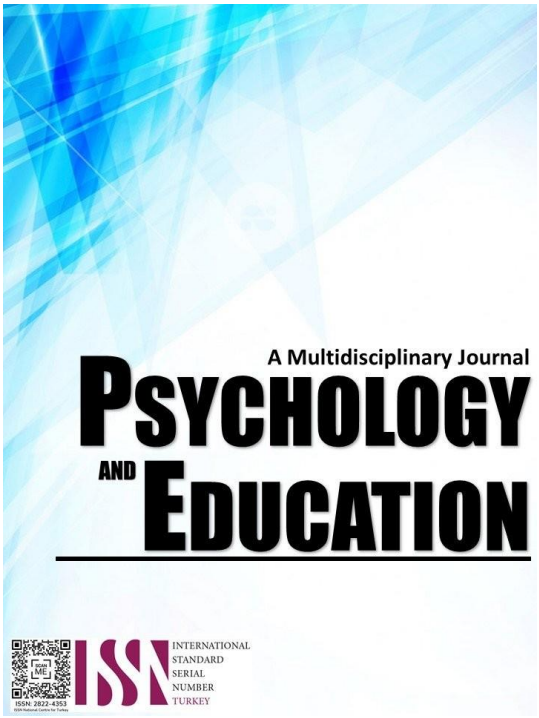
MENSTRUAL DISTRESS AMONG FEMALE EMPLOYEES OF THE PRIVATE SECTOR: A BASIS FOR POLICY DEVELOPMENT



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Research Article

Menstrual Distress among Female Employees of the Private Sector: A Basis for Policy Development

Karyll Nicka D. Rivera,* Floraels Leigh U. Frane, Princess Riofelle L. Ramiscal, Reyna Jane M. Secretario, Carl Steve S. Valmores, Kristel Joy C. Dapiawen, Shiellah Mae T. Barsicula, Lady Valen Charon Dela Peña
For affiliations and correspondence, see the last page.

Abstract

Menstruation significantly impacts the quality of life and productivity of women, presenting different physical, psychological, and emotional challenges known as menstrual distress. This study focuses on the level of menstrual distress among female employees in the private sector, emphasizing the need for supportive workplace policies. In addition, the study utilized a mixed-method approach. This research combined descriptive-comparative-correlational designs with thematic analysis to explore the experiences of 50 female workers from private institutions in Bayombong, Nueva Vizcaya. A validated questionnaire was used to gather quantitative data on menstrual phases, distress levels, and their impact on productivity. On the other hand, qualitative data were analyzed to uncover common themes in participants' experiences of menstrual distress. Moreover, the study found a consistently high level of menstrual distress among participants, regardless of age, lifestyle, medical background, or frequency of OB-GYN visits. Coping mechanisms such as using hot compresses and resting were commonly reported. A significant finding was the massive support among female employees for enacting the Menstrual Leave Act (House Bill 7758), indicating a strong demand for policy intervention. This study found that factors like age, lifestyle, medical background, and OB-GYN visits do not significantly affect the level of menstrual distress experienced by female employees, which remains high during their menstrual cycles. It suggests that menstrual leave policies, such as House Bill 7758, should apply to all women. To fully grasp the scope of menstrual distress affecting female employees, it's crucial to conduct more research as this issue involves numerous factors that have a substantial effect on their health and work performance.

Keywords: *menstrual distress, quality of life, productivity, female employees, private sector*

Introduction

Female workers are found in all working environments and play a vital role in society. Menstruation, being a natural physiological process, is commonly linked with negative attitudes. Menarche, the onset of menstruation in women, is a turning point in the development of womanhood. Approximately 18 million women between 30 and 55 years have reported complaining of menstrual disorders with excessive menstrual bleeding (Karout et al., 2012). Girls and women have been identified to have a need for education and information on menstruation to have improved body awareness, adopt practical and hygienic habits, and break fruitless myths or taboos (Chothe et al., 2014). The menstrual cycle represents a periodic sequence of physiological events initiated by the endocrine system, which is a vital part of reproduction (House et al., 2012). Additionally, the menstrual cycle has a profound impact on women's health from numerous directions, including physical as well as mental well-being (Messinis et al., 2014).

In addition, menstruation is a physiological condition; however, it affects the quality of life of women significantly. According to the World Health Organization, 'Health' is a physical, mental, and social well-being and not the absence of disease or disability. Menstruation has been found to affect the health of women, considering the fact that it triggers a series of physical, psychological, and emotional changes during the luteal and follicular phases, and thus affect the daily life of women of reproductive age.

Menstrual health is a significant determinant among women between 15 and 49 years old, a reproductive age group that the World Health Organization (WHO) categorizes. The menstrual cycle also refers to recurrent natural changes in the female reproductive system. Well-being is a general term utilized to explain the health of the individual or population, including all dimensions of the social, economic, psychological, spiritual, or medical status. A High level of well-being is likely to indicate that the individual or group status is positive, whereas low well- being has been associated with unwanted events (Cooper et al., 2023).

The holistic physical and emotional tension linked with menstruation, experienced somewhat before, during, or just after the menstrual bleeding days of the menstrual cycle, is termed menstrual distress, a result of female reproductive hormone fluctuations (Sarita et al., 2024). Menstrual distress includes the severity and magnitude of symptoms experienced by women at every phase of the menstrual cycle.

The National Library of Medicine (2023) states that the woman's menstrual cycle is defined by menstruation or menstrual period, a term used for regular vaginal bleeding. Menstruation symptoms can lead to reduced productivity; a large cohort study of 32,748 women between the ages of 15 and 45 (Schoep et al., 2019) identified a significant correlation between menstrual symptoms, specifically lower abdominal pain, and loss of productivity through absenteeism and reduction in productivity when present (presenteeism).

Research on menstrual issues in working women, teenagers, and nurses has been conducted in different cultures (Nohara et al., 2011). The findings showed that many Japanese office workers experience dysmenorrhea and menstrual problems. In Sang et al. (2021) study,

titled Blood Work: Managing Menstruation, Menopause, and Gynaecological Health Conditions at Work, 84% of respondents reported having menstrual cycles, and 17% said they have experienced or are currently going through menopause. Some of these respondents experienced both menstruation and menopause at the same time. Additionally, 69% reported having a gynecological health issue. The most common conditions among these respondents included heavy menstrual bleeding, irregular periods, endometriosis, difficulty conceiving, polycystic ovary syndrome, miscarriage, ovarian cysts, fibroids, incontinence, and undiagnosed pelvic pain. Less common conditions included interstitial cystitis, vulval pain, vaginitis, pelvic floor disorders, and prolapse. Many respondents dealt with multiple gynecological health issues. Therefore, menstrual problems are an important health concern for working women. While the menstrual cycle is not an illness and does not have a formal diagnosis, it requires individuals to manage physical and emotional symptoms, control bodily fluids, and use special facilities to avoid revealing their menstruating condition. Painstakingly, even in today's generation many still face shame and stigma related to menstruation.

Menstrual taboo and culture immensely influence girls' and women's lives and institutionalize gender imbalance and exclusion. Additionally, menstruation is a taboo and rarely discussed everywhere around the globe, which causes lots of issues, misunderstandings, and a great deal of physical, emotional, and psychological trouble for young females. Even older women might not always be well-informed on simple biological data and hygiene norms, which again helps to retain ongoing cultural taboo and restrictions over young girls (Bhartiya, 2013). It is all a matter of issues concerning their upbringing and personal as well as societal identities. Women and girls undergo day-to-day limitations due to menstruation (House et al., 2014). Menstrual distress has been proven to lower women's quality of life during menses and possesses worldwide health connotations, according to Minakshi et al. (2024). More bleeding days and heavier menstrual outflow are correlated with higher menstrual distress.

Research Questions

This study explored the Menstrual Distress of Female Employees of the Private Sector. Particularly, its goal is to answer the following questions:

1. What is the level of menstrual distress experienced by the female employees, in terms of:
    1.1. average;
    1.2. premenstrual phase;
    1.3. menstrual phase; and
    1.4. intermenstrual phase?
2. Is there a significant difference in the level of menstrual distress experienced by the female employees in terms of average, premenstrual, menstrual, and intermenstrual phases when grouped according to:
    2.1. age;
    2.2. lifestyle;
    2.3. medical history; and
    2.4. frequency of ob-gyn visitation?
3. Is there a significant relationship between age and level of menstrual distress experienced by the female employees, in terms of:
    3.1. average;
    3.2. premenstrual phase;
    3.3. menstrual phase; and
    3.4. intermenstrual phase?
4. What are the menstrual practices of respondents when faced with menstrual distress?
5. What is the stand of the respondents concerning House Bill 7758 which seeks to grant working women in both private and public sectors two-day menstrual leave with full pay?

Methodology

Research Design

The researchers utilized a mixed-methods design involving quantitative and qualitative methods. These research designs were used to analyze the data collected from female employees working in the private sector. The quantitative aspect of the study was used to gather the level of menstrual distress of female employees working in the private sector in Bayombong, Nueva Vizcaya enabling the researchers to collect measurable data like the level of the severity of symptoms of menstrual distress, frequency, and impact on work performance of the female employees. Meanwhile, the qualitative method was used as it offered deeper insights into the female employees' personal experiences, coping mechanisms, and perceptions concerning menstrual-related policies. This complements the numerical data with context and clearer understanding.

This study employed descriptive-comparative-correlational research designs. Descriptive methods were used to determine the level of menstrual distress experienced by the female employees in the past year of experience, premenstrual, menstrual, and intermenstrual phases, and comparative methods to assess if there is a significant difference in the level of menstrual distress experienced by the female employees in the premenstrual, menstrual, and intermenstrual phases when grouped according to age, lifestyle, medical history

and frequency of OB-GYN visitation. Furthermore, correlational methods were also used to investigate the significant relationship between age and level of menstrual distress experienced by female employees in the premenstrual, menstrual, and intermenstrual phases.

On the other hand, thematic research, which is a qualitative research approach, was used in this study. The qualitative data from the responses was gathered to provide rich details about the subjective experiences of menstrual distress of female employees. Thematic research identified patterns and recurring themes within the data to be gathered, providing a deeper understanding of the qualitative aspects of menstrual distress in the workplace setting.

Respondents

The research respondents were female employees of the private sector. A total of 50 female employees participated in the study, representing a diverse demographic group in terms of age, lifestyle, and medical history. The respondents were from the fields of pharmaceutical companies, hospitality and tourism, and small-scale entrepreneurs. These respondents were carefully selected using a quota sampling method to ensure diversity and inclusivity, reflecting the broader population of female employees in the private sector.

The selection of participants from private sectors in Bayombong highlights the essential role female employees play as part of the backbone of the economy while offering a wide range of experiences regarding menstrual distress that points out the varied physical, emotional, and work-related challenges women experience, which include severe cramps, mood swings, limited access to resources, and cultural stigmas. The extent of these experiences varies between individuals based on their health, workplace support, and social norms, affecting their comfort, productivity, and general well-being. Moreover, Female employees of these private sectors are the ones able to provide additional support and manpower for institutions.

Female employees were given survey forms regarding menstrual distress. The respondents were categorized based on their demographic profile, which includes their age, lifestyle, and medical history. This study utilized quota sampling in selecting female employees of Private Establishments in Bayombong, Nueva Vizcaya with a total of 50 female respondents.

Demographic Profile

Table 1. *Breakdown of female respondents working in Private Establishments*

Profile	*Variable*	*Frequency*	*Percentage*
Age	20-29	33	66%
	30-39	12	24%
	40-49	5	10%
	Total	50	100%
Lifestyle	Active	31	62%
	Sedentary	19	38%
	Total	50	100%
Medical History	Yes	28	56%
	No	22	44%
	Total	50	100%
Frequency of Menstrual Related Illnesses	Dysmenorrhea	23	87%
	Pcos	8	28%
	Amenorrhea	2	7%
	Endometriosis	2	7%
Frequency of Ob-Gyn Visitation	Never	24	48%
	Seldom	8	16%
	Sometimes	14	28%
	Always	4	8%
	Total	50	100%

Table 1 shows the demographic profiles used in the study and the total number of Female Employee respondents in each profile. The Female Respondents' age, lifestyle, and medical history were considered. For age, there were age groups of 20- 29 (66%), 30-39 (24%), and 40- 49 (10%). For lifestyle, there were more female employees with an active lifestyle (62%) than female employees with a sedentary (38%). Moreover, for the female employees with medical history (56%) and with no medical history (44%) those with a medical history predominantly reported conditions such as dysmenorrhea (82%), polycystic ovary syndrome (PCOS, 28%), amenorrhea (7%), and endometriosis (7%). Lastly, for the frequency of OB- GYN visits, nearly half of the respondents (48%) never visited an OB-GYN, while (16%) visited seldom, (28%) visited sometimes, and only (8%) had regular visits. At the time, the quota population of the Female Employee respondents from the Private Sector in Bayombong, Nueva Vizcaya was 50.

Instrument

In this study, researchers employed a questionnaire adapted from the work titled "The Menstrual Distress Questionnaire (MEDI-Q): Reliability and Validity of the English Version" by Cassioli et al. (2023).

There were a total of three parts to the questionnaire. Part I consisted of the demographic profile which included the respondents' age, lifestyle, medical history, and frequency of OB-GYN Visitation. On the other hand, Part II of the questionnaire consisted of a pain scale to determine whether women also experience the symptoms of menstrual distress. In this part of the questionnaire, it consisted of the 3 phases of menstruation, which are the premenstrual phase, the menstrual phase, and the intermenstrual phase. The researchers assessed the respondents' experiences with the level of menstrual distress, whether or not they are experiencing the symptoms, the level of menstrual distress, and the extent to which menstruation distress affects their social lives, jobs, leisure activities, and general quality of life through the use of 4-point Likert scale. Concerning the level of menstrual distress, which can include pain, difficulty concentrating, water retention, changes in behavior, negative affect, autonomic reactions, arousal, and control throughout the menstrual cycle, this questionnaire aimed to ascertain the effect of menstrual distress on the psychological health of female employees working in the Private sector.

Part III was dedicated to gathering qualitative data, allowing respondents to express their stand on menstrual distress; practices, and stand of female respondents concerning menstrual distress; thus, program implementations are relevant to it. This qualitative component aimed to explore the stand and menstrual practices of female employees concerning menstrual distress. This survey instrument allows for a thorough exploration of the research objectives to utilize both quantitative and qualitative approaches.

The researchers conducted a pilot test consisting of 40 female employees to assess the reliability of the questionnaire designed to measure the menstrual distress of the female employees. The researchers informed the potential participants about the study's objectives and obtained their informed consent.

Results of the Reliability Test

Table 2. *Result of Reliability Test for the Level of Menstrual Distress*

Cronbach's Alpha	*Cronbach's Alpha Based on Standardized Items*	*N of Items*
0.98		92

Shown in Table 2 is the result of the reliability test for the level of Menstrual Distress. The Table shows that with 92 items, Cronbach's alpha is equal to .98. Therefore, its internal consistency is equivalent to excellent ($a \geq 0.9$). Hence, the questionnaire is reliable.

Procedure

This study's data-gathering procedure began with the adaptation of a questionnaire from a study. The questionnaire was adapted from the study of Cassioli et al. (2023) entitled "The Menstrual Distress Questionnaire (MEDI-Q): reliability and validity of the English version." The questionnaire was adapted and modified by the researchers. After modification, the questionnaire went through validation and revisions, after incorporating the suggestions and comments when it is returned. After finalizing the questionnaire, the letter to the respondents was signed. The collected data were tabulated, analyzed, and interpreted. Lastly, after a thorough interpretation, the researchers reported the results.

Data Analysis

In treating the data that was gathered, the researchers used the following statistical tools in the study.

Frequency and Percentage

Frequency and Percentage were used to identify the socio- demographic profile of the respondents regarding their age, lifestyle, and medical history. Additionally, for the menstrual practices and stand of female employees concerning the Menstrual Leave Act.

Mean and Standard Deviation

The 4-point Likert scale's mean scores and standard deviation were computed to examine the significant difference in the level of menstrual distress experienced by the female employees in the past year of experience, premenstrual, menstrual, and intermenstrual phases when grouped according to age, lifestyle, and medical history and the significant relationship between age and level of menstrual distress experienced by the female employees in the past year of experience, premenstrual, menstrual, and intermenstrual phases, with the provided statements in the questionnaire, with 4 as always, 3 as sometimes, 2 as seldom, and 1 as never. This statistical technique was used to assess the comparative differences between the variables.

Consequently, the interpretation of each descriptor's mean score was guided by the following system:

Table 3. *4-point Likert Scale Interpretation*

Mean Score Range	*Qualitative Description*	*Interpretation*
3.50-4.00	Always	Very High Menstrual Distress
2.50-3.49	Sometimes	High Menstrual Distress
1.50-2.49	Seldom	Low Menstrual Distress
1.00-1.49	Never	Very Low Menstrual Distress

Independent sample t-test was employed to compare the averages/means and standard deviations of respondents' level of menstrual distress experienced by the female employees in the past year of experience, premenstrual, menstrual, and intermenstrual phases when grouped according to lifestyle and medical history. This test evaluates whether lifestyle and medical history significantly influence the level of menstrual distress experienced during the different phases.

One-way ANOVA was used to compare the averages/means and standard deviations of respondents' level of menstrual distress experienced by the female employees in the past year of experience, premenstrual, menstrual, and intermenstrual phases when grouped according to age and Frequency of OB- GYN visits. This determines whether age and Frequency of OB-GYN visits significantly affect menstrual distress levels. For instance, it could identify if younger employees or those who visit an OB-GYN regularly report lower or higher distress.

Pearson's r correlation was utilized to assess the significant relationship between age and level of menstrual distress experienced by the female employees in the past year of experience, premenstrual, menstrual, and intermenstrual phases. Pearson's r was calculated for each phase to measure the strength and direction of the linear relationship between age and menstrual distress levels. This helps quantify the relationship, providing evidence for or against the hypothesis that age influences the level of menstrual distress experienced by the participants.

Thematic analysis was conducted on the qualitative responses provided by the respondents for comprehensive examination and interpretation. It concentrated on identifying recurrent patterns, themes, and insights within the qualitative responses concerning the level of menstrual distress experienced by female employees in terms of premenstrual, menstrual, and intermenstrual phases, and menstrual distress among female employees.

Results and Discussion

This section presents the results, discussion, and implications the researchers have gathered and made through the process of conducting the study. This chapter will discuss the level of menstrual distress of female employees in their premenstrual, menstrual, and intermenstrual phase, practices and attitudes of the respondents toward menstrual distress and Menstrual Leave Act, the differences in the level of menstrual distress concerning premenstrual, menstrual and intermenstrual phase among the independent variables, and the relationship between age and level of menstrual distress of female employees working in the private sector.

Table 4. *Descriptive Statistics of the Level of Menstrual Distress Experienced by Female Employees in terms of Average*

Symptoms	*M*	*SD*	*QD*
1. Pain in urinating	2.46	0.89	Low
2. Pain during bowel movement	2.56	0.97	High
3. Pain in muscle/bone/ joint	3.18	0.83	High
4. Feeling bloated or experiencing breast tenderness	3.44	0.73	High
5. Nauseous	2.82	0.90	High
6. Headaches	3.34	0.69	High
7. Digestive problems (heartburn, uncomfortable sense of fullness after meals...)	3.02	0.82	High
8. Diarrhea	2.74	1.03	High
9. Constipation	2.78	0.98	High
10. Discomfort due to vaginal bleeding (fear of stains or odor, discomfort from the tampon, difficulty or embarrassment during sexual activities...)	3.12	1.00	High
11. Feels dirty	2.92	1.03	High
12. Feels excessively sad (easily crying, little drive to do things, loss of interest, unusual activities ...)	3.14	0.73	High
13. Feels emotionally unstable (fluctuating mood, rapid transition from one mood to another even in response to minimal stimuli...)	3.28	0.83	High
14. Feel irritable or short-tempered (feeling nervous, not being able to bear unexpected events, people, or situations, feeling angry easily...)	3.42	0.64	High
15. Feel impulsive (driven to act without thinking or planning...)	2.88	0.87	High
16. Feel anxious (agitated, tense, excessively insecure or indecisive, fearful that something bad could happen at any moment ...)	3.06	0.77	High
17. Excessively hungry (desire to overeat, loss of control over food…)	3.12	0.77	High
18. Feel a lack of hunger?	2.72	0.88	High
19. Insomnia (inability to fall or stay asleep)	2.86	0.90	High
20. Experience excessive sleepiness (sleeping during the day, not being able to get up in the morning ...)	3.14	0.76	High
21. Excessively tired (sluggish, with little energy...)	3.34	0.59	High
22. Have low sexual desire (reduced drive to have sexual activities, lack of sexual fantasies ...)	2.58	1.07	High
Overall	3.00	0.85	High Menstrual Distress

Table 4 displays an overall mean of 3.00 (SD=0.85), indicating a high level of menstrual distress. Notably, the item "Feeling bloated or experiencing breast tenderness" (Symptom number 4) had the highest mean score of 3.44 (SD=0.73), while "Pain in urinating" (Symptom number 1) had the lowest mean at 2.46 (SD=0.86). The low standard deviation suggests homogeneity in the data, reflecting its consistency. This implies that while some female employees experienced less pain during urination, the majority facing high menstrual distress reported feelings of bloating or breast tenderness.

The data implies that addressing specific symptoms like bloating and breast tenderness could significantly improve the well-being of female employees experiencing high menstrual distress. Workplace policies and wellness programs might benefit from focusing on these prevalent issues, potentially enhancing employee satisfaction and productivity. Additionally, the consistency in the data suggests a common experience among these employees, indicating the need for targeted support and resources in managing menstrual distress.

Breast pain, or mastalgia, is common and often described as aching, pulling, or burning. It is classified as cyclic or non-cyclic. Pain while urinating is a rare symptom for some women. These discomforts can disrupt productivity and health. Understanding the link between breast pain and menstrual distress highlights the need for initiatives like the Menstrual Leave Act to support women in the workplace. This support allows women time off to recover, promoting better health and productivity. It helps address their menstrual needs and provides time for medical consultation, fostering their well-being and enhancing workplace productivity.

The findings of the study are consistent with Kay (2019), which observed the prevalence of bloating before and during menstruation. Additionally, Bernstein et al., (2014) reported that 62% of women experience premenstrual bloating, with 51% reporting bloating during menstruation. Furthermore, Herndon's (2024) study indicated an association between cyclic breast pain and the menstrual cycle, often improving post-period. The consistent findings across studies suggest that bloating is a common symptom associated with menstruation, affecting a significant proportion of women. This highlights the importance of healthcare providers addressing bloating as part of menstrual health management. Additionally, the link between cyclic breast pain and the menstrual cycle underscores the need for further research to develop effective treatments and support for women experiencing these symptoms. Understanding these patterns can lead to better educational resources and symptom management strategies for women.

Table 5. *Descriptive Statistics of the Level of Menstrual Distress Experienced by Female Employees in terms of Premenstrual Phase*

Symptoms	*M*	*SD*	*QD*
1. Pain in urinating	2.32	1.00	Low
2. Pain during bowel movement	3.32	0.94	High
3. Pain in muscle/bone/ joint	2.84	0.82	High
4. Feeling bloated or experiencing breast tenderness	3.12	0.77	High
5. Nauseous	2.58	0.97	High
6. Headaches	3.04	0.81	High
7. Digestive problems (heartburn, uncomfortable sense of fullness after meals...)	2.70	0.81	High
8. Diarrhea	2.44	0.93	Low
9. Constipation	2.48	0.91	Low
10. Discomfort due to vaginal bleeding (fear of stains or odor, discomfort from the tampon, difficulty or embarrassment during sexual activities...)	2.54	0.97	High
11. Feels dirty	2.44	0.99	Low
12. Feels excessively sad (easily crying, little drive to do things, loss of interest, unusual activities ...)	2.88	0.87	High
13. Feels emotionally unstable (fluctuating mood, rapid transition from one mood to another even in response to minimal stimuli...)	3.06	0.84	High
14. Feel irritable or short-tempered (feeling nervous, not being able to bear unexpected events, people, or situations, feeling angry easily...)	3.08	0.83	High
15. Feel impulsive (driven to act without thinking or planning...)	2.74	0.90	High
16. Feel anxious (agitated, tense, excessively insecure or indecisive, fearful that something bad could happen at any moment ...)	2.80	0.86	High
17. Excessively hungry (desire to overeat, loss of control over food…)	2.94	0.87	High
18. Feel a lack of hunger?	2.50	0.97	High
19. Insomnia (inability to fall or stay asleep)	2.48	0.97	Low
20. Experience excessive sleepiness (sleeping during the day, not being able to get up in the morning ...)	2.90	0.79	High
21. Excessively tired (sluggish, with little energy...)	3.10	0.71	High
22. Have low sexual desire (reduced drive to have sexual activities, lack of sexual fantasies ...)	2.52	1.05	High
Overall	2.76	0.89	High Menstrual Distress

Table 5 results show that participants experienced numerous symptoms during the premenstrual phase, indicating a high level of menstrual distress with an overall mean of 2.76 (SD=0.89). The most significant symptom was "Pain during bowel movement,"

(Symptom number 2), with a mean score of 3.12 (SD=0.94), whereas "Pain in urinating" (Symptom number 1) was the least reported, with a mean of 2.32 (SD=1.00). The low standard deviation suggests a homogeneous population, indicating that the data points were closely clustered. Female employees report minimal pain in urinating, while those experiencing high menstrual distress often note bloating or breast tenderness.

It can be perceived that symptoms such as pain and discomfort during bowel movements, mood changes, and fatigue can negatively impact focus and productivity in the workplace. Women who are physically present at work but are experiencing menstrual discomfort during their premenstrual period may have reduced performance and presence. This emphasizes the importance of addressing critical issues, such as defining severe symptoms and understanding their risks. Organizations can take proactive steps by clearly outlining policies and procedures, such as expanding the Magna Carta of Women Act, Assistance for Small-Scale Women Entrepreneurs Act, Prohibition on Discrimination Against Women Law, increasing awareness among employees and managers, evaluating policy's effectiveness, and exploring alternative arrangements for women who may not require full-time leave. Considering these factors can create a supportive work environment that embraces and accommodates women's natural work styles.

The study's outcome is aligned with Nall (2019), indicating that bowel changes during menstruation can include constipation, diarrhea, or more frequent bowel movements. Similarly, Bernstein et al. (2014) found that 73 percent of females reported period-related gastrointestinal symptoms, often called "period poop." These symptoms are common among female employees, though some may experience more distress in areas like mood swings, irritability, and anxiety during the premenstrual phase due to hormonal shifts. These changes affect the body, leading to PMS symptoms such as mood swings, cramps, and digestive issues. The study revealed that periods can negatively impact women's physical and emotional well-being, workplace, and co-workers. To address these issues, the expansion of the Magna Carta of Women to include the Menstrual Leave Act aims to provide necessary resources and support for women during menstruation at work.

Table 6. *Descriptive Statistics of the Level of Menstrual Distress Experienced by Female Employees in terms of Menstrual Phase*

Symptoms	*M*	*SD*	*QD*
1. Pain in urinating	2.42	0.97	Low
2. Pain during bowel movement	2.62	0.99	High
3. Pain in muscle/bone/ joint	3.26	0.76	High
4. Feeling bloated or experiencing breast tenderness	3.22	0.84	High
5. Nauseous	2.96	0.88	High
6. Headaches	3.40	0.73	High
7. Digestive problems (heartburn, uncomfortable sense of fullness after meals...)	3.04	0.90	High
8. Diarrhea	2.52	0.99	High
9. Constipation	2.76	1.00	High
10. Discomfort due to vaginal bleeding (fear of stains or odor, discomfort from the tampon, difficulty or embarrassment during sexual activities...)	3.14	0.95	High
11. Feels dirty	3.02	1.00	High
12. Feels excessively sad (easily crying, little drive to do things, loss of interest, unusual activities ...)	3.18	0.69	High
13. Feels emotionally unstable (fluctuating mood, rapid transition from one mood to another even in response to minimal stimuli...)	3.34	0.72	High
14. Feel irritable or short-tempered (feeling nervous, not being able to bear unexpected events, people, or situations, feeling angry easily...)	3.44	0.54	High
15. Feel impulsive (driven to act without thinking or planning...)	2.86	0.83	High
16. Feel anxious (agitated, tense, excessively insecure or indecisive, fearful that something bad could happen at any moment ...)	2.96	0.78	High
17. Excessively hungry (desire to overeat, loss of control over food…)	3.00	0.81	High
18. Feel a lack of hunger?	2.84	0.87	High
19. Insomnia (inability to fall or stay asleep)	2.80	0.93	High
20. Experience excessive sleepiness (sleeping during the day, not being able to get up in the morning ...)	3.28	0.67	High
21. Excessively tired (sluggish, with little energy...)	3.36	0.69	High
22. Have low sexual desire (reduced drive to have sexual activities, lack of sexual fantasies ...)	2.84	1.04	High
Overall	3.01	0.76	High Menstrual Distress

Table 6 provides different symptoms during the menstrual phase. The majority of the female employee respondents experienced all the symptoms, which resulted in an average mean of 3.01 (SD=0.76), meaning they experienced high menstrual distress. The highest symptom they experienced, with a mean of 3.44 (SD=0.54), is "Feeling irritable or short-tempered (feeling nervous, not being able to bear unexpected events, people, or situations, feeling angry easily…)," (Symptom number 14) and the least symptom they experienced is a pain in urinating (Symptom number 1) with the mean of 2.42 (SD=0.97). The standard deviation presents the population as

homogenous, signifying the gathered data are close to one another. Female employees experienced less pain in urinating, while most female employees who experienced high menstrual distress felt nervous, unable to bear unexpected events, people, or situations, and feeling irritated.

The data suggests that common side effects of severe menstrual distress, such as cramps, irritability, and fatigue, can significantly hinder work efficiency. Mood swings and irritability during menstruation can impact women's productivity and mental health, leading to challenges in focus, reduced productivity, and difficulties in effective communication with colleagues and supervisors. A comprehensive approach to women's health is crucial, promoting physical, mental, and emotional well-being while supporting gender equality and women's rights. Consequently, workplaces and companies may consider developing policies that address menstrual pain management and leave. Expanding existing policies and prohibitions against gender discrimination would further help women manage severe menstrual distress. Such measures could improve work performance, increase productivity, and contribute to overall health.

The results conform to the study of Leonard (2020), in which experiencing low mood, anxiety, or irritability during a period is expected. This is supported by Mbongo et al., (2023), illustrating menstrual-related symptoms directly affect female employees' work productivity. A study by Simon (2023) reported some experiences of painful urination during menstruation may be due to uterine contractions or inflammation. Even though the vagina and urinary tract are connected, women often feel no pain while urinating during their menstrual cycle. The female employees reported that during menstrual cycles, they would generally have a drop on productivity due to pain and irritability. After the premenstrual phase, estrogen and progesterone levels drop, impacting neurotransmitters like serotonin and dopamine, affecting mood, sleep, and motivation. Low serotonin and dopamine levels can lead to sadness and anxiety (Leonard., 2020). In mild cases, lifestyle and dietary changes may be beneficial. This symptom can negatively affect women's physical and emotional well-being, impacting their productivity. To address this, workplaces should foster understanding, offer support, encourage open communication, and implement inclusive policies.

Table 7. *Descriptive Statistics of the Level of Menstrual Distress Experienced by Female Employees in terms of Intermenstrual Phase*

Symptoms	*M*	*SD*	*QD*
1. Pain in urinating	2.22	1.02	Low
2. Pain during bowel movement	2,10	0.97	Low
3. Pain in muscle/bone/ joint	2.24	0.89	Low
4. Feeling bloated or experiencing breast tenderness	2.48	0.95	Low
5. Nauseous	2.18	0.96	Low
6. Headaches	2.28	1.03	Low
7. Digestive problems (heartburn, uncomfortable sense of fullness after meals...)	2.26	0.99	Low
8. Diarrhea	1.86	0.90	Low
9. Constipation	1.94	0.84	Low
10. Discomfort due to vaginal bleeding (fear of stains or odor, discomfort from the tampon, difficulty or embarrassment during sexual activities...)	2.28	1.01	Low
11. Feels dirty	2.38	1.03	Low
12. Feels excessively sad (easily crying, little drive to do things, loss of interest, unusual activities ...)	2.40	0.88	Low
13. Feels emotionally unstable (fluctuating mood, rapid transition from one mood to another even in response to minimal stimuli...)	2.64	0.92	High
14. Feel irritable or short-tempered (feeling nervous, not being able to bear unexpected events, people, or situations, feeling angry easily...)	2.63	0.93	High
15. Feel impulsive (driven to act without thinking or planning...)	2.28	0.90	Low
16. Feel anxious (agitated, tense, excessively insecure or indecisive, fearful that something bad could happen at any moment ...)	2.46	0.84	Low
17. Excessively hungry (desire to overeat, loss of control over food…)	2.44	0.93	Low
18. Feel a lack of hunger?	2.10	0.89	Low
19. Insomnia (inability to fall or stay asleep)	2.34	0.98	Low
20. Experience excessive sleepiness (sleeping during the day, not being able to get up in the morning ...)	2.58	0.93	High
21. Excessively tired (sluggish, with little energy...)	2.44	0.88	Low
22. Have low sexual desire (reduced drive to have sexual activities, lack of sexual fantasies ...)	2.32	1.04	Low
Overall	2.31	0.94	Low Menstruation

Table 7 reveals that most female respondents experience fewer symptoms during the intermenstrual phase, with an average score of 2.31 (SD=0.94), indicating low menstrual distress. The most common symptom experienced during this phase is "feeling emotionally unstable" (Symptom number 13), with a mean score of 2.64 (SD=0.92). Conversely, "diarrhea" (Symptom number 8) is the least reported, with a mean score of 1.86 (SD=0.90). The homogeneity of the standard deviation suggests the data collected is precise.

It can be inferred that most respondents reported lower menstrual distress as their period ended, facing emotional fluctuations primarily during the intermenstrual phase due to the rapid transitioning of hormones. Diarrhea or changes in bowel habits during menstruation

are often linked to hormonal fluctuations, affecting digestion. Bloatedness may also trigger diarrhea during the intermenstrual phase. Women's experiences with menstruation can vary greatly. While some women have mild symptoms, others face severe ones. Workplaces are encouraged to develop policies for menstruation-related issues and offer flexibility, such as adjusted work shifts. Menstrual Leave policies allow those with severe symptoms to decide between resting or working, benefiting those with prioritized health even in the intermenstrual phase. Women with mild symptoms can continue working if they're able.

The study's result is identical to that of Walansky (2017), who found that women are affected by changing hormonal levels of their menstrual cycles. As the menstrual cycle concludes, increased progesterone levels may lead to slower digestive contractions and constipation. For some, this phase could boost focus and work performance; women are affected differently. Therefore, not the entire population is more or less productive during the month. Furthermore, the study by Whelan (2024) found out females may experience many physical and emotional symptoms during this phase. These can range in severity and often include mood swings, breast changes, and appetite changes. The study of Bense (2023) acknowledged that for some people, period diarrhea is a short-term response to the body's normal physiological fluctuations. However, an underlying medical condition may contribute to period diarrhea for others if effective policies such as the Menstrual Leave Act offer flexible work arrangements, such as allowing employees to work from home during their menstrual cycle if they experience debilitating symptoms, particularly office work. This flexibility can help them manage pain and discomfort more effectively, reducing stress and improving work-life balance.

Table 8. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Premenstrual, Menstrual, and Intermenstrual (Average) phases in terms of Age*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*f-value*	*p-value*
Menstrual Distress Average	20-29	33	3.01	0.38	High	.85	.433*
	30-39	12	2.86	0.43	High		
	40-49	5	3.04	0.47	High		

Table 8 presents a comparison of menstrual distress levels reported by female respondents over the past year during premenstrual, menstrual, and intermenstrual phases, categorized by age. The 40-49 age group showed a high level of distress, with a mean score of 3.04 (SD=0.47). The 30-39 age group also reported high distress, though with the lowest mean score of 2.86 (SD=0.43). Overall, the findings indicate that all age groups experienced a "High level of Menstrual Distress" on average (p=.433), suggesting no significant differences in distress levels across age groups. Additionally, the standard deviations reflect precision and consistency in the data.

It can be perceived that all age groups possessed similar levels of menstrual distress regardless of the menstruation phase they undergo, suggesting that age group does not have a significant role in influencing a female's level of menstrual distress. This indicates that other considerable factors may affect female employees' menstrual distress rather than their age. This also suggests that female employees, when menstruating, must be treated equally, regardless of their age, provided that if there may be special treatments during menstruation periods, such as the shortening of work hours for age groups 40-49, the same should be done for female employees within the age range of 20-29 as they have a comparable level of menstrual distress, based on the findings. This reinforces that the study's findings are consistent across all age groups.

The results of the study aligned with that of Tavallaee et al. (2011), revealing no significant difference between age and period intervals with the severity of pain. Fraser et al. (2015) also supported the study's findings who reported that only a quarter of women aged 18-57 suffered from heavy menstrual bleeding, suggesting that age may not significantly influence menstrual distress. Due to the high level of menstrual distress, female employees may experience various symptoms such as mood swings, nausea, breast tenderness, skin issues, fatigue, back pain, palpitations, loneliness, abdominal pain, and more (Asgari et al., 2020.) This may lead to a decrease in quality of life, affecting their ability to carry out daily tasks and household responsibilities, resulting in absenteeism, poor concentration, discomfort while working, and disrupted sleep patterns. Additionally, many women grapple with gynecological problems, possibly exacerbating the impact of menstrual distress on their quality of life. In creating policies in the workplace, age alone may not be considered a reliable basis to innovate policies and programs and develop laws involving menstrual distress in the workplace, as all age ranges present similar levels of distress.

Table 9. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Premenstrual phase in terms of Age*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*f-value*	*p-value*
Premenstrual Phase	20-29	33	2.72	.49	High	.15	.865*
	30-39	12	2.69	.29	High		
	40-49	5	2.81	.17	High		

Table 9 offers a comparison of menstrual distress levels reported by female respondents over the past year, specifically during the premenstrual phase, based on age. Women aged 40-49 experience the highest distress, with an average score of 2.81. Meanwhile, women aged 30-39 also reported significant distress but had the lowest average score of 2.69. The table's data indicates "High menstrual distress" for all age groups during the premenstrual phase (p=.865), revealing no significant differences in distress levels across the age groups during this phase.

It can be deduced that all age groups experienced similar levels of menstrual distress during the premenstrual phase. Age does not significantly influence the level of menstrual distress experienced by females in this phase. This further suggests seven days before menstruation, varying factors such as medical conditions, workplace environment, regularity, and duration of menstruation may have affected the menstrual distress of female employees. Additionally, female employees of all ages may file a menstrual leave during the premenstrual phase, taking into consideration the severity of menstrual distress they experience during this phase. Similarly, in hiring women, age must not be a basis when menstrual distress is considered, as all women, regardless of age, experienced the same level of menstrual distress during the premenstrual phase, breaking the stereotype that only younger females experience menstrual distress before menstruation, various policies and programs could also be implemented that would equalize the benefits received by younger ages compared to older ages or the other way around.

The results presented are in coherence with that of Ju et al. (2013), who reported a review of studies on menstrual pain, including 15 studies between 2002 and 2011, which revealed a prevalence of 16-91% in women of reproductive age. The amount of severe pain ranged from 2% to 29%. The spontaneity of symptoms and severity tend to cycle. The study by Potter et al. (2009), also reported only 36% of women diagnosed with Premenstrual Syndrome (PMS) still met diagnostic criteria one year later. Those women who reported weight gain or other stressful events during the previous year are more likely to be diagnosed with PMS. In addition, clinically, women with PMS and Premenstrual Distress Disorder described symptoms in the premenstrual phase that could be related to altered cognitive functioning, such as difficulty concentrating and impaired work productivity (Hantsoo & Epperson, 2015). In the context of the workplace, this signifies high menstrual distress has no significant difference in terms of age, high menstrual distress is instead attributed to the different factors of stress and possibly the work environment, therefore policymakers may expand the Magna Carta of Women as evidenced that age may not be a reliable basis for hiring women in the workplace when menstrual distress is involved, this adheres to the development of Prohibition on Discrimination against Women Act, otherwise known as RA 6725.

Table 10. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Menstrual phase in terms of Age*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*f-value*	*p-value*
Menstrual Phase	20-29	33	3.07	.41	High	1.50	.233*
	30-39	12	2.88	.17	High		
	40-49	5	2.94	.18	High		

Table 10 illustrates the varying levels of menstrual distress experienced by female respondents across different age groups over the past year, categorized by menstrual phase. Women aged 20-29 reported the highest levels of distress, with a mean score of 3.07, while those aged 30-39 had a slightly lower mean score of 2.88. Despite these variations, the findings indicate that all age groups experienced a "High level of menstrual distress" during their menstrual phase (p=.233), suggesting no significant difference in distress levels among different age groups.

The study suggests that menstrual distress affects all age groups similarly, indicating that age does not significantly influence a woman's experience of menstrual discomfort. Factors beyond age, such as fluctuating hormones, can lead to hormonal imbalances and symptoms like abdominal pain, breast tenderness, migraines, backaches, fatigue, depression, and anxiety. During the seven days of menstruation, all female employees reported experiencing the same level of distress. These findings support the proposal for a Menstrual Leave Act to apply to women of all ages during their menstrual phase. Additionally, implementing policies and programs, especially by large companies, may ensure equitable treatment for women of different ages in the workplace regarding menstruation. The study further indicates that age does not impact the employability of female workers concerning reproductive health, specifically menstruation, as all age groups experienced similar levels of distress.

The results are aligned with the findings of Santer et al. (2005); age was not associated with reporting heavy or problematic periods once other demographic factors such as medical history and health-care-seeking practices or menstrual practices were acknowledged. Considering these factors, according to a study by Hassan et al. (2023), menstrual pain peaked at 23 to 48 hours after the onset of bleeding and usually lasted no more than 72 hours. The high menstrual distress is intensified by menstrual factors such as bleeding days and amount of menstrual flow, while it is improved by lifestyle factors like giving birth (Sarita et al., 2024). To situate in the workplace, policymakers of the Menstrual Leave Act are suggested to develop an inclusive act for women of all reproductive ages. As menstrual distress varies in experience, some women may not complete the Menstrual Leave Act for 2 days. Entrepreneurs benefit from this information, as their incomes are not largely compromised due to varying pain levels of menstruation, yet it ensures a healthy reproductive workplace. The act had completed its role to cater to the severity of menstrual distress experienced by most women.

Table 11. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Intermenstrual phase in terms of Age*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*f-value*	*p-value*
Intermenstrual Phase	20-29	33	2.27	.65	Low	.53	.591*
	30-39	12	2.46	.44	Low		
	40-49	5	2.23	.43	Low		

Table 11 presents a comparison of menstrual distress levels among female respondents during the intermenstrual phase over the past year, sorted by age. The 30-39 age group recorded the highest average score of 2.46, while the 40-49 age group had the lowest average score of 2.23. All age groups reported "Low Menstrual Distress" during this phase, regardless of age (p=.591). The findings indicate no significant differences in menstrual distress levels among female employees during the intermenstrual phase when categorized by age.

The findings suggest that women across all age groups experience "low menstrual distress" during the intermenstrual phase, indicating that age does not significantly affect menstrual distress levels at this time. Seven days post- menstruation, there appears to be a reduction in menstrual distress among female employees, likely due to stabilized hormone levels. This reduction in distress enables greater productivity, allowing women to participate actively in meetings, social groups, initiate projects, and make important decisions at work. The study highlights the importance of developing programs to support increasing estrogen and progesterone levels. Such programs could include exercise routines, access to herbal medicines, vitamins, free over-the-counter pills, and vegetable pantries, particularly in large companies that promote health and hormone balance. These initiatives can enhance workplace productivity by improving mood and alleviating menstrual pain. The study's findings are consistent across all age groups, underscoring the universal nature of these observations.

The study's results are supported by the findings of Mokal et al. (2018) wherein the participants aged 23-30 years reported pain perception varied during different phases of the menstrual cycle. This difference might be due to changes in the levels of gonadal hormones one experiences during various phases of the menstrual cycle. Furthermore, pain tolerance significantly increased during the late intermenstrual phase; there was a decrease in pain level during this phase attributed to the rise of estrogen level, which occurred during the intermenstrual phase, whereas the shorter the premenstrual phase length, the higher the chance of menstrual pain. Menstrual bleeding days and bleeding intensity varied between women but were mostly consistent within women of older age associated with shorter cycles and shorter follicular phase lengths (Najmabadi et al., 2020). In the context of policymakers, the intermenstrual phase may be where the least Menstrual Leaves occur. It constituted wellness programs involving symposiums and proper usage of Menstrual Leave regardless of age, flexible shift schedules, and easy access to herbal supplements to increase progesterone and estrogen hormones needed for faster recovery from pain levels.

Table 12. *Comparison of Female Respondents Level of Menstrual Distress Experienced in Premenstrual, Menstrual, and Intermenstrual phases (Average) in terms of Lifestyle*

Factors	*Groups*	*N*	*M*	*SD*	*QD*	*t*	*Df*	*p-value.*
Menstrual Distress Average	Active	31	2.85	.27	High	-3.60	48.0	.056*
	Sedentary	19	3.18	.39	High			

Table 12 highlights the differences in menstrual distress levels among female respondents over the past year, focusing on the premenstrual, menstrual, and intermenstrual phases categorized by lifestyle. Women with a sedentary lifestyle report the highest average score of 3.18 (SD = 0.39), while those with an active lifestyle record the lowest average score of 2.85 (SD = 0.27). Despite both lifestyle groups experiencing a "High Level of Menstrual Distress" across all phases in the past year (p = 0.056), the study reveals no significant difference in distress levels between them. The homogeneity of the data is indicated by the standard deviation, showing that the values are closely aligned.

It can be presumed, female respondents regardless of lifestyle experienced the same level of menstrual distress, this occurrence is potentially attributed to the range of lifestyles considered. Furthermore, an active and sedentary lifestyle proved to be experiencing the same menstrual distress throughout all menstrual phases, attributed to the age of female employees involved, the type of work environment, and population size. Even though the data indicates no statistical difference, the notable difference in means suggests there may be additional evidence not included in the study that could provide further insights into the current situation. In the workplace, this could mean, expanding the range of lifestyle activities and knowledge, the increase of outdoor activities such as team building activities and joining in more comprehensive wellness programs may help female employees maintain an active lifestyle, thus encouraging them to participate in these kinds of activities ensures mitigation of the effects of menstrual distress effectively in their periods. This presents the study's consistent findings between the two lifestyles.

Research suggested that both sedentary and active female employees experience similar levels of menstrual distress, potentially due to shared factors like age, type of work, and general lifestyle. A study on reproductive females found no significant difference in premenstrual syndrome (PMS) severity between physically active and sedentary individuals, indicating that physical activity alone may not alleviate menstrual discomfort (Shi et al., 2023). Moreover, workplace environments that encourage prolonged sedentary behavior can exacerbate stress and menstrual symptoms, highlighting the need for wellness interventions (Shim et al., 2024). Employers should also consider flexible policies, such as break times or menstrual health support, to enhance well-being and productivity during the menstrual cycle.

Table 13 determines the difference in female respondents' level of menstrual distress experience in the past year of experience, premenstrual phase in terms of lifestyle. Female respondents with a sedentary lifestyle have the highest mean score of 2.78. Meanwhile, female respondents with an active lifestyle exhibits the lowest mean score of 2.68. The findings indicate that sedentary and active

lifestyles result in a "High Level of Menstrual Distress" during the past year in the premenstrual phase when grouped according to lifestyle (p =.122). Therefore, there is no significant difference in the level of menstrual distress experienced in the past year of the premenstrual phase, grouped according to lifestyle.

Table 13. *Comparison of Female Respondents Level of Menstrual Distress Experienced in Premenstrual phase in terms of Lifestyle*

Factors	*Groups*	*N*	*M*	*SD*	*QD*	*t*	*df*	*p-value*
Premenstrual Phase	Active	31	2.68	.36	High	-.79	48.0	.122*
	Sedentary	19	2.78	.51	High			

It can be inferred that women leading a sedentary lifestyle tend to experience menstrual distress more frequently during the premenstrual phase, while those with an active lifestyle report less menstrual distress. This further suggests that prior to menstruation, 7 days before, female employees' premenstrual syndrome is not significantly affected by their dietary practices and lifestyle factors such as physical activities; active or sedentary lifestyle. Comprehensive factors such as weight, height, body mass index, diet, vices, and intake of over-the-counter medicines may have varying effects on menstrual distress, signifying, a sedentary lifestyle poses no little to no harm to reproductive health. Office work suggests a sedentary type of lifestyle, whereas fieldwork offers a flexible kind of physical activity, and both experience high menstrual distress. This leads to a comprehensive development of programs that support knowledge of female employees with their lifestyles, accompanied by team building activities, decrease of overtime schedules, accessible vitamins for large companies and small-scale entrepreneurs aided by government funding, creation of more policies adhering to reproductive health of women guided by intensive researches on lifestyle range. These findings highlight consistencies within the study regarding the impact of the two lifestyles on menstrual distress.

Aligned with AlQuaiz et al. 's (2022) study, which found several modifiable factors, such as diet and stress, were positively linked to Premenstrual Syndrome (PMS). Another study by Bertone-Johnson et al. (2010) revealed women with a BMI greater than or equal to 27.5 kg had a higher risk of PMS. At the same time, frequent consumption of sugary items is significantly associated with PMS. Furthermore, breakfast intake, notably skipping breakfast, is more common among women with menstrual problems. Comparatively, obese women have increased appetite and weight gain, and those with moderate to severe obesity were more likely to report severe headaches. The intake of different dietary items, psychological distress, and specified lifestyle factors such as physical activity and smoking were significantly associated with varying PMS symptoms.

Table 14. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Menstrual phase in terms of Lifestyle*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*t*	*df*	*p-value*
Menstrual Phase	Active	31	2.94	.28	High	-1.82	48.0	.014*
	Sedentary	19	3.13	.44	High			

Table 14 presents a comparison of the menstrual distress levels experienced by female respondents over the past year, categorized by lifestyle during the menstrual phase. Women with a sedentary lifestyle report the highest mean score of 3.13, while those with an active lifestyle have the lowest mean score of 2.94. These findings suggest that both sedentary and active lifestyles result in a "High Level of Menstrual Distress" during the premenstrual phase when analyzed by lifestyle (p =.014). The study highlights a significant difference in the menstrual distress levels experienced over the past year, based on their lifestyle.

It can be inferred that females with a sedentary lifestyle report higher levels of menstrual distress more frequently during the menstrual phase compared to those leading an active lifestyle, who generally experience less menstrual distress. This indicates that lifestyle significantly influences the level of menstrual distress experienced during the menstrual phase. Therefore, women who exercise regularly experience a lesser impact than those who do not. Consequently, it suggests a substantial lifestyle difference. Exercises like yoga, walking, and cycling can help women who are distressed by relieving their pain. This indicates that the impact of physical health on menstrual health promotes an active lifestyle that could alleviate menstrual symptoms. To support this, policies could be created to encourage physical activity through workplace comprehensive wellness programs, public health campaigns, and education initiatives focusing on the range of lifestyle.

Zurawiecka and Wronka (2021) reported similar findings, women with early, average, or late menarche do not differ in terms of cycle duration as it depends on a woman's lifestyle—whether active or sedentary. The findings of Zurawiecka and Wronka (2021), emphasizes that exercise has an impact on a woman's concentration. It indicates that women who regularly exercise have lesser menstrual distress than those who do not. Participating in activities that help lessen pain perception or symptom severity could be the reason why women's distress lessens when they lead an active lifestyle.

It is also reported in the study of Brown et al. (2023) that nutritional practices can lessen menstrual-related symptoms. Although specific foods or supplements reliably alleviate menstrual symptoms in natural menstruating individuals, individual responses to dietary changes can vary greatly, highlighting the need for nutrition advice and health services offered by medical professionals to be accessible programs as part of policies for women.

Table 15. *Comparison of Female Respondents Level of Menstrual Distress Experienced in Intermenstrual phase in terms of Lifestyle*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*t*	*df*	*p-value*
Intermenstrual Phase	Active	31	2.33	.49	Low	.32	48.00	.317*
	Sedentary	19	2.28	.72	Low			

Table 15 illustrates the variation in menstrual distress levels among female respondents during the intermenstrual phase, categorized by lifestyle. Respondents with an active lifestyle report the highest average score of 2.33, while those with a sedentary lifestyle have the lowest average score of 2.28. These findings suggest that both active and sedentary lifestyles are associated with a "Low Level of Menstrual Distress" over the past year during the premenstrual phase when analyzed by lifestyle (p = .317). Consequently, there is no significant difference in menstrual distress levels during the intermenstrual phase when compared across different lifestyles.

It can be understood that both kinds of lifestyles experience low menstrual distress during the intermenstrual phase, suggesting that the two types of lifestyle play no significant role in the level of menstrual distress experienced in the past year of experience, intermenstrual phase in terms of lifestyle. This highlights the need to consider various factors such as hormonal changes, stress, or dietary practices of female employees when menstruating. This also means workplace interventions focused solely on lifestyle changes may not effectively reduce menstrual discomfort during this phase. Companies may explore more comprehensive health support, such as stress management programs or flexible work arrangements and symposiums about menstruation considering lifestyle practices incorporated into existing policies such as the Magna Carta of Women Act. By acknowledging the diverse factors influencing menstrual health, organizations foster a more supportive environment for female employees, encouraging open discussions about menstrual health, reducing stigma, and improving overall well-being.

The study of Cicek (2018) shows that significant differences were found in the length of menstrual flow and lifestyle, while no significant differences were found in the aspect of premenstrual syndrome and lifestyle. This may be attributed to women who exercise regularly experience a lower severity of symptoms of menstruation. The results emphasize the significance of physical activity for women's menstrual health by highlighting the possible advantages of regular exercise in reducing some of the physical discomforts related to menstrual cycles. Additionally, the findings of the Cicek (2018) study also suggest women who exercise regularly report having less severe symptoms than sedentary women. It ended by suggesting that one way to lessen the intensity of menstrual symptoms is to engage in physical activity. It strongly suggests that exercising can reduce the severity of a female's menstrual pain symptoms.

Table 16. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Premenstrual, Menstrual, and Intermenstrual phases (Average) in terms of Medical History*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*t*	*df*	*p-value*
Menstrual Distress Average	No	22	2.92	.36	High	-1.02	48.00	.924*
	Yes	28	3.02	.36	High			

Table 16 compares the past year's menstrual distress levels of female respondents and analyzes groups with and without medical history in the premenstrual, menstrual, and intermenstrual phases as to the duration of distress. The female employees with a medical history results in the highest mean score of 3.02 (SD= .36), whereas females without a medical background indicate the lowest mean score of 2.92 (SD = .36). The results illustrate a "High Level of Menstrual Distress" yet no significant difference between the two groups in terms of medical history (p =.924), suggesting that both groups experience similar levels of distress across all phases. The standard deviation presents a similarity of the variability of data points in different groups.

It implies that female respondents regardless of medical history, possess a similar level of menstrual distress. The high menstrual distress may have affected female employees equally, making it hard for them to work or show up at work. It suggests women regardless of medical history must be treated equally. It is also worth considering that some respondents who indicated "no" medical history might be undiagnosed or might have varying workplace factors contributing to their high levels of menstrual distress. Additionally, such high levels of menstrual distress can lead to greater absenteeism or presenteeism, leading to the proposed policy, Menstrual Leave Act which could aid by letting women take a break during their period to rest and feel better; development of various policies such as Magna Carta on Women involving free OB-GYN consultation from time-to-time, Prohibition on Discrimination Against Women; Medical history must not be considered as a basis for hiring female employees as indicated by the study's findings, Assistance for Small- scale Women Entrepreneurs to have their female employees supported financially during Menstrual Leave, thus aid in yearly OB-GYN consultations. This could improve their employee morale, increasing work performance and productivity through proper reproduction.

Similarly, the study of Okusanya et al. (2009) highlighted having a sister with Dysmenorrhoea neither had a statistically significant influence on the expectation of Dysmenorrhoea nor prior knowledge of Dysmenorrhoea. This suggests that medical history alone does not significantly affect and mitigate the physical symptoms of menstruation, such as pain (dysmenorrhea), fatigue, or mood swings, which can lead to reduced productivity. The results could be attributed to the lack of knowledge about menstrual history and diagnosis, considering that some respondents who indicated "no" medical history might be undiagnosed and unaware of their condition, frequency of OB-GYN visitations is also associated with knowledge of medical history. Factors learned from parents, such as lifestyle and dietary habits, may have an impact on the family history of menstrual-related symptoms (Naraoka et al., 2023) In the context of policy making

this emphasized awareness campaigns that educate employees about menstruation aiming to destigmatize discussions and create a supportive and inclusive work environment, thus accessible medical consultations from time to time.

Table 17. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Premenstrual phase in terms of Medical History*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*t*	*df*	*p-value*
Premenstrual Phase	No	22	2.65	.43	High	-1.04	48.00	.969*
	Yes	28	2.77	.42	High			

Table 17 exhibits a comparison of Female Respondents' Level of Menstrual Distress Experienced in the Past Year of Experience, Premenstrual phase in terms of Medical History. Female employees regardless of medical history suffer from a "High Level of Menstrual Distress" in the past year of experience, during the premenstrual phase. Female employees with a medical history report more distress with a mean score of 2.77, as compared to those without a medical history who score 2.65. The differences in the two groups concerning their distress levels appears to have no statistical significance (p=.969) signifying menstrual distress is generally high among all, regardless of the medical history.

It can be understood that female respondents, regardless of their medical history, experience a high level of menstrual distress during the premenstrual phase. This emphasizes that irrespective of the number of medical history, female employees face a high level of menstrual distress. The development of policies may no longer be viewed as a benefit, but rather a vital modification aimed to protect and enhance the efficiency of every worker. In the context of the workplace, this highlights the essence of comprehensive programs such as accessible, frequent, and consistent OB-GYN consultations in gaining knowledge about the different medical history causing high menstrual distress. In addition, it evokes the necessity of involving health experts and developing comprehensive wellness policies for the workplace including symposiums, work-from-home to flexible work hours or part-time work options. From offering access to medical consultations, regular education can be a tool, not only to create awareness about menstrual well-being but to promote an environment of understanding and support for female employees.

The study presents similarities to the study of Eshetu et al. (2022) family history of PMS (premenstrual syndrome), no history of sexual intercourse, intense menstrual pain, use of many pads during menstruation, irregular menstrual cycle, early menarche, and long duration of menses are found to be predictors of premenstrual syndrome. To reduce its impact on females, PMS needs great attention as part of the healthcare service by involving all stockholders, including policymakers and healthcare professionals. It's important to consider that a woman's past health should not be the sole factor in creating workplace rules about period-related issues.

Instead, rules should be designed to support all individuals experiencing period problems, regardless of their health history. Therefore, policymakers are suggested to comprehensively study the wide range of medical history, including irregular menstrual cycle, start of menarche, duration of menstruation, and the severity of the menstrual distress indicated by female employees in creating a program to complement OB-GYN Visitation.

Table 18. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Menstrual phase in terms of Medical History*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*t*	*df*	*p-value*
Menstrual Phase	No	22	2.94	.35	High	-1.26	48.00	.950*
	Yes	28	3.07	.36	High			

Table 18 presents the level of menstrual distress experienced by female respondents in the past year of experience. Both groups, regardless of medical background, report a "High Level of Menstrual Discomfort," with the highest average of 3.07 for those with a medical history and the lowest mean score of 2.94 for those without. This suggests that medical history does not significantly affect a woman's menstrual distress during her menstruation cycle (p=.950), particularly the menstrual phase.

It means that female respondents, regardless of medical history, experience comparable levels of menstrual distress. This suggests that medical history does not significantly impact the level of menstrual distress experienced across the menstrual phase. Since menstrual distress is evidenced to be universal in all women regardless of their medical history, this emphasizes the relevance of healthcare experts conducting workshops or programs of symposiums involving various medical conditions of menstruation and the development of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) which seeks to eliminate discrimination against women is any distinction, exclusion, or restriction based on sex that impairs the recognition, enjoyment, or exercise of women's rights and freedoms based on equality with men in any field. This would help with fighting the hiring discrimination of women with or without medical histories when the Menstrual Leave Act is considered to be effective and approved.

The study's findings are similar to the research findings by Ali et al., (2020) whose focus is on the impact of clinical history on female respondents' experiences of menstrual distress that results in menstrual distress not greatly evident in terms of medical history. It may be attributed to different socioeconomic factors, such as insufficient knowledge of their medical conditions, low frequency of OB-GYN visitations, and income status, which may affect menstrual education regarding their conditions. In the workplace, it is clear that no significant level of menstrual discomfort exists based on a female's medical history. The evidence presents the highlighted health

education's importance in addressing menstrual health issues. Therefore, when creating workplace policies, medical history should not be the sole basis for developing laws and regulations. Policymakers may also consider different socioeconomic factors of female employees, such as income status, awareness of their medical histories, conditions, and access to knowledge of the wide range of menstrual education.

Table 19. *Comparison of Female Respondents' Level of Menstrual Distress Experienced in Intermenstrual phase in terms of Medical History*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*t*	*df*	*p-value*
Intermenstrual Phase	No	22	2.20	.42	Low	-1.19	48.00	.011*
	Yes	28	2.40	.68	Low			

Table 19 displays the level of menstrual distress reported by female participants over the past year, specifically during the intermenstrual phase. It compares the levels between those with and without a medical history. According to the table, females with a medical history had the highest average score of 2.40, while those lacking a medical history scored slightly lower, at 2.20. This indicates both groups experience a "Low Level of Menstrual Distress" during the intermenstrual phase, with a significant difference in distress levels based on medical history (p=.011). It highlights a significant variance in the experience of menstrual distress between the two groups over the past year, specifically during the intermenstrual phase.

It could be deduced that female respondents, regardless of whether they have a medical history or not, experience low levels of menstrual distress. This suggests medical history does significantly impact the level of menstrual distress experienced. This signifies female employees with a medical history experience a higher level of menstrual distress compared with those who have none and are possibly unaware of it. Additionally, employees who lack medical knowledge contributed to the findings. In the context of the workplace, varying medical histories experience varying menstrual distress levels, possibly attributed to hormonal imbalance and workplace environment. This signifies severe menstrual distress due to medical history is still present to some during this phase, employers may apply an adjustment of work-shift schedules, flexible work break hours, and vacant periods for resting. The Menstrual Leave Act, when it becomes effective for all, may also be used during this phase for rare cases of severe menstrual distress brought about by extreme cases of medical histories.

The results of the study complement the study of Masuda and Okada (2023), where women with medical histories report low qualitative descriptions of menstrual distress overall, possibly due to better awareness and management of symptoms. This suggests that medical knowledge can positively influence pain perception and menstrual distress throughout the cycle. This could be attributed to the understanding of menstrual cycle's phases, such as the premenstrual, menstrual, and intermenstrual phases, which allow women to anticipate and mitigate symptom severity; women familiar with hormonal fluctuations understand that the intermenstrual phase generally involves reduced pain, helping them manage distress more effectively during the cycle (Tan et al., 2020). Early consultation and education about managing menstrual disorders play a crucial role in reducing distress and improving well-being, leading to the suggestion for policymakers to implement programs of free OB-GYN consultation in the workplace, possibly once every 2 months to maintain consistency and accuracy of medical condition recovery.

Table 20. *Comparison of Female Respondents Level of Menstrual Distress Experienced in Premenstrual, Menstrual, and Intermenstrual phases (Average) in terms of OB-GYN Visit*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*p-value*
Menstrual Distress Average	Never	24	2.91	.35	High	.377*
	Seldom	8	2.94	.33	High	
	Sometimes	14	3.04	.33	High	
	Always	4	3.22	.53	High	

Table 20 evaluates the extent of menstrual distress reported by female participants over the past year, encompassing premenstrual, menstrual, and intermenstrual phases. The results reveal that women who regularly visit their OB- GYN had the highest distress score, averaging 3.22 (SD = .53), while those who never visited had the lowest average score of 2.91 (SD = .35). Regardless of OB-GYN visit frequency, all groups experience a "High Level of Menstrual Distress" across all menstrual phases (p = .377). This suggests that the frequency of OB-GYN visits did not influence the level of menstrual distress, as high distress levels were common in all groups. The standard deviation reflects the population's homogeneity, indicating the data's closeness to one another.

The findings indicate that the frequency of OB-GYN visitation does not significantly affect menstrual distress levels. There are noticeable differences in period health perceptions across age groups. Older individuals may be less informed about period health, believing in outdated myths and practices. Younger individuals are more likely to seek adjustments like flexible working hours to manage their symptoms better. OB-GYN visits alone do not significantly affect the menstrual distress that the employees experience, thus other factors like the different socioeconomic status such as income status, inconsistency of OB-GYN visitations, distance of workplace from OB-GYN clinics, and beliefs and practices of herbal medicines which may have affected the frequency of their visitation. This highlights the importance of access to health services bringing in symposiums and free OB-GYN consultations in the workplace. This would normalize menstrual health discussions and accommodations, enhancing employee's well-being and

productivity. Educating all age groups about menstrual health can help dispel myths and foster a more inclusive and supportive work environment.

This study aligns with Armour et al. (2019), which emphasizes how young women often rely on family, friends, and teachers for advice on managing menstrual health rather than seeking medical guidance. The study proposes that educational interventions, both online and in-person, could effectively enhance menstrual health literacy. It notes the importance of symposiums and workplace education in providing comprehensive information on menstruation and guided self-care strategies. The frequent use of less effective treatments, such as paracetamol, among many young women often fails to provide adequate relief, highlighting the necessity for more comprehensive consultations beyond over-the-counter medicine. This underscores the need for policy enhancements, such as annual symposiums, accessible OB-GYN consultations, the approval of Menstrual Leave Acts, and at least 20% discounts on reproductive health services for minimum wage workers.

Table 21. *Comparison of Female Respondents Level of Menstrual Distress Experienced in Premenstrual phase in terms of OB-GYN Visit*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*p-value*
Premenstrual phase	Never	24	2.66	.45	High	.323*
	Seldom	8	2.61	.27	High	
	Sometimes	14	2.81	.33	High	
	Always	4	3.01	.72	High	

Table 21 presents the level of menstrual distress experienced by female respondents over the past year during the premenstrual phase, measured by the frequency of OB-GYN visits. The data reveals that respondents who consistently visited their OB-GYN reported the highest average score of 3.01, while those who never visited had the lowest average score of 2.61. Despite these variations, regardless of their OB-GYN visit frequency, all groups experienced a "High Level of Menstrual Distress" (p=.323). The study concludes that there is no significant difference in menstrual distress levels over the past year during the premenstrual phase based on how often respondents visited their OB-GYN.

The findings indicate that the frequency of OB-GYN visits does not significantly impact menstrual distress, suggesting that factors such as lifestyle, work hours, and mental health may play a more influential role. Medical consultations alone are insufficient to address menstrual discomfort, which can be shaped by psychological stress, physical conditions, and the duration of menstruation. Women might still experience menstrual distress at work despite regular medical visits, underscoring the need for comprehensive program development. This approach should consider various elements potentially related to medical consultation frequency, such as mental health, socioeconomic status, workplace proximity to healthcare facilities, and the consistency of medical care. Additionally, supportive policies like flexible work schedules and menstrual leave should be considered to help manage symptoms and improve productivity during the premenstrual phase.

The findings of Shimamoto et al. (2021) showed OB-GYN visit frequency does not significantly impact menstrual distress, with stress, lifestyle, and exercise playing a stronger role in symptom severity. Women experiencing higher stress levels reported more severe premenstrual symptoms, regardless of medical visits (Matsumoto et al., 2019). Attributed to many women not seeking medical advice for menstrual distress, their primary sources of guidance are family, friends, and teachers ("Committee opinion No. 651: Menstruation in girls and...: Obstetrics & gynecology," n.d.). Additionally, regular physical activity has been shown to alleviate symptoms like mood swings suggesting exercise is more effective than medical consultations, in mild cases (Mizuta et al., 2022). These findings suggest exercise and nutrition emphasizing work wellness programs, accessible health services, mental health check-ups, and not solely focusing on medical consultations addresses distress during the premenstrual phase.

Table 22. *Comparison of Female Respondents Level of Menstrual Distress Experienced in Menstrual phase in terms of OB-GYN Visit*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*p-value*
Menstrual phase	Never	24	3.01	.38	High	.669*
	Seldom	8	2.91	.26	High	
	Sometimes	14	3.03	.33	High	
	Always	4	3.18	.55	High	

Table 22 conveys the level of menstrual distress women experienced over the past year, specifically during the menstrual phase. It categorizes the level according to the frequency of OB-GYN visits. According to the data, women who regularly visit their OB-GYN have the highest average distress score of 3.18, while those who did not visit at all had the lowest average score of 2.91. Despite the frequency of their OB- GYN visits, all groups report experiencing a "High Level of Menstrual Distress," (p=.669). It can be inferred that there is no significant difference in the experience of menstrual distress during the menstrual phase based on the frequency of OB-GYN visitation.

It can be understood that the frequency of OB-GYN consultation often or rarely has an unnoticeable impact on the amount of menstrual discomfort reported. Instead, other factors, such as lifestyle choices, hormonal imbalance, or mental health issues, might play a more

significant role in managing menstrual pain. Simply relying on medical consultations may not fully address complex causes of menstrual pain, which can be affected by stress, diet, and severe medical history conditions. Furthermore, in a work environment, despite receiving medical care, women might still face menstrual challenges, highlighting the importance of implementing supportive work policies, such as comprehensive approach to menstrual health, involving exercise programs, stress reduction techniques such as yoga, menstrual hygiene kit in the workplace, infographics about menstruation, introduction to menstrual tracking apps, and mental health resources. Additionally, implement Menstrual leave options for all female employees regardless of frequency of medical background.

The result is in line with the study of Chen et al. (2018) which found, that women do not tend to seek professional medical care for menstrual pain, instead normalize the problem and prefer to self-medicate, doubting available treatment and the ability of professionals to provide real help. Since many females do not seek medical advice, their primary sources of guidance—family, friends, teachers, and women themselves—are not well informed ("Committee opinion No. 651: Menstruation in girls and...: Obstetrics & gynecology," n.d.). The possible reason why women tend to self-medicate, they apply beliefs, myths, and advice from the people that surround them. It can be implied that even most women who experience menstrual distress do not seek help for healthcare or consult OB-GYN unless the condition is deemed worse. It is suggested that policymakers would integrate flexible and accessible medical consultations for all, incorporating discounts for minimum- wage workers during consultations. Programs such as mobile OB-GYN clinics visiting workplaces are highly encouraged for a flexible venue of consultation.

Table 23. *Comparison of Female Respondents Level of Menstrual Distress Experienced in Intermenstrual phase in terms of OB-GYN Visit*

Factors	*Groups*	*N*	*Mean*	*SD*	*QD*	*p-value*
Intermenstrual phase	Never	24	2.25	.50	Low	.340*
	Seldom	8	2.20	.50	Low	
	Sometimes	14	2.35	.65	Low	
	Always	4	2.80	.90	High	

Table 23 highlights the menstrual distress women experienced over the previous year, focusing on the intermenstrual phase. It categorizes the levels based on the frequency of visits to Medical professionals. The data illustrates women who consistently visit their OB-GYN experienced the highest average distress level at 2.80, while those who never visited their OB-GYN report the lowest average level at 2.20. It is found that all groups, except those who regularly visit their OB-GYN, report experiencing a "Low Level of Menstrual Distress" during the intermenstrual phase (p=.340). This indicates that across different frequencies of OB-GYN visits, no significant difference was found in the level of menstrual distress during the intermenstrual phase over the past year.

The frequency of OB-GYN visits by female employees does not significantly impact their levels of menstrual discomfort. This suggests that factors such as reduced hormonal fluctuations, societal beliefs about menstruation, and normalized menstrual distress may discourage frequent medical consultations. A more comprehensive approach to menstrual wellness is needed, including regular medical check-ups and mental health support. Workplace policies like flexible scheduling and menstrual leave are crucial, aligning with the expansion of the Magna Carta of Women. This law advocates for women's health services and workplace protections, promoting a holistic approach to menstrual health and gender equality. The findings highlight the importance of considering various factors beyond medical history in addressing menstrual discomfort.

The study manifests similarities with that of Ciołek et al. (2023) which highlights that menstrual symptoms such as dysmenorrhea, heavy bleeding, and mood changes are common, regardless of whether women frequently seek medical consultation. Instead, lifestyle factors such as diet, exercise, and stress are more influential in determining the severity of menstrual discomfort. For example, high consumption of processed foods and a sedentary lifestyle are associated with worse menstrual symptoms (Odongo et al., 2023). These findings suggest menstrual health is shaped more by daily habits and lifestyle choices. In the context of policy development, medical consultation may be complemented by programs of mobile clinics to bridge the gap of the distance of workplace from clinics in rural areas, thus providing government assistance to female workers regarded as minimum wage workers, while programs such as SIGLA wellness program may also be incorporated aiming to ensure an active lifestyle for female employees especially the office type of work.

Table 24. *Relationship Between and Among Female Employees' Age and Level of Menstrual Distress Experienced by the Female Employees in their Experience in terms of Premenstrual Phase, Menstrual Phase, Intermenstrual Phase (Average)*

	Pearson's r	*p-value*	*QD*
Age ~ Average	-.078	.590*	Very Low Negative Correlation
Age ~ Pre-menstrual	.025	.864*	Very Low Positive Correlation
Age ~ Menstrual	-.202	.159*	Very Low Negative Correlation
Age ~ Intermenstrual	.071	.625*	Very Low Positive Correlation

Table 24 demonstrates the relationship between female employees' age and level of menstrual distress in their experience considering premenstrual phase, menstrual phase, and intermenstrual phase. Thus, the study's result finds nosignificant relationship between the

age and level of menstrual distress experienced by female employees in the different phases of menstruation.

This indicates that women of different ages may experience similar levels of distress, with other factors likely playing a more influential role. No correlation shows a slight tendency for older women to experience less distress, but not significant enough to make general assumptions. These findings imply workplace interventions may focus on factors beyond age, such as health conditions and stress levels, to support women's menstrual health effectively. It asserts that all age groups are covered under programs and interventions such as the Menstrual Leave Act and Wellness Programs ensuring no age group is left behind when talking about interventions. The approach aims to eliminate biases and ensure female employees experience no discrimination in hiring, particularly regarding their reproductive health and experiences with their level of menstrual distress.

Cicek (2018) study reveals significant differences in menstrual flow length, while no substantial differences were observed in premenstrual syndrome. This underscores the importance of adopting comprehensive healthcare approaches. The findings highlight the necessity of treating menstruation-related issues as complex health matters that impact women's physical and mental well-being. In the workplace context, the study suggests that age does not influence menstrual distress in hiring decisions, The Civil Service Commission no. 6 supports flexible work arrangements for female employees to help them balance their professional and personal responsibilities. By offering options like adjustable hours and remote work, this initiative aims to empower women, enhance their job satisfaction, and promote gender equality in the workplace. Overall, it creates a more inclusive environment where female employees can thrive and succeed without sacrificing their personal commitments.

Table 25. *Relationship Between and Among Female Employees' Age and Level of Menstrual Distress Experienced by the Female Employees in their Experience in terms of Premenstrual Phase*

	Pearson's r	*p-value*	*QD*
Age ↔ Average	-.078	.590*	Very Low Negative Correlation
Age ↔ Premenstrual	.025	.864*	Very Low Positive Correlation

Table 25 illustrates the relationship between the age of female employees and the level of menstrual distress they experience in the past year, specifically during the premenstrual phase. The study finds no significant relationship between the age of female employees and their level of menstrual distress.

This conveys that a woman's age has no significant impact on the level of distress during the premenstrual phase; other factors including physical and mental conditions, workplace environment, and lifestyle factors may have hugely impacted the level of distress, instead. The low correlation illustrates that women as they age, experience similar levels of menstrual distress, this suggests workplace interventions supporting women's menstrual health issues may address a variety of factors, such as stress levels, in addition to age. With this, the Menstrual Leave Act acknowledges that women may experience menstrual discomfort differently, regardless of age, conveying that all ages are covered under the Menstrual Leave Act. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) complements it and is primarily designed to address and mitigate potential hiring- related discrimination, especially regarding reproductive health. The bill acknowledges that women's challenges and needs vary widely throughout their careers.

The study is in line with that of Tavallaee et al. (2011) which reveals that when other possible contributing factors are considered, the correlation between pain levels and age stays low during the premenstrual phase, suggesting that there is no relationship between age and level of menstrual distress when other variables such as medical history, and work hour shift are considered. It is attributed to the menstrual cycle varying from one female to another. Different factors such as work hour shift, number of occupations, and frequency of sexual intercourse may be considered as factors, instead. It suggests that policymakers thoroughly investigate various factors associated with age such as age at menarche and duration of menstruation. This provides expansion for Employee Assistance Programs (EAPs) which include support services specifically addressing menstrual health in EAP offerings, ensuring employees know where to seek help if needed specifically for wellness matters.

Table 26. *Relationship Between and Among Female Employees' Age and Level of Menstrual Distress Experienced by the Female Employees in their Experience in terms of Menstrual Phase*

	Pearson's r	*p-value*	*QD*
Age ↔ Average	-.078	.590*	Very Low Negative Correlation
Age ↔ Menstrual	-.202	.159*	Very Low Negative Correlation

Table 26 reveals the relationship between the age of female employees and the level of menstrual distress experienced during the intermenstrual phase. The findings indicate no significant relationship between age and menstrual distress levels during the menstrual phase.

It means that a woman's age does not have an impact on her level of distress during the menstrual phase. It emphasizes the importance of considering several factors beyond the age that may affect a woman's experience of distress, including the work environment, work

shift schedules, number of children, activeness of sexual interaction, and work-life balance. These results indicate workplace interventions aimed at improving women's menstrual health may consider the work environment and flexible work shift schedules. In addition, interventions such as wellness programs in collaboration with menstruation-tracking apps may be made accessible to anyone. As age has nothing to do with menstrual pain during the menstrual phase, a woman's productivity has nothing to do with age, this evidence, that a woman's age does not hinder her productivity. This addresses and overcomes any potential discrimination in the workplace, especially in hiring practices. It recognizes a woman's needs and challenges vary widely and change throughout their career by not limiting their provisions to women in a specific age group.

The findings of the study are in line with Grandi et al. (2012) whereas pain intensity was correlated none with age, yet positively with menstrual flow length. This is further supported by Jiang et al. in 2018 who found that after acknowledging potential influencing factors, there was no significant association between age and dysmenorrhea, another type of menstrual distress common in menstruation, these findings, suggest that menstrual flow length may have an impact on the intensity of pain experienced during menstruation rather than of age. This insinuated that age does not affect the flow of menstruation when other factors are considered. In the context of policy making, it suggests policy makers introduce policies that train female employees of all ages to recognize and treat mild menstrual-related issues guided by healthcare professionals. In addition, ensure a sufficient supply of menstrual products (pads, tampons, menstrual cups) in bathrooms, allowing for private access to these items thus increasing the number of accessible restrooms and ensuring they are well-maintained, promoting a comfortable environment for all employees.

Table 27. *Relationship Between and Among Female Employees' Age and Level of Menstrual Distress Experienced by the Female Employees in their Experience in terms of Intermenstrual Phase*

	Pearson's r	*p-value*	*QD*
Age ↔ Average	-.078	.590*	Very Low Negative Correlation
Age ↔ Intermenstrual	.071	.625*	Very Low Positive Correlation

Table 27 illustrates the relationship between the age of female employees during the intermenstrual phase and the level of menstrual distress they experienced. It indicates that there is no significant relationship between age and menstrual distress. Despite the no correlation, female employees report experiencing a high level of distress.

The findings suggest that interventions aimed at improving women's menstrual health in the workplace may consider various factors beyond age. It reveals that age does not significantly impact the level of distress among female employees. To address these issues effectively, supportive workplace policies could be implemented, fostering a positive work culture and promoting methods for managing work-life balance, rather than focusing solely on age. Moreover, as part of creating an inclusive and supportive work environment, incorporate flexible work schedules and Menstrual Leave Act applicable to all ages. Similarly, age might not be considered a reliable factor for hiring decisions related to menstruation, as there is a low correlation between menstrual distress and age. This underscores the need for more progressive workplace regulations that recognize and address the diverse needs of all genders, promoting a harmonious and collaborative work environment.

The study of Baerwald et al. (2018) indicates a woman's age does not significantly affect the growth dynamics of the luteum, it does impact hormonal levels during the intermenstrual phase. Specifically, older women exhibit higher concentrations of hormones in comparison to younger women. This suggests a complex relationship between age and reproductive hormonal activity, wherein the physical development of the luteum remains consistent across different age groups, yet the hormones increase with age. It highlights the importance of considering age- related hormonal changes in the intermenstrual phase when assessing women's reproductive health. In the workplace, the training for managers and employees of all ages about menstruation-related challenges destigmatizes discussions around this topic thus fostering a supportive environment. Additionally, it protects employees of all ages from discrimination based on menstruation or related health issues. This includes clear reporting mechanisms for any harassment or bullying related to these topics.

Table 28. *Thematic Analysis of the Menstrual Practices of Female Employees Respondents When Faced with Menstrual Distress*

Theme	*Responses*	*Frequency*
Pain Relief	"hot compress" "drinking medication like Buscopan to ease the pain" "warm baths" "applying heating pads"	16 (.32 or 32%)
Rest and Sleep	"Taking rest, sleeping, lying down, avoiding strenuous activities."	15 (.3 or 30%)
Hydration and Nutrition	"No acidic food, only warm drink and avoid cold drinks" "Eat and drink sweet food and sweet beverages"	7 (.14 or 14%)
Hygiene Practices	"Washing hands before and after using the restroom" "Changing sanitary pads frequently" "Keeping the genital area clean"	4 (.08 or 8%)
Distraction and Comfort	"watching movies" "engaging in light exercises."	4 (.08 or 8%)
Emotional and Mental Well-being	"Focusing on staying positive", "deep breathing"	1

	"acknowledging menstrual distress as a natural occurrence."	(.02 or 2%)
Traditional and Alternative Methods	"Drinking herbal tea"	1
	"using traditional medicine" "doing yoga"	(.02 or 2%)
Routine Adjustments	"Preparing for menstruation in advance, taking sick leave, modifying work activities, and continuing with regular activities with minimal restrictions."	1 (.02 or 2%)
Consultation and Professional Care	"Consulting a doctor when necessary"	1 (.02 or 2%)

Table 28 demonstrates the menstrual practices of female employee respondents when faced with menstrual distress necessitates some clear responses that resonated with the thematic analysis of these responses. The responses are suggestive of several strategies that had been used to embrace discomfort while continuing with daily activities in menstruation.

Among the most notable themes with a frequency of 16(32%) emerging from this study is Pain Relief with a focus on how various participants deal with menstrual pain. Some of the commonly used methods include hot compresses, paracetamol or ibuprofen which are over-the-counter painkillers, and heating pads. This is largely based on the physiological understanding that explains why applying heat would cause uterine muscle relaxation as well as reduce cramping while painkillers work through targeting the underlying cause of discomfort. On top of that warm baths have been indicated as one method for easing period cramps probably due to the combined effects of warmth and relaxation.

Mentoring periods of distress necessitate the need for Rest and Sleep thus, the majority of respondents which consist of 15 (30%) frequencies, indicate that they prefer resting and sleeping to cope with the symptoms. Consistently, this is because menstrual pain can be aggravated by a lack of physical recuperation since working out entails movements that intensify such pains. In doing so, it cuts down the overall stress on their bodies as well as gives them time to recover.

Another important theme is Hygiene Practices with a frequency of 7 (14%), where respondents highlights, it is important to maintain cleanliness when menstruating. It reports that important practices include regular hand washing, frequent pad changing, and keeping the genital area clean. This emphasizes hygiene which helps individuals feel comfortable and also prevents possible infections or any kind of irritation contributing to overall menstrual management.

Moreover, Distraction and Comfort, for which several people utilize trade and customs to divert their attention from menstrual pain. Food, films, or novels are some of the food-for-thought that can help in relieving menstrual distress, as do any of a hundred other comfort activities. They act as a source of relief from this burden mentally and emotionally; thus, making the menstrual pain more tolerable.

Another critical factor in menstruation management is Emotional and Mental Well-Being with a frequency of 1 (2%). To combat menstrual distress, most respondents opt to remain positive, practiced relaxation techniques such as deep breathing and recognized it as a regular occurrence in their menstrual cycle. Such an approach illuminates the significance of mental health in managing physical symptoms indicating that the experience and management of distress could be influenced by one's outlook towards it and psychological strength.

Moreover, the frequency of Traditional and Alternative Methods had significance according to an individual who uses herbal medicine, yoga, or other non- medical means. These practices indicate personal and cultural choices for alleviating menstrual pain showing that the range of methods is beyond the confines of modern medicine.

Lastly, regarding Routine Adjustments, it has been indicated that certain individuals prepare ahead of time for menstruation, modify their routines, or consult professionals when it becomes necessary. Thus, this proactive approach emphasizes the need for lifestyle adjustments and professional help in controlling menstrual symptoms.

The study's results suggest that women predominantly choose home remedies for menstrual discomfort. Common practices include heat therapy, taking medication, and resting or sleeping. Conversely, the findings indicate that women experiencing menstrual distress are less likely to seek professional assistance.

The results shown in the table align with the study of Armour et al. (2021) which states that while many women experience menstrual discomfort, only a few seek help from medical professionals, and instead, traditional remedies and lifestyle adjustments are more commonly chosen. In addition, it also aligns with the study of Durand et al. (2022) which states that the preference for non-professional approaches suggests that many women managed menstrual symptoms through alternative solutions rather than medical intervention.

Table 29 reveals the different stands of the female Employees respondents concerning House Bill 7758. The table reveals that most of the respondents agreed with the said House Bill (p=0.92), while others disagreed (p=0.04) and refused (p=0.04) to give their stand about it. This implies that the majority's support for House Bill 7758 grew a recognition of the need for gender-sensitive workplace policies that accommodate women's menstrual health and promote gender equality.

Regarding the findings, adopting a progressive stance on creating inclusive and supportive work environments includes offering paid menstrual leave. This allows women to rest and recover during their menstrual cycle, enhancing their health and well-being, reducing

absenteeism, and boosting productivity. The bill also tackles gender inequality by acknowledging that menstrual cycles are a natural biological process. By providing paid menstrual leave, it helps women manage their personal and professional lives more effectively, fostering a better work-life balance.

Table 29. *Thematic Analysis of the Stand of the Female Employees Respondents Concerning House Bill 7758 (Two-day Menstrual Leave with Full Pay for Working Women in both Private and Public Sectors)*

Theme	*Responses*	*Frequency*
Agree	"Should be implemented" "I agree" "Approved", "I'm in favor", "Go" "In it" "100%"	46(0.92 or 92%)
Disagree	"I oppose" "no, 1 week"	2(0.04 or 4%)
Refused to give an answer	no answer	2(0.04 or 4%)

However, critics may voice concerns about potential financial burdens on employers, perceived inequality if similar benefits are not offered to men, and the possibility of system abuse. Additionally, there are fears that menstrual leave might lead to stigmatization or discrimination against women in the workplace. Some respondents' reluctance to share their opinions may stem from discomfort with the topic, fear of backlash, or a lack of understanding about the bill.

This result is attributed to the article of Mendoza (2023) which discussed the significance of menstrual leave for women, involving Camille Besares, a 24-year-old project assistant at UP Diliman, is diagnosed with polycystic ovary syndrome. During her period, she experiences excruciating cramps that make standing, working, and even eating difficult, as an example to highlight its benefits. For Besares and others, menstrual leave is not just about getting time off; it's a crucial step toward recognizing women's needs and reducing societal discrimination. The article referenced House Bill 7758, which allowed female employees up to two days of paid leave, emphasizing that such policies are vital for acknowledging women's reproductive rights and roles in the workplace.

Additionally, Mary Ann Calma Santoalla, a business support coordinator, underscores the importance of understanding the broader benefits of menstrual leave for organizational productivity and the well-being of female staff. Despite these positive views, the text also points out the persistent lack of recognition of women's biological needs in both medical and business contexts, highlighting a study by the University of Maryland School of Law on the dismissal of women's pain reports compared to men's. Besares is worried about the potential career impacts of taking menstrual leave but sees the policy as a significant advancement for women's inclusivity in the workplace (Mendoza, 2023).

Conclusions

Female workers enter their workplace while dealing with menstruation, thus the discomfort it brings. However, the pain level or discomfort they are experiencing during their whole menstrual cycle, which may or may not be affected by their age, lifestyle, medical history, and how frequently they visit the OB-GYN, was not emphasized. Therefore, it is essential to evaluate the severity of the menstrual distress female employees experience to emphasize further the need for policies that are menstruation-centered. By investigating menstrual distress levels, the study discovered no significant impact between the level of menstrual distress and their age, lifestyle, medical history, and OB-GYN visits throughout the menstrual cycle. Moreover, it was found that there is no correlation between age and level of menstrual distress during the menstrual cycle. This suggests that regardless of age, lifestyle, medical history, and frequency of visits to medical professionals, menstrual distress level is relatively high during the menstrual cycle of females, implying that House Bill 7758 or Menstrual Leave Act applies to all women regardless of factors considered. These findings have addressed the gap concerning the extent of menstrual distress's impact on women's quality of life, recreational and work activities, and social relationships based on their demographic profiles, particularly age, lifestyle, and medical history. The study uncovered that the level of menstrual distress affects their productivity at work. In addition, it was found that most female employees rely with pain relief methods to cope with menstrual pain, suggesting that they prefer home remedies to ease the menstrual discomfort they experienced, which leads most of them to agree with the Menstrual Leave Act as it allows them, to foster a better work balance while dealing with menstrual distress. Additionally, the study is limited by its sample size, and the distribution of participants among different groups of age, lifestyle, medical history, and how often they visit OB-GYN is uneven, affecting the findings' generalizability. Future research may consider this limitation to achieve a more comprehensive understanding of the subject matter.

With the significant findings of this study, the researchers suggest the following recommendations:

Legislators and policymakers may utilize this study to improve or create policies addressing the menstrual health of female employees in their respective workplaces. They can develop guidelines encouraging organizations to adopt inclusive practices that promote menstrual health and well-being.

To advocate for the passage of a Menstrual Leave Act in the Philippines, following the examples of other countries that provide it. By recognizing menstrual distress as a legitimate health concern, the law would allow female employees to take time off during their

periods without the fear of losing income or job opportunities. This would contribute to improved well- being and productivity.

To develop workplace policies that support menstrual health, like offering flexible schedules and lighter workloads during menstruation and ensuring access to healthcare. They could also consider including menstrual health education in workplace wellness programs to help make discussions about menstrual health more common.

To develop programs and policies that cater to the menstrual health of women, considering the perspective of men. Legislators may incorporate men's insights on how to better accommodate and support women's needs in the workplace. Additionally, they can also foster empathy and awareness by including educational components for men about the biological and psychological aspects of menstruation, reducing stigma and fostering collaboration.

To conduct symposiums and seminars on the implementation of policies that center around the menstrual health of women employees. Policymakers may consider the active involvement of the private and public sectors in the discussion on menstrual health policies by hosting symposiums, organizing educational seminars, and publishing resources like detailed guides, pamphlets, and webinars to help businesses adopt menstrual health initiatives.

The Private Sector can foster a supportive environment that respects the physical needs of female workers. Implementing flexible work arrangements, offering paid menstrual leave, and providing access to health resources fosters a supportive environment. Moreover, promoting educational programs on menstrual health helps to break down stigma and encourage an open dialogue.

Private Sector can introduce flexible work arrangements, such as the option to work from home, reduced hours, or paid menstrual leave. Providing health resources, such as menstrual products in the workplace and access to medical consultations, will foster a supportive work environment. This demonstrates sensitivity to employees' needs and increases loyalty and job satisfaction.

Private Sector may consider setting up learning programs on menstrual health to lessen stigma. These programs could focus on increasing awareness, clearing false beliefs, and sharing how menstrual discomfort can impact work. Creating an environment where menstruation is openly understood and respected might lead to a more inclusive workplace and morale.

For future researchers:

Future studies may examine how psychosocial factors such as stress, anxiety, and mental health challenges influence the severity of menstrual symptoms. Understanding these connections will allow researchers to provide insights into how workplace environments and societal pressures affect women's health during menstruation.

Researchers might collect data that underscores the prevalence of menstrual distress among female employees. This can shed light on the need for workplace policies addressing this issue. The research should explore how menstruation impacts mental health, highlighting both the physical and psychological dimensions of menstrual distress.

Future researchers may also investigate the level of awareness of female employees with regard to the workplace policies implemented by the Government to ensure their healthy work environment, free from violence and inequality among genders.

Future studies could examine variables influencing menstrual distress, such as working hours, hours spent standing or sitting, job demands, occupation type (office or fieldwork), and the number of roles female employees juggle. Additionally, factors such as parturition (marriage), frequency of sexual intercourse, number of children, menstruation regularity, and duration, nutrition; breakfast consumption, satisfactory of sleeping hours, dietary supplements, dietary practices, and contraceptive pill intake, menstrual practices; hour of pad transitioning, menstrual cup use, hot compress use and water intake are considerable for a holistic view of the issue.

Research may also look into the correlation between lifestyle factors, age, and the experience of menstrual distress among female employees. This includes understanding how these variables interact and impact women's health in the workplace.

Future studies may examine the correlation between the frequency of OB-GYN visits and the medical history of female employees in relation to their experiences of menstrual distress.

Future researchers may include a larger population to ensure the accuracy and reliability of data. As the study lies in the variety of its participants' level of menstrual distress. A larger population sample may result in a higher consistency of data.

Translating materials into native languages might make questionnaires and surveys comprehensible to diverse respondents. Clear instructions in the local language help minimize misunderstandings and ensure more accurate data collection.

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Affiliations and Corresponding Information

Karyll Nicka D. Rivera
Saint Mary's University – Philippines

Floraels Leigh U. Frane
Saint Mary's University – Philippines

Princess Riofelle L. Ramiscal
Saint Mary's University – Philippines

Reyna Jane M. Secretario
Saint Mary's University – Philippines

Carl Steve S. Valmores
Saint Mary's University – Philippines

Kristel Joy C. Dapiawen
Saint Mary's University – Philippines

Shiellah Mae T. Barsicula
Saint Mary's University – Philippines

Lady Valen Charon A. Dela Peña
Saint Mary's University – Philippines