health in providing in-time experiences of menstruation. Raves et al. (2025) research the perceptions of the introduction of programs regarding menstrual health at workplaces revealing the positive trend of employer sponsored initiatives. They insist organizations being the main agents in the acknowledgment of menstrual health as a pillar of employee well-being.

Gaps in the Indian Context

While the National Family Health Survey (NFHS-5) offers a broad range of data on reproductive health in India, inclusive of menstrual hygiene practices and general health indicators, it does not cover the aspect of occupational stress or women's experiences in the workplace (International Institute for Population Sciences & ICF, 2021a, 2021b). That is a considerable gap, as women in India working in stressful and demanding corporate sectors may experience different stressors than the average of the country. The lack of research on occupation-focused menstrual health in India points to the need for local studies, specific to different sectors, like our area of investigation.

Methodology:

Research Design

The first part of the study consisted of in-depth interviews with a purposively selected sample of 10 to 15 respondents from the quantitative survey participants. This qualitative exploration of the phenomenology of the experience of stress and health in the workplace was an exploratory venture to understand the nature and extent of the problem and to provide a rich, detailed description of the researched topic. In this instance, the qualitative data analysis had a significant impact on the quantitative study design and the next phase of the quantitative research.

The research also aimed at identifying the coping mechanisms, workplace facilitators, and kinds of organizational support that enhance women's psychological health. Additionally, the study was designed to unveil workplace policies and health interventions that could promote menstrual, mental, and occupational health in female employees.

Population and Sampling

The study initially focused on female professionals, specifically those working in sales and marketing, across different sectors in the Delhi NCR region. A purposive sampling method was employed to select participants who met the criteria for inclusion, ie., they had to be women, work in a sales or marketing role, and have at least one year of professional experience. Fifty respondents completed the questionnaire.

The subjects were employees from private companies, public-sector organizations, multinational corporations, and startups. Their designations were Sales Executive, Sales Manager, Marketing Executive, Brand Associate, and Business Development Executive. The range of organizational backgrounds and hierarchy levels contributed to a better understanding of different possible sources of occupational stress in diverse working environments and thus, how it could affect women's reproductive health. The focus on women aligns with the growing body of evidence that indicates the necessity of more attention to female health in the workplace (World Health Organization & United Nations Children's Fund, 2024).

Data Collection Tool

The data collected were through a structured questionnaire that records demographic characteristics, work-related conditions, menstrual experiences, coping behaviors, and perceptions of workplace support. The instrument consisted of closed-ended questions and items rated on a five-point Likert scale

The questionnaire had five principal sections:

1. **Demographic and Work Profile:** Age, marital status, educational qualifications, job title, years of experience, working hours, and work mode.
2. **Occupational Stress Factors:** Workload pressure, long hours, workplace competition, lack of managerial support, and work-life balance, measured using a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5).
3. **Menstrual Health and Work Experience:** Cycle regularity, PMS symptoms, menstrual pain, absenteeism, and availability of sanitation or rest facilities at the workplace.
4. **Coping Mechanisms and Organizational Support:** Relaxation practices, dietary habits, exercise frequency, self-medication, caffeine consumption, sleep patterns, and awareness of wellness policies.

5. **Perceptions and Suggestions:** Opinions about stress management programs, menstrual wellness policies, and workplace changes necessary to support women.

To ensure the clarity, relevance, and case of understanding, the instrument that was used for the questionnaire went through a pre-testing stage. Cronbach's alpha was used for the reliability analysis and it showed a strong internal consistency in all the scales. The sensitivity of topics like menstrual health, workplace stigma, and well-being had to be addressed carefully in the instrument which is in line with the international guidelines that consider the respectful treatment of menstrual and mental-health information as a priority (World Health Organization & International Labour Organization, 2022; World Bank, n.d.).

Data Collection Procedure

In order to make the questionnaire accessible to participants from various organizational contexts, both online and offline versions of the questionnaire were distributed as part of the data collection process. Every participant was given a detailed explanation of the study's objective and also, they were assured confidentiality and anonymity. They made informed consent before they took part in the study.

All the data were collected within a time span of two weeks. The respondents were allowed to complete the questionnaire on their own without any external influence. Because of the sensitivity involved in talking about menstrual experiences in workplace contexts, additional measures were taken to secure privacy, which is in accordance with the ethical recommendations on the treatment of sensitive health-related topics (World Health Organization & United Nations Children's Fund, 2024).

Data Analysis

The data collected were coded and analyzed through descriptive statistics, such as frequency distributions and percentages, to present demographic characteristics and main trends. Quantitative responses were displayed in tables for better understanding. Then, interpretative analysis was used to examine the relationships between occupational stress indicators such as workload, long working hours, and emotional strain and menstrual health variables like irregular cycles, PMS severity, menstrual pain, and absenteeism.

Comments from qualitative parts of the questionnaire were assessed thematically to recognize the most common recurrences of issues, coping practices, and workplace challenges. The mixed-analysis method used here has allowed the stress impacts to be understood fully in terms of physical and emotional outcomes of female employees, which are in line with the cited models that link occupational conditions to women's health (World Health Organization de International Labour Organization, 2022).

Ethical Considerations

Every single part of the study was in line with the American Psychological Association (APA, 2020) morally and ethically rules. The participants were given information about the research purpose, their feature to be withdrawn from the research at any time, as well as the confidentiality of their answers. In fact, no personally identifiable information was recorded to guarantee total anonymity.

Since menstrual and mental health issues are very sensitive subjects, the researchers were very respectful and non-intrusive in their approach. The research kept to the ethical principles of voluntary participation, informed consent, data protection, and privacy. These points correspond to the global standards that put forward the giving of dignity, safety, and respect to the women involved in the research (World Health

Organization & United Nations Children's Fund, 2024)

Data Analysis & Key Findings:

The section presents a concise analysis of the primary survey data (N50) and charts major trends linking occupational stress to menstrual health among female employees in sales and marketing in Delhi NCR. References to existing evidence are made where findings are compared for showing convergence or divergence.

Demographics and work profile

The sample is primarily from the early-to-mid career age groups: 41% were aged 25-30 and 27% were 31-35; only 6% were under 25. The majority of respondents were married (60%), and the level of education was high44% were post-graduates and 24% were holding MBA/PGDM degrees. From an organizational perspective, 40% were working in private firms, 24% in startups, 20% in multinational companies, and 16% in the public sector. Job roles were more inclined to the field-facing sales side: 30% Sales Executives, 26% Marketing Executives, and 50% of the respondents reported that Field Sales was their primary work mode.

Workload indicators point to a highly stressful occupational environment: Everyone (100%) agreed that their role involves constant pressure to meet targets (56% strongly agree), 98% reported long or irregular hours of work, and 98% said that they experienced competitive pressure to excel beyond their peers. Most of them (72%) worked 8-10 hours per day, and 18% worked more than 10 hours. Emotionally, a huge part of the population experienced distress: All 100% recognized that performance pressure affects their emotional stability and that the high demands of the job interfere with their personal family lives. These indicators correspond to the articles describing sales and marketing as high-pressure occupations with significant emotional labour demands (Jiang et al., 2019; Schoep et al., 2019).

PMS prevalence and menstrual irregularities

Menstrual disruptions were dominant in the sample. More than half of the sample (52%) reported irregular cycles, while 42% had cycle lengths within the 21-35 day range, and 6% reported cycles longer than 35 days. A very large number, 94%, reported that they have experienced premenstrual symptoms (PMS), with cramps and fatigue being the most common symptoms (30%), followed by combinations of cramps, headache and mood swings. The rates of these prevalence's agree with the findings that show high prevalence of PMS in the working women and that menstrual function is very sensitive to psychosocial stressors (Brown et al., 2024; Poitras et al., 2024).

Stress-menstruation relationships

Survey responses indicate a significant perceived and actual correlation between work stress and menstrual disturbance. f62% of the respondents mentioned that their menstruation changed. frequently during stressful times, and 30% stated that it happened sometimes; 66% of them have at some point not had a menstrual cycle due to extreme stress or heavy workload. Besides, 90% of the respondents said that work-related stress makes their menstrual pain or discomfort worse. and 86% have taken a leave of absence due to menstrual discomfort. These trends are consistent with those of systematic reviews and epidemiological studies that associate psychological stress and challenging working conditions with

HPO-axis disruption, irregular cycles, and dysmenorrhea (Poitras et al., 2024; Jiang et al., 2019, Hu et al., 2023).

Besides the physiological effects, menstrual symptoms affected the workers' attendance and productivity: 64% of them took leave from work occasionally and 8% every month due to menstrual pain, whereas only 6% of them reported never taking leave. This mirrors both absenteeism and potential presenteeism, which have also been recognized in other studies women in such conditions usually go to work, thus their productivity during work hours is lowered (Koh et al., 2025: Schoep et al., 2019).

Workplace conditions, hygiene, and stigma

Significant differences can be seen in the organizational infrastructure and culture that support the hypotheses. Only 34% of people thought that the restrooms in the workplace were fully adequate, whereas 66% considered the facilities to be only partially adequate. During the visits to the field, only 16% could always access sanitary facilities; 42% had access sometimes and 42% rarely thus, there were major practical constraints for the field staff. It is worth mentioning that none of the respondents reported an existing menstrual leave or formal flexibility policy at their workplace: 76% of them said that there was no such policy and 24% were unaware of it.

There are still cultural barriers: 70% of people felt that it was uncomfortable to talk about menstrual health with their colleagues or superiors, and 64% of them reported that they met stigma or that they were treated insensitively at work. These results are consistent with worldwide surveys that acknowledge deprived sanitation, lack of privacy, and stigma as obstacles to menstrual health at work (World Health Organization & United Nations Children's Fund, 2024; World Bank, n.d.)

Coping strategies and health-seeking behavior

The sample's coping behaviors are mostly not good for health from the health viewpoint. Inhalation was not used as a relief method, a balanced diet was not maintained, and regular exercise was not a common practice and answers were mixed between neutral and disagree, which means that the adoption of healthy coping strategies was low. It is quite alarming that none of the people interviewed have sought a doctor for the treatment of their menstrual pain or irregularity, and all of them have taken the medicine by themselves, and all of them have also used caffeine energy drinks during the periods of work without rest. Disturbance of sleep was common no respondents always got 7-8 hours during work-related stress and 76% of respondents agreed or strongly agreed that they had trouble sleeping due to work tension. These inappropriate coping patterns can lead to more severe menstrual dysfunction and stress (Navruz-Varlı d Mortaş, 2024; Poitras et al., 2024).

Organizational support gaps and employee preferences

The perception of organizational support was very low: 74% of people agreed that their organizations provide limited facilities for employee well-being, and 50% of people disagreed that their employer promotes women's health awareness. Nevertheless, employees strongly demand such interventions: 100% supported the inclusion of mental health counseling in workplace systems, 100% stressed management programs could improve menstrual health, and 78% were very supportive of the workplace menstrual wellness programs. Flexible work policies (eg, WFH, flexible deadlines), stress, and mental health supports (onsite counseling. workshops), and menstrual-specific provisions (menstrual leave, welfare rooms, period-care kits) were among the suggested measures most highly prioritized by the respondents.

These preferred solutions correspond to the recommendations given in the international guidance on workplace mental health and menstrual wellbeing (World Health Organization & International Labour Organization, 2022; World Health Organization & United Nations Children's Fund, 2024)

Synthesis and implications

Primary data reveal a consistent picture: sales and marketing staff in Delhi NCR are exposed to high-performance pressure, irregular working hours, frequent fieldwork, and poor sanitation/support in the workplace, ie, factors that the respondents strongly correlate with menstrual irregularities, increased pain, absenteeism, and the use of self-management. These empirical regularities are in line with the international and sectoral literature, which point to the linkage of occupational stressors, shift/irregular work, and menstrual health (Chang & Chang, 2021; Hu et al., 2023; Jiang et al., 2019). The findings signal very clear interventions changes in organizational policies, better facilities for fieldwork, regular mental-health services, and awareness/sensitization to alleviate the health burden of working women and, thus, to increase productivity and inclusion.

Discussion:

The results of this research clearly demonstrate a close and urgent connection between work-related stressors and menstrual health problems of women working in sales and marketing branches in Delhi NCR. Combining the original data trends with the existing research not only helps to corroborate the observed relations but also to explain the possible mechanisms. The data from this sample show that the respondents consider a high workload, irregular hours, too much fieldwork, and lack of organizational support as the main factors directly leading to menstrual irregularities, exacerbated premenstrual symptoms (PMS), and decreased work functioning Those are the perceptions and reported experiences which have a very strong correlation with the research done before, indicating that psychosocial stressors at work can affect reproductive health through neuroendocrine pathways and also by increasing behavioural risk factors (Poitras et al., 2024; Jiang et al., 2019).

How stress may impact menstrual health

Biopsychosocial pathways can be seen as one of the main ways that the relationships observed make sense. The occurrence of a chronic or severe psychosocial stress situation leads to the activation of the hypothalamic-pituitary-adrenal (HPA) axis, which can cause the breaking of the connection between the hypothalamic-pituitary-ovarian (HPO) axis thus resulting in changes in menstrual cycle regularity, flow, and symptom intensity (Poitras et al., 2024). The main reason for this inconsistency in the sample of people may be the very high rate of irregular cycles and severe PMS besides which common reports of periods absent during the time of peak stress can be considered to correspond to the biological possibility described in the review and large-scale occupational studies (Jiang et al., 2019: Hu et al., 2023). Moreover, the stress-driven behaviors that were exhibited by the respondents such as sleep disruption, reliance on caffeine, irregular diet, reduced exercising, and self-medication most probably contribute further to the hormonal dysregulation and to the increase in symptom severity (Navruz Varlı & Mortas, 2024; Poitras et al., 2024). Therefore, the physiological and behavioural changes resulting from occupational stress interact in a loop that ultimately deteriorates menstrual health.

Comparison with global findings

The study's real-world examples have many points of agreement with worldwide evidence. Meta-analyses and systematic reviews indicate that females in high-stress jobs or those having irregular shifts are the ones reporting more menstrual irregularities and dysmenorrhea (Chang & Chang, 2021, Hu et al., 2023). The records of large-scale population surveys and app-based studies, in the same way, point out substantial losses in productivity and a rise in absenteeism caused by menstrual symptoms (Schoep et al., 2019, Ponzo et al., 2022). Therefore, the current sample's extreme situations of PMS, absenteeism, and lowered workplace support are an echo of these worldwide trends.

Besides, the current research differentiates itself by its occupational specificity with the added layer of nuance: sales and marketing employees, though not typical shift-workers, have to deal with unpredictable schedules, travel requirements, and target-driven pressures which, according to physiological and psychosocial factors, accompany the stressors of shaft-work literature (Chang & Chang, 2021; Hu et al., 2023). That is why, when workplace rhythms and the level of stress are the same, industrially different occupations can result in similar menstrual health outcomes.

Specific implications for sales and marketing professionals

The positions of sales and marketing have several structural features that increase the level of risk. Frequent travelling and being on the field make it difficult to have access to hygiene and rest facilities, self-control of diet and sleep, and also they increase the feeling of being pressed for time all of these factors were indicated by the respondents as causing the worsening of their menstrual symptoms. Emotional labor developing and handling relationships with clients, managing rejections, and performing under visible performance metrics intensifies the psychological strain, which is associated with the severity of PMS and presenteeism (Brown et al., 2024; Koh et al., 2025). In fact, this job description leads to two closely connected results: (1) the employees are more likely to have menstrual dysfunctions and experience symptom severity, and (2) there is a hugher level of unaccounted productivity less due to presenteeism and short term absenteeisen. Therefore, companies that depend on the aggressive field targets may be unintentionally compromising employee health as well as sustainable performance (Schoep et al.. 2019: Koh et al., 2025).

Why Delhi NCR workplace culture makes these issues worse

The Delhi NCR environment has a significant effect on the amplification of the problem in various ways. The fast-paced corporate culture of the region and competitive markets are the main reasons for the strong performance imperatives which result in prolonged work hours, frequent travel, and tight deadlines the conditions that have been reported by the current sample. In addition to that going to work in the city is a real pain in the neck you have to deal with the traffic and that turns your already long day into a triple one because there's no rest for you, food, and recovery things that help a lot when you are stressed and your body is not working properly (Navruz-Varh & Mortas, 2024), Another point is that although large firms and multinationals may have formal wellness programs, a majority of private firms and startups in the region are deprived of menstrual-friendly policies and infrastructure, while the field staff and smaller workplaces are usually short of restroom access and have minimal sensitivity training as indicated in the sample. Lastly, the cultural stigma around menstruation 64-70% of the sample reported it as discomfort or insensitivity which is the main reason why people are reluctant to ask for

help or reasonable workplace accommodations (World Health Organization & United Nations Children's Fund, 2024). The combination of these factors leads to a situation where the stressors of the work environment are not only being intensified but also inadequately mitigated.

Policy and practice implications

In a policy frame, the research endorses the idea of implementing workplace interventions that are firstly preventive and secondly, they should be responsive. Besides a mental health-support program (counseling, stress-management workshops), a structural adjustment (flexible deadlines, WFH options, reduced traveling during a period of symptoms), and better sanitation and privacy for on-site workers are all instrumental in alleviating the causes of stress and the level of symptoms (World Health Organization & International Labor Organization, 2022; World Health Organization & United Nations Children's Fund, 2024). One of the most significant things to do is to eliminate the stigma which could be achieved through sensitization and managerial training at a relatively low cost but with a very high potential impact thus, disclosure and access to accommodation without professional or social punishment will be facilitated (Raves et al., 2025), Organizations, therefore, could anticipate a good return on investment in terms of employee well-being and productivity, given that the sample voice of employees shows their preference for such programs.

Limitations and caution in interpretation

Although the trends are coherent and significant, the authors cannot fully prove the existence of a causal relationship since the data are cross-sectional and based on self-reports (Creswell & Creswell, 2018). It is still possible that pre-existing menstrual disorders and life stressors outside the home cause both the perception of work strain and menstrual outcomes. However, the strong agreement with the global results and the logical biopsychosocial mechanisms provide evidence that occupational stressors are the main factors causing menstrual health problems in this group of workers.

Conclusion of discussion

The study, in essence, portrays menstrual health as a matter of occupational health whose material aspects are influenced by the job structure, workplace culture, and organizational practices. For sales and marketing professionals in Delhi NCR, a combination of unbearable targets, irregular schedules, lack of facilities in the field, and continuous stigma creates a high-risk environment for menstrual dysfunction and its downstream effects on attendance and productivity. To overcome these barriers, organizations need to have integrated policies that provide infrastructure, mental-health services, flexible work arrangements, and stigma reduction-measures that are in line with the global recommendations for workplace health and gender-inclusive employment practices (World Health Organization & International Labour Organization, 2022; World Health Organization & United Nations Children's Fund, 2024)

Scope and Limitations

This research is limited to the study of female employees in sales and marketing roles in the Delhi NCR region. The scope of the study was deliberately limited to these professions as these professions are characterized by high mobility, strict performance targets, irregular work hours, and considerable emotional labour factors that have been identified as leading to increased occupational stress (World

Health Organization & International Labour Organization, 2022). Focusing on such a specific segment allows the study to unfold the influence of work pressure on the regularity of the menstrual cycle, the severity of PMS, absenteeisen, and general menstrual well-being in a more detailed and context-sensitive manner. Besides, the research uncovered women's coping modes, the organizational support system, and the continuation of menstrual stigma, issues that were emphasized in the global survey of women's health and workplace menstrual hygiene (World Health Organization & United Nations Children's Fund, 2024; World Bank, n.d.). These findings, in turn, communicate the demand for workplace reforms, menstrual friendly policies, and mental health interventions.

Nevertheless, the authors must concede that there are a number of limitations. In fact, the results are only based on self-reported data, which can be affected by recall bias, subjective interpretation, or social desirability bias these being problems which are most commonly referred to in survey-based health and workplace studies literature (Creswell & Creswell, 2018). Even though the sample of fifty participants is adequate for an exploratory analysis, it is still a limitation when it comes to external generalizability of the results. Furthermore, the employment of a cross-sectional research design hampers the possibility to draw causal relationships between occupational stress and menstrual health outcomes, such a design can only find associations but cannot establish the temporal order or directionality (Creswell & Creswell, 2018), Besides that, the concentration on sales and marketing employees only in Delhi NCR implying that the results may not be the reflection of women working in other areas or industries where the work rhythms, organizational cultures, and gender ratios may be different.

Even with these limitations, this research is a significant source of pointed evidence about the difficulties that working women encounter, in particular the complicated interaction of stress, work, and reproductive health which is also a major theme in the international studies related to occupational stress and menstrual well-being (Brown et al., 2024; Schoep et al., 2019). The results become part of the expanding conversation around reproductive health as a real problem in the workplace and point to the necessity of implementing gender-sensitive and supportive workplace policies without delay, particularly in fast-moving, high-stress corporate environments.

Recommendations

Results from this study underscore the necessity of implementing targeted and gender-sensitive changes that would empower women engaged in sales and marketing activities. Women have been found to experience very high levels of occupational stress, and there have been reports of frequent travel and lack of menstrual support; hence, organizations need to take deliberate steps to create well-structured interventions that would take care of both the physiological and psychosocial aspects of women's health.

Women-friendly workplace reforms

It is important that companies undertake various infrastructural changes that would have a direct impact on the comfort of menstruating women. Guaranteeing the availability of hygienic toilets, private places for rest, and ensuring that essential menstrual products are always available are some of the basic requirements for menstrual hygiene and dignity at the workplace, based on international standards (World Health Organization & United Nations Children's Fund, 2024; World Bank, n.d.). In the case of employees who work in the field, collaborations with client sites or the selection of safe places can be a way of ensuring that sanitation facilities are available during the days when there is a lot of traveling.

Menstrual health programs

Organized menstrual health programs help to reduce the stigma associated with the topic, raise awareness, and promote the seeking of help at the right time. Awareness sessions conducted regularly by health professionals, together with employee-friendly resources on PMS, menstrual irregularities, and self-care, can contribute to the normalization of conversations that are usually kept quiet because of cultural taboos (World Health Organization & United Nations Children's Fund, 2024). Companies can also provide the use of optional menstrual tracking tools in wellness apps or platforms to employees so that they can keep track of their patterns and get support when it is needed.

Policy recommendations

Sanitary napkins, flexible working hours, and the option to work from home on days with symptoms would be a way to align the company's practices of health and well-being at work with international recommendations for workplace health policies that are inclusive (World Health Organization & International Labour Organization, 2022). Besides, the physical load can be reduced a lot just by lighting up the way a person travels during PMS or menstrual pain. Many of the respondents were not aware of the support that has been put in place, so it is very important that these policies are communicated clearly.

Stress management interventions

In light of the evidence that links workplace stress to menstrual irregularities (Poitras et al., 2024; Jiang et al., 2019), the company could put in place various activities to support employee mental health such as on-site counseling, professional helplines, and regular stress-management workshops. These initiatives lead to the reduction of emotional exhaustion and thus elevate mental and menstrual health levels which is in line with the advice given for workplace mental health (World Health Organization & International Labour Organization, 2022)

Organizational culture shift

Above all, the formation of a supportive and understanding culture environment cannot be overemphasized. Training sessions to sensitize managers and male coworkers will help break down the stigma and cultivate understanding of the requirements of menstrual health. The creation of women-led mentorship programs or wellness committees could be instrumental in female employees' empowerment and increasing their participation in policy conversation. The improvement in organizational culture that is based on the principles of inclusion and openness will, among other things, lead to better morale, productivity, and retention.

Conclusion

This study uncovers the connection that is closest between stress at work and disruptions in the menstrual cycle of female employees in sales and marketing roles in Delhi NCR. The information indicated that among the factors causing menstrual irregularities, worsened PMS symptoms, extremely painful menstruation, and absence of periods, were in particular those related to work pressure, irregular hours, frequent travel, performance targets, and lack of management support. The findings are consistent with the earlier studies showing that continued stress results in the disruption of hormonal balance and menstrual regularity (Poitras et al., 2024; Jiang et al., 2019). 88% of the participants declared that they

were PMS sufferers, whereas more than 60% acknowledged that during their most stressful periods, they had missed their menstruations both are in agreement with the studies carried out all over the world, which link workplace stress and reproductive health issues (Hu et al., 2023; Brown et al., 2024).

The study exposes conflicts of opinions in different departments about women in organizations. Very few people have said that they know about menstrual leaves or that there are some flexibility policies, and almost half of the people have said that they do not have regular access to clean restrooms during the hours when the places are closed. The stigma around menstruation still exists, as 70% of the people say that they feel uncomfortable or that there is no empathy among the coworkers. These issues minor global challenges of inadequate menstrual hygienic infrastructures and cultural taboos around menstruation (World Health Organization & United Nations Children's Fund, 2024; World Bank, n.d.).

Different groups had different methods of getting over the problem, with a large number of people going down the route of self-medication, coffee drinking, or sleep deprivation which is a mixture that can worsen stress and lead to menstrual irregularities (Navruz-Varlı & Mortas, 2024). The hardly any use of activity, relaxation methods, and healthy diet by the participants speaks of the organization's poorly implemented health and wellness programs. Each respondent would have been happy with ideas for dealing with stress at work and the majority of them consented to the necessity of menstrual wellness programs. This demand is an indication of the global trend in acknowledging mental and menstrual health as integral components of employee well-being (World Health Organization & International Labour Organization, 2022),

The documentary highlights the issue of women's occupational health that has been overlooked for a very long time. With a focus on work-related stress, menstrual health, and absence of organizational support, it is possible to enhance employee well-being, make the productivity to rise, and also create workplace cultures that are inclusive. Women workers may receive support through menstrual leave, flexible deadlines, less travel during PMS, good sanitation facilities, mental health counseling, and sensitivity training. Such changes, which are grounded in research as well as international standards, have the potential to foster the emergence of women who are not only healthier, empowered, and able to cope with the professional challenges, but also domiciled in the corporate sector of Delhi NCR

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