REVIEW OF CRIME, PEACE AND SOCIETY
ISSN (O): 3079-6105, ISSN (P): 3079-6091
Vol. 3, No. 2, 2026, 123-132
https://doi.org/10.71261/rcps/3.2.123.132

Exploring the Impact of Menopause on Women's Mental Health: A Qualitative Study

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Abstract

The article focuses on the impact of menopausal stages on the mental health of women. The lived experiences of women are emphasised to gauge the psychological and socio-cultural factors shaping their predicament. The major reason for studying this topic is due to narrow conceptions and neglect of mental health inferences in non-clinical settings. It is a qualitative study, phenomenological in nature, which consists of in-depth semi-structured interviews from 15 women who are undergoing perimenopause, menopause, or postmenopause. Findings revealed menopause to be the crucial transition which necessitates more awareness, informed support, and empathy. Participants underscored the need for supportive workplace practices, accessible guidance, and better-trained healthcare professionals. Improving community, educational, and medical resources could assist women in feeling empowered and understood. In general, improvement in these areas could significantly improve women's well-being during menopause.

Article History
Received 30 March 2026
Revised 14 June 2026
Accepted 24 June 2026
Published 24 June 2026

OPEN ACCESS

Keywords
menopause, women, transition, mental health

Introduction

Menopause typically occurs between the ages of 45 to 55, and is a natural biological process marking the end of reproductive years of women. It includes three stages of perimenopause, menopause, and post menopause (Santari., 2020). This evolution carries critical psychological and physical changes, involving night sweats, hot flashes, and bone density, in addition to mental health effects related to hormonal fluctuations (Santoro, Epperson, et al., 2020). Reduction of progesterone and estrogen affects dopamine, serotonin, and GABA activity, conducive to irritability, anxiety, fatigue, mood swings, sleep disturbances, depression, and brain fog, which disturbs decision-making and concentration (Iqbal & Zaidi, 2009; Epperson et al., 2012; Conde et al., 2021; Tran et al., 2022).

Adjustments in lifestyle such as regular exercise, balanced nutrition, stress management techniques and proper sleep routines are recommended during menopause; though these adjustments are not easily adopted or maintained by working-class or lower-income women. Limited access to adequate diets, healthy environments, or healthcare broadens disparities, and those who are already experiencing mental health problems might experience their symptoms intensified during this natural transition (Kang, 20240). Therefore, daily functioning, wellbeing, and quality of life are majorly affected by the physical and psychological challenges linked with

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menopause. Mishra highlights the psychological burden of menopause involving depression, anxiety, irritability, concentration problems, and memory lapses, while noting how cultural frameworks in India label it as natural ageing and, instead of providing relief, increase the caregiving responsibilities, which limit access to care and open discussion (Mishra, 2011). Jayaseelan et al. report that approximately one-quarter of women with menopause endure high perceived stress, influenced by elements such as higher education levels, nuclear family structures, substance use, and lower parity, with findings assorting across Indian and international settings (Jayaseelan et al., 2021). Meditating these perspectives, Rana et al. observe that lifestyle, cultural norms, education, and socioeconomic status form the experience and timing of menopause in Pakistan, as women from lower-income classes face compounded stressors, restricted access to healthcare, and earlier onset of menopause (Rana et al., 2021). Sharp and Luana De Giorgio further develop this understanding through the 4M framework connecting mental health with reproductive transition, focusing on hormonal fluctuations as contributing to anxiety, irritability, depression, and espousing interdisciplinary, integrated approaches to women's health irrespective of limited cultural specificity (Sharp & De Giorgio, 2023). Lastly, Li et al. accentuate the global prevalence of depression in postmenopausal women, affecting 28% of them and emphasise the lack of social support, severe menopausal symptoms, chronic illness, and Hormone Replacement Therapy, while underlining the protective factors, for example, physical activity, higher parity through breastfeeding, and later menopausal age (Li et al., 2024).

Hashemipoor et al. elucidate the formation of early maladaptive schemas (EMS) through childhood experiences of abandonment, mistrust, or unrelenting standards, which shape the emotional responses of women during menopause, escalating vulnerability to depression, anxiety, and poor coping strategies, including self-blame and avoidance, whilst recommending schema-focused intervention to enhance wellbeing (Hashemipoor et al., 2019). Cowell et al. focus on the interconnected support systems affecting menopausal adjustment, highlighting the necessity of government policies which raise awareness for healthcare professionals providing personalised care, supportive family relations, workplace accommodations like flexible hours, and accessible digital health platforms, all of which improve women's emotional and mental wellbeing collectively during this transition (Cowell et al., 2024).

Johnson et al. explain the usage of complementary and alternative medicines (CAM) in managing symptoms of menopause, including sleep disturbances, cognitive impairments, hot flashes, and mood swings, mentioning interventions like phytoestrogens, herbal supplements, mindfulness, yoga, hypnosis, and acupuncture, with prioritising patient education regarding risks and benefits and evidence-based integration (Johnson et al., 2019). Hogervorst et al. concentrates on cognitive and psychological changes during menopause and the role of hormonal therapies (HTs), mentioning that their review mainly considers UK populations and surgical menopause which overlooks the cultural, social, and economic variations, in addition to women experiencing natural menopausal transitions, stressing th indeed for a holistic approach which integrates lifestyle, psychological, and social perimeters along with hormonal considerations (Hogervorst et al., 2021).

Regardless of extensive literature on this topic, many deficiencies are present. The majority of the studies emphasise the quantifiable hormonal changes, risk factors, or pharmacological interventions, undermining the qualitative experiences, nonpharmacological therapies, or intersectional factors like culture, education, rural-urban differences, and socioeconomic status. The longitudinal studies are few and limited, with restricted

understanding of symptoms, support needs, and coping strategies evolution over time. Often, the maladaptive coping mechanisms, demographic diversity, real-world application of support systems, including family, workplace, and governmental interventions, are overlooked by the research. Furthermore, lots of studies do not succeed in integrating social, psychological, and lifestyle factors with biological transitions, which eventually limits the holistic comprehension of menopause and the lived experiences of women across varied contexts.

Method

Participants

This study included 15 females who were going through perimenopause, menopause, or post menopause. Purposive sampling was opted for to maintain diversity in age, cultural background, and socioeconomic status, giving a platform to the participants to share their unique experiences in accordance with research aims.

Inclusion criteria

All participants were adult women currently experiencing any stage of menopause— perimenopause, menopause, or postmenopause. They were willing to share their personal experiences regarding social, emotional, and psychological impacts.

Exclusion criteria

Women not experiencing menopause or unwilling to participate were not included. Also, those unable to communicate effectively through telephone or in face-to-face interviews were not included either.

Measures

Data were collected using a semi-structured interview guide covering demographic information, attitudes towards menopause, psychological and emotional complications, coping mechanisms, and the influence of cultural and societal factors on mental health. Informed consent was obtained, and interviews were audio-recorded with participants' permission. Field notes were also maintained to capture contextual details and non-verbal cues.

Procedure

Interviews lasted a maximum of 30 minutes and were conducted either face-to-face or via telephone, based on participant preference. Thematic analysis was used for data analysis, involving familiarisation, coding, theme development, and refinement to identify patterns and shared meanings from the interviews.

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Ethical guidelines were strictly followed, including obtaining informed consent, ensuring voluntary participation, maintaining anonymity through pseudonyms, and providing a supportive environment to minimise stress. Participants were allowed to skip questions or withdraw at any time. The study received ethical and academic approval from the research advisor.

Results

Main Theme	Sub-Themes	Quotes	Frequency
Physical Symptoms	Fatigue	"I get so tired." "I'm highly exhausted." "I am so tired all the time."	6
	Night sweats and hot flashes	I tend to suffer from hot flashes." "I am having night sweats." "Night sweats and hot flashes are experienced." "I got drenched in sweat."	4
	Weight Gain	"I have started gaining a lot of weight." "My weight is terribly increasing."	5
	Body Ache	"My back and knees hurt a lot." "Mainly it's the aches and pains."	3
Psychological Symptoms	Stress	"I was highly stressed." "Everything together is stressing me."	5
	Anxiety & Irritability	"I feel frustrated and irritable." "I have been feeling lots of stress and anxiety." "I faced intense anxiety."	6
	Depression & Low Mood	"I tend to experience sudden bouts of depression." "I dread every day." "My mood has been very low."	3

		"I do not feel like doing anything." "My heart stays sad."	
	Mood Changes	"I feel so out of control with my emotions." "My mood and emotions are not constant." "My mind and mood are constantly changing."	5
	Self-Esteem	"I used to be confident." "I am not confident with my body." "I don't feel feminine and attractive now." "I feel disgusted with myself."	6
Emotional and Behavioural Responses	Self-Therapy	"I just pray and sit alone." "I try counseling myself a lot." "I tried to meditate."	8
	Medications	"I took medications." "I do get medicines already."	3
	Lifestyle Changes	"I am trying to cut down on salt and sugar." "I have a hydration goal even for every day." "I don't have enough money to buy medicines." "Do 60 to 90 minutes of exercise."	5
	Healthcare System	"Only the birth of children and	12

		feverish problems are considered important." "Healthcare should have informative pamphlets." "There are so many doctors with limited knowledge."	
Cultural Confinements	Social Perception	"This happens to every woman." "People don't understand at all." "Women are expected to tolerate it." "Society does not support."	14
	Financial Influence	"I would've considered a great doctor if I had money." "I am constantly worried about money." "Affording medications and consultations is feasible because I earn."	13
	Social Support	"Rest, I think I am being dramatic." "Currently there is no family support." "They consider it more like tiredness."	9
	Workplace Support	"I could not skip for a week." "Workplace does not support our female related issues."	10

"They face salary
cuts or criticism."

Discussion

Physical symptoms of menopause are visible and an important aspect of menopause. These symptoms such as night sweats, hot flashes, fatigue, etc act as perceived stressors, and the biopsychosocial model connects these with hormonal fluctuations and physiological changes (Santato, Epperson, et al., 2020). The most common daily challenge was reported to be fatigue affecting the productivity, social interactions, and routines of the participants. Due to exhaustion, some even left their jobs or avoided social and family activities. Further, daily functioning and sleep were disrupted by hot flashes and night sweats, triggering discomfort or irritability sometimes. In contrast, rapid weight gain due to metabolic changes led to rapid weight gain causing more stress, resulting in low self-esteem and a willingness to participate in social activities. These problems were further compounded by physical pain, including back pain and body aches, which affected mobility and sleep, making the participants opt for other remedies and multivitamins to manage the symptoms.

Psychological symptoms often go unnoticed, unlike physical symptoms, and are rather attributed to ageing. However, these highly affect women's mental health. Participants reported increased irritability, anxiety, and stress often triggered by sudden emotional and physical changes, conflicts at home, and everyday problems; compounded stressors are particularly not easy to manage, especially for the women from lower socioeconomic backgrounds (Jayaseekan; Rana et al., 2021). Many women found it difficult to manage emotional dysregulation and overthinking despite being aware that their anxiety is baseless. Sudden mood swings, low morale, and depressive feelings were commonly reported and linked to hormonal changes which affect estrogen and dopamine and eventually lead to sadness, irritability, and decreased motivation (Epperson et al., 2012; Li et al., 2024). Low patience, social withdrawal, increased anger, and strained interpersonal relationships, with low self-esteem, were exacerbated by perceived loss of attractiveness, weight gain, and lack of social validation, highlighting the profound psychological impact of menopause.

Given the "stress and coping" theory of Lazarus and Folkman, emotion-focused individuals often manage stress through emotional strategies like social connections and relaxation techniques. Participants valued self-therapy methods as well, such as reciting prayers, having time alone, religious practices, drinking cardamom tea or turmeric milk, and keeping busy to distract themselves from stress. Most of the women preferred self counseling and meditation over medications or professional therapy, partially because of belief in their own ability to manage their symptoms or financial restrictions. Lifestyle changes including social events, engagement, exercise, less intake of salt and sugar, and balanced diet were noted to be effective in improving emotional wellbeing and self-esteem (Jayaseelan et al., 2021; Li et al., 2024). Though all participants expressed how healthcare system let down the women going through menopause with their limited awareness, high consultation costs, lack of trained professionals, and inadequate attention to menopausal problems compared to reproductive health, highlighting the need for patient-centred and culturally responsive healthcare models (Sharp and DeGiorgio, 2023).

Participants expressed how social and cultural perceptions mainly shaped their menopausal experiences, as women are pressured by societal expectations to endure the symptoms quietly. Even now, menopause is not entirely taboo-free, as discussions are only held with gynaecologists or with daughters, whereas psychological symptoms such as anxiety, mood fluctuations, and stress are often dismissed as exaggeration or normal ageing (Mishra, 2011; Cowell et al., 2024).

Coping strategies are influenced by financial resources as well because healthcare is accessible to economically independent women, whereas those with financial restrictions rely on home remedies, so there is a major disparity in support and treatment (Mishra, 2011). Some family members do understand, but mostly the females, so social support is varied, while broader social circles embarrass or criticise women many times, which worsens their emotional distress (Jayaseelan et al., 2021; Li et al., 2024). Moreover, workplace policies are highly unsupportive, which heightens the stress and affects mental health, while gaps in healthcare awareness and delayed diagnosis and treatment further add to that (Mishra, 2011; Rana et al., 2024; Sharp & Luana De Giorgio, 2023).

Conclusion

The findings highlight the need for targeted educational interventions and support systems to improve the mental and physical well-being of women across all menopausal stages. Holistic healthcare services, community-based support and awareness campaigns can empower women to effectively handle their symptoms. Providing culturally sensitive resources and encouraging open discussions can improve the psychological resilience and quality of life during this transitional phase.

Limitations and Recommendations

The participants of this study are from middle and upper classes, which restricts generalizability, as rural and lower income populations are not included. If further studies are conducted, then those could include diverse ethnic and socioeconomic groups to capture broader experiences. Reluctance to discuss menopause and cultural taboos may have limited data reliability and participation. Workplace support, awareness campaigns, and women-only spaces are recommended to facilitate practical interventions and open conversations. Expansion in healthcare training and affordable services could ensure equitable support for all women with menopause.

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