

Research Paper

Exploring The Effects of Premenstrual Syndrome and Coping Mechanisms on Quality of Life among Women across Different Generations

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ABSTRACT

Background: Premenstrual syndrome (PMS) includes various psychological and physical symptoms frequently experienced by women of reproductive age following puberty and during their luteal phase, usually easing within a few days after the onset of menstruation. Quality of Life can be notably impacted across multiple areas, including physical health, mental well-being, social connections, work and productivity, as well as lifestyle and personal beliefs. (Şahin et al., 2014). **Aim and Objectives:** To compare the effects of premenstrual syndrome, coping mechanisms and quality of life among women across different generations. **Methodology:** The present study was based on a random sampling technique, where a sample of 150 women (50 adolescents, 50 young adults and 50 adults) who were in the menstruating stage. Participants were assessed using the Premenstrual Syndrome Symptoms Scale, Medical Outcomes Study Questionnaire Short Form 36 Health Survey (SF-36), and Brief Cope Scale. The collected data were analysed using Correlation and ANOVA tests. **Result:** The study found significant differences in premenstrual syndrome (PMS) symptoms and quality of life across three generations, with older generations experiencing higher physical and behavioral PMS symptoms and overall burden, while psychological symptoms remained consistent across ages. Despite these differences, coping mechanisms did not significantly vary among generations. There were slight differences in avoidant coping styles, but they were not substantial. The study also revealed that adolescents had the highest quality of life, followed by young adults, with adults having the lowest, likely due to fewer health issues and more positive outlooks among younger generations. **Conclusion:** The study indicated a notable variation in premenstrual syndrome and general health perception across women from different generations. Additionally, it was discovered that there is no significant difference in the coping strategies among women across the three generational groups.

Keywords: *Premenstrual Syndrome, Coping mechanisms and Quality of life*

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The recurring development of one or more symptoms before and during the first few days of menstruation is known as premenstrual syndrome (PMS). Research found that 80.5% of students with PMS reported experiencing symptoms and seeking positive affect-inducing activities was found that effective coping mechanism for reducing PMS severity (Akin & Erbil, 2023). Due to hormonal fluctuations and developmental variables, adolescents may experience PMS symptoms more intensely (Badkur et al. 2023). Adolescents are frequently navigating considerable physiological and psychological changes. In addition, this age group may experience PMS-related difficulties like social dynamics and academic expectations, which can worsen symptoms and lower quality of life (Badkur et al. 2023).

Young adults frequently juggle their career aspirations, personal relationships, and the beginnings of family life, which may lead to experiencing PMS in a manner distinct from other age groups. The simultaneous pressures of work and personal life can intensify stress, likely causing PMS symptoms to be more pronounced and disruptive. (Eshetu et al. 2022). Although young adults may have more developed health habits and coping mechanisms compared to teenagers, the pressures of adult life can still significantly impact their experience of PMS.

METHODOLOGY

Objective

1. To find the relationship between the sociodemographic variables and clinical variables.
2. To compare the effects of premenstrual syndrome among women in different generations.
3. To compare the effectiveness of coping mechanisms among women in different generations.
4. To compare the quality of life among women in different generations.

Sample:

The present study was conducted on 150 women (50 adolescents, 50 young adults and 50 adults) who are in the menstruating stage. Participants were selected following a purposive sampling method, random sampling techniques, and inclusion and exclusion criteria.

Inclusion Criteria and Exclusion Criteria

Inclusion Criteria

- Women between the ages of 13-40 years.
- Who has been willing to give informed consent.
- Who can understand the English language and their regional language

Exclusion Criteria

- Women who are diagnosed with menstrual disorders and menopause attend.
- Women who are pregnant.

Measure Instruments

- **The Premenstrual Symptoms Scale (PMSS)**, developed by Gencdogan in 2006, consists of 44 items arranged in a five-point Likert-type format and is divided into 9

Exploring The Effects of Premenstrual Syndrome and Coping Mechanisms on Quality of Life among Women across Different Generations

subscales: depressive feelings, anxiety, fatigue, irritability, depressive thoughts, pain, changes in appetite, alterations in sleep patterns, and swelling. Each item is rated as follows: 1: never; 2: rarely; 3: sometimes; 4: frequently; and 5: always. The scale minimum score of 44 and a maximum score of 220. It is proposed that individuals who achieve a total PMSS score of 111 or above may have premenstrual syndrome. Reported inter-rater reliability ranges from .81 to .97.

- **Medical Outcomes Study Questionnaire Short Form 36 Health Survey (MOSQ-SF-36)** Ware.J. et al. (1994). It has a 36-question assessment on eight physical and mental health domains for a person's overall health and quality of life. Each of the eight domains is scored on a scale from 0 to 100, with higher scores indicating better health and well-being. This scale has high internal consistency across its scales, with Cronbach's alpha coefficients typically exceeding 0.80 for each of the eight health domains.
- **The Brief Cope Scale (B-CS)** was developed by Carver in 1997. This is a measure of coping strategies that individuals employ in response to stress. It consists of 28 items that cover 14 different coping strategies, such as active coping, planning, use of emotional support, and acceptance. The subscales of the Brief COPE generally demonstrate acceptable internal consistency, with Cronbach's alpha coefficients often reported to be around 0.60 to 0.90.

Procedure

Patients who met the inclusion criteria were included in the study. After the study objectives and procedures were explained in detail, written informed consent was obtained from the patients, who were often gathered, socio-demographically profiled, and were assessed using the PMSS POSQ-SF-36 and Brief Cope Scale.

Statistical Analysis

The data were analysed using the Correlation and ANOVA tests. Statistical analyses were performed using SPSS 20.

Ethical Consideration

In order to adhere to the ethics laid down by the governing bodies of Psychology, the following measures were taken. Informed consent of the participants was taken; all personal information was kept confidential, and response anonymity was maintained.

RESULTS & DISCUSSION

Table 3.1: Correlation between sociodemographic variables and clinical variables across different generations.

Age	PMSS Physical	PMSS Psycho	PMSS Beh	PMSS total	BCS prob	BCS emo	BCS avoidant	BCS total	
	-0.341**	0.173*	-0.311*	-0.317*	-0.101	-0.006	-0.172*	-0.026	
	SF GH	SF limPH	SF limphy	SFEH	SF EW	SF energy	SF pain	SF soc	SF total
	-0.289**	-0.145	-0.101	0.150	0.042	-0.239*	-0.035	-0.136	-0.290*
Education	PMSS	PMSS	PMSS	PMSS	BCS	BCS	BCS	BCS	

Exploring The Effects of Premenstrual Syndrome and Coping Mechanisms on Quality of Life among Women across Different Generations

n	Physical	Psych o	Beh	total	prob	emotio n	avoidant	total	
	-0.150	-0.022	-0.162*	-0.130	0.004	0.065	-0.226**	-0.047	
	SF gen	SF lim	SF limphy	SF limemo	SF emo	SF energy	SF pain	SF soc	SF total
	-0.158	0.128	-0.094	0.109	-0.129	0.066	-0.090	-0.043	-0.041

****p<.001, *p<.05; PMSS- Premenstrual Scale (Physical, Psychological and Behavioural)**

BCS- Brief Cope Scale (Problem-focused, Emotion-focused, Avoidant) **SF- Short Form Health Survey** (general health perception, limitation in physical health, limitation due to: physical health, and emotional health, emotional well-being, energy, pain, and social activities)

Table 3.1 showed a significant negative correlation between age and Premenstrual Syndrome in terms of Physical ($r = -0.341$; $p < 0.01$). Psychological ($r = -0.173$; $p < 0.05$).and Behavioural ($r = -0.311$; $p < 0.05$) across different generations and a significant negative correlation between education and Premenstrual Syndrome in terms of Behavioural ($r = -0.162$; $p < 0.05$). There was a significant negative correlation between age and coping mechanism in terms of Avoidant coping ($r = -0.172$; $p < 0.05$) and a significant negative correlation between education and coping mechanism in terms of Avoidant coping ($r = -0.226$; $p < 0.01$).

There was a significant negative correlation between age and quality of life in terms of general health ($r = -0.289$; $p < 0.01$)

Table 3.2: Comparison between the premenstrual syndrome symptoms among women in different generations.

Variables	Group A (Age13-18) N= 50 M ± SD	Group B (Age19-25) N= 50 M ± SD	Group C (Age26-40) N= 50 M ± SD	F df=2	P	Post-hoc test
PMSS Physical	49.12 ± 7.53	45.72±10.74	41.08±11.53	8.005	0.001**	C>B>A
PMSS Physical	39.18 ± 9.77	38.42±10.19	35.18±11.89	1.984	0.141	
PMSS Physical	38.76 ± 9.64	34.62±12.07	29.62±12.10	8.152	0.000**	A>B>C
PMSS Physical	127.06 ±21.6	118.76±28.95	105.88±31.54	7.425	0.001**	A>B>C

****p<.001, *p<.05 PMSS- Premenstrual Scale (Physical, Psychological and Behavioural)**

Table 3.2 showed that there was a significant difference in physical symptoms ($F = 8.005$; $P < 0.01$). The post-hoc test shows that Group A has the highest total PMS symptoms, followed by Group B, and Group C has the lowest.

Exploring The Effects of Premenstrual Syndrome and Coping Mechanisms on Quality of Life among Women across Different Generations

Table 3.3: Comparison between the coping mechanisms among women in different generations.

Variables	Group A (Age13-18) N= 50 M ± SD	Group B (Age19-25) N= 50 M ± SD	Group C (Age26-40) N= 50 M ± SD	F df=2	P	Post-hoc test
BCS prob	17.96±4.49	17.94±4.65	19.16±4.66	1.152	0.319	C>B>A
BCS emo	25.40±5.81	25.14±6.03	25.74±6.36	0.123	0.885	
BCS-avoidant	17.80±4.77	15.52±3.47	16.06±4.29	3.996	0.020*	
BCS total	61.16±10.25	58.60±12.38	60.96±12.88	0.717	0.490	

****p<.001, *p<.05, BCS- Brief Cope Scale (Problem-focused, Emotion-focused, Avoidant)**

Table 3.3 revealed that there was a significant difference in avoidant coping (F=3.996; p>0.05) among the three generations. The post-hoc test indicates that Group C has the highest avoidance coping scores, followed by Group B, and Group A has the lowest.

Table 3.4: Comparison between the quality of life among women in different generations.

Variables	Group A (Age13-18) N= 50 M ± SD	Group B (Age19-25) N= 50 M ± SD	Group C (Age26-40) N= 50 M ± SD	F df=2	P	Post-hoc test
SF -GH	19.46±3.12	18.24±2.55	17.30±2.89	7.125	0.001**	A>B>C
SF -PH	23.68±5.06	24.88±4.52	22.32±5.38	3.276	0.041**	B>A>C
SF - Energy	34.60±5.82	31.60±5.10	31.30±5.70	5.400	0.005*	A>C>B
SF -Total	101.00±9.86	97.80±8.74	93.80±12.45	5.936	0.003*	A>B>C

****p<.001, *p<.05, SF- Short Form Health Survey (general health perception, limitation in physical health, limitation due to: physical health and emotional health, emotional well-being, energy, pain, and social activities)**

Table 3.4 indicated a significant difference in general health perception (F=7.125; p<0.01) and energy (F=5.400, p<0.01) among different generations. The post-hoc test indicates that Group A has the highest general health perception, followed by Group B, and Group C has the lowest, Group B has the highest limitation in physical activities, followed by Group A and Group C has the lowest. Group A has the highest energy levels, followed by Group C and Group B has the lowest. There is a significant difference in total quality of life among the three generations (F=5.936; p < 0.01). The post-hoc test indicates that Group A has the highest total quality of life, followed by Group B, and Group C has the lowest.

CONCLUSION

The present study revealed that there is a significant difference in PMSS and quality of life (general health perception) among women in different generations. It was also found that there was no significant difference in coping mechanisms among women in the three generations.

Implications and Future Direction

The study underscores the significant generational differences in PMS symptoms, coping mechanisms, and quality of life, highlighting the necessity for age-specific interventions and support strategies. It also reveals the influence of education and socioeconomic status on the experience and management of PMS, stressing the importance of incorporating psychosocial factors into treatment plans.

Exploring The Effects of Premenstrual Syndrome and Coping Mechanisms on Quality of Life among Women across Different Generations

Future Directions

- Conduct longitudinal studies to track changes in PMS symptoms and coping mechanisms over time.
- Increase sample size and diversity to enhance the generalizability of findings.
- Include a broader range of confounding variables, such as lifestyle and hormonal contraceptive use.
- Investigate the impact of cultural and socioeconomic factors more thoroughly.
- Develop and test interventions tailored to specific age groups.

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Conflict of Interest

The author(s) declared no conflict of interest.

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