

BIO-PSYCHOSOCIAL IMPACT OF MENOPAUSE AMONG PAKISTANI WOMEN

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ABSTRACT

This study aimed to explore the biological, psychological and social aspects of menopause among Pakistani women. The semi-structured interview technique was used for an in-depth analysis of Women's perceptions or experiences about menopause from indigenous culture. Qualitative in-depth analysis was adopted with the sample of working women, domestic female workers, housewives and women from rural areas of Pakistan experiencing the menopause phase twice from each category. Interpretive Phenomenological Analysis was used to analyze the data which produced eight major themes including biological impacts, social impact, psychological impacts, sleep patterns, working performance, coping strategies, perceptions and beliefs, old age & relationship with spouse. Results showed that Pakistani women who experience menopause undergo significant social pressures particularly when their married life gets disturbed. They usually get psychological disturbances about their biological and social conditions, and most of these women have strong coping strategies towards physical, social and mental changes. The study highlights the importance of the effect of women's issues that are ruled by nature should be explored and talked about. Physical development phases are highly significant in one's life and they should never be neglected under the umbrella of cultural and societal norms or values.

Keywords: menopause, biological factor, social factor, psychological factor, phenomenological analysis

INTRODUCTION

Menopause is a significant developmental stage in a woman's life. Both Menopause and post-menopause cause significant physical and psychological changes. Unfortunately, it is perceived negatively among most of the people across the globe. Particularly in a developing country like Pakistan, where the literacy rate is lower and women are not considered equal to men in personal, social and ethical ways; the issue of menopause is less talked

about and is thought to be somehow decline to a woman's health. Menopause is the time in a woman's life when menstruation stops. It is a natural, normal body change that most often occurs between ages 40 to 60, after that, a woman can no longer become pregnant (Daniel, 2016). The recently used term menopause is derived from the Greek word men (month) and pauses (cessation). (Utain, 1997).The time in a woman's life when blood stops flowing

from her body each month, the time when women stop menstruating. The natural cessation of menstruation usually occurs between the ages 45 and 55 the period during which such cessation occurs. This cessation is called menopause.

This makes some women fearful about loss, while for others it is a welcoming situation. The perception of women about themselves and the behaviour of others also influence the outcomes of the menopause experience. These physiological developmental changes, psychological perception of phenomenal change and the societal or cultural attitude affect a woman in a very strong way.

Responsibilities such as domestic work and managing everyday tasks of the family, which come with the gender role in Pakistan, women struggle to overcome the bodily changes during menopause which tends to influence their mental health as well. Recent studies found that middle-aged women have the lowest well-being of any age group of 45-55 years. On the other hand, several cultures actively embrace menopause which consequently puts women at ease giving them the liberty that maintain the notion that transition elevates a woman's social status, women embrace it by using different coping strategies (Mushtaq & Ashai, 2014, Potdar, & Shinde, 2014 & Paturel, 2012).

Conceptual framework

Menopause affects women's life extensively as during post-menopause they experience psychological issues like anxiety, depression, and memory loss, and also biologically predisposed to headaches, vaginal problems, and hot flashes. Menopause also affects their daily social life and relationships with their spouse. The idea that the mind and the body together determine health and illness logically implies a model studying the issues of bodily issues that might arise from mental dysfunction. This model is called the biopsychosocial model.

"This model is a fundamental assumption that, health and illness are consequences of the interplay of biological, psychological, and social factors" (Engel, 1980; Schwartz, 1982). Many personal and social changes at midlife affect the quality of life and sexual problems in women by menopausal symptoms these factors transit a projection upon the quality of sexual life by the personal and defiance of culture towards menopause and ageing.

Menopause includes many factors such as biopsychosocial aspects that includes social factors, biological factors, and psychological factors.

Types of menopause include natural menopause (natural cessation of periods), post menopause (condition after menopause), peri-menopause (conditions before menopause), climatic menopause (transition from reproductive age to non-reproductive age).

Biological factors includes headache, vaginal dryness, weight gain, vaginal bleeding, hot flashes, osteoporosis and cancer. Psychological factors includes, anxiety, mood swings, irritability, depression, sleeping problems. Social factors includes social support. People reaction, perception about menopause.

The considerable variation in the experience of menopause, both within and between cultures, has challenged the biomedical model. As a result, there has been increased interest in the psychological and sociocultural aspects of menopause. Natural menopause is defined as the permanent cessation of menstruation from the loss of ovarian follicular activity. Natural menopause occurs after 12 consecutive of amenorrhea, without pathological and physiological cause. Premenopausal include when the biological and clinical features of menopause commence and when the physical symptoms occur these symptoms might last for one year or continue for six years the first year before menopause is called pre-menopause. The term post menopause dates from the final menstrual period instead of whether the menopause is induced or spontaneous. When menopause occurs before the estimated or average age range of menopause. A phase that incorporates peri-menopause is climacteric factors that entail factors of transition from the reproductive to non-reproductive phase. The average age range varies from 45-50. Premature before age 40. The cessation of menstruation due to surgical removal of one or both ovaries (Farhat, 2009).

Literature review

The present research focused on biological psychological social factors in terms of post-menopause and also determined the coping strategies used by women. Women from different areas; educated women, women who work at another home, rural areas, and housewives are selected for the qualitative sampling. The in-depth study demonstrates the effect of menopausal symptoms on

the work performance of women. This study explores the effects of peri-menopause, pre-menopause and post-menopausal symptoms that are influenced by education, employment status and income. The result revealed that the women with lower levels of education as compared to women with higher levels of education. (Salik, 2015)

Pakistani literature explains multidimensional menopausal symptoms arranged in the MSS scale, which was used in the main study to access psychological factors as well as moderators of menopausal symptoms including menopausal status, social support, attitude towards ageing and menopause, lifestyle, gynecological history and socio-demographic characteristics were associated with menopausal symptoms (Jamil, 2009).

Most of the women having menopause seem to have sleep problems like excess sleep or reduction in sleep and woke up during sleep. All of these symptoms are related to sleep disorders associated with menopause and increase the risk of insomnia, depression and hot flashes (Sahni, & Eichling, 2005). Another study showed that many women faced sleep problems during pre-menopause and post-menopause as well. Women of post menopause face insomnia-like symptoms due to hot flashes and a lack of estrogens (Jehan, Alina & Slifu, 2015).

Sometimes most women do not know how to cope with menopause and they do nothing to cope with it but some of them cope with it with medicine and prayers. (Mushtaq, & Ashai, 2014). Most of the women have faced psychological, social, and physical symptoms due to post-menopause. According to this research, post-menopause has a psychological impact and women use different coping strategies to overcome their menopausal problems and effects (Potdar, & Shinde, 2014). According to Azizi et al. (2018), there are notable morbidity and mortality effects associated with depression, the most prevalent psychiatric disease caused by menopause. The results of the study show that the biopsychosocial risk factors of depression were categorized into three main categories: biological, psychological, and social risk factors. This is significant because it helps identify depression risk factors during the menopausal phase. It is advised that mental health and risk factors of psychiatric disorders in menopause be evaluated at menopause clinics, and that every high-risk woman be referred to a psychiatrist for pharmacological or non-pharmacological intervention, given the

significant role that psychological health plays in the lives of menopausal women.

A quantitative study explores the coping strategies of post-menopausal females that affect the psychological health of Indian females. 100 participants are included in the study 57% of women have mild psychological problems and 78% of women are adopting coping strategies to overcome these problems. Results revealed that there is a strong significant association between psychological problems and coping strategies. (Krishna, 2014). Matina (2024) studied the menopausal experiences of women in the South African a region of Soweto. According to their study's findings, the majority of women recognized menopause by ceasing fertility and making the social transition to old age, challenging the medical paradigm of menopause that emphasizes lower level of hormone and disordered behavior. Women, on the other hand, view menopause as a normal process that aids in a crucial shift in social roles and view it as extremely private because it is linked to a loss of power, femininity, and sexuality.

Review research focused on psychological and environmental aspects that affect the midlife of women (Utaiin, 2005). Griffiths explored the post and perimenopause in which 40% of working females were affected by these situations that exposed poor memory, low confidence, and sleep and depression problems. (Griffiths, 2013) A reviewed study by Freeman and Shriek indicates that vasomotor symptoms are highly prevalent in most societies. These prevalence varies widely and may be influenced by a range of factors, including climate, diet, lifestyle, women's roles, and attitudes regarding the end of reproductive life and ageing. Patterns in hot flush prevalence were apparent for menopausal stages and, to a lesser degree, for regional variation. (Freeman & Shriek, 2007).

The relationship between depressed mood, menopause and hot flashes is complex; some studies have found a slight increase in depressed mood which subsides after menopause, while other studies find no change. Importantly, depressed mood is more strongly associated with life events and stresses than hormone changes (Bromberger, 2010). Metzler et al. (2024) report that endometriosis is a prevalent pain illness that can cause significant disability for women who are childbearing and frequently shows signs of familial clustering. The results of the study showed that approximately 30% of participants

evaluated positive for migraine or depression. Patients having a positive FH for depression, endometriosis, migraine, or EMP exhibited different symptoms and surgical outcomes compared to controls.

Kuck and Hogervorst (2024) reported that there will be 1.2 billion menopausal women in the world by 2030, it is vital to comprehend how menopause may impact women's mental health and the proportion of women who experience this. The purpose of this study was to investigate whether certain menopausal stages or psychological problems (such as depression, anxiety, and poor memory) were associated with one another. It also evaluated resilience, self-efficacy, and perceived stress levels to see if psychological symptoms were associated with age or menopausal stage. The results of the study showed that the degrees of anxiety and depression as well as the reported stress levels of post-menopausal and early-perimenopausal women differed significantly. The result of their study also concluded that early perimenopausal women had the lowest overall self-reported psychosocial quality of life, the highest stress levels, and the worst levels of anxiety and despair. On the other hand, postmenopausal women have comparable experiences to those of premenopausal women.

Most of the research has been studied in the literature review in the context of local and international descriptions of the bio-psycho-social aspects of menopause in women. The local researches precisely reveal that psychological cultural and climacteric circumstances have a strong impact on women who are experiencing post menopause. Some researchers have mirrored the comparative effects of menopause among urban and rural women. The international studies project an in-depth view of the biological cultural and social aspects of menopause. These researches also show that women experience menopause due to hormonal and transitional changes. There is no single research has been found about biological, psychological and social aspects combined that undertaken dimensions of menopause. This limitation grabs the attention of researchers about the complete definition of menopause that encompasses the biological, psychological and social aspects. The researcher is interested in the in-depth qualitative analysis of all these factors that influence women from rural,

educational, familial and domestic setups in Pakistani culture.

Significance

Several studies have shown that there are psychosocial impacts on the health of women post-menopause (Jamil, 2009 & Mahajan, 2015) but none of them have investigated three major aspects i.e. biological, social and psychological simultaneously in a scientific in-depth manner. Therefore, the present study aims to explore the social, biological and psychological impacts of menopause among women in Pakistan at a deeper level while using qualitative research design.

Objectives of the study

- Being a woman, the researcher can highly identify with this particular issue. There is a need in this society to talk and understand this highly significant developmental stage by both men and women. Less is explored about the problems attached to the post-menopause phase which puts a woman in a negligent position in this respect. Another personal objective is to enhance my research skills and analytical abilities through this study.

Social objectives

- The social objective of the research is to determine how women in Pakistan experience menopause in different settings of life. As data was collected from four categories of women including working women, housewives, rural area women and domestic workers, so here objective is to determine social differences in the experience of menopause among Pakistani women. Moreover, the present study could contribute to spreading awareness among people about the seriousness of this issue and how important it is to understand the health of women during post-menopause. Healthcare institutes, organizations and NGOs working on women's issues could benefit from this issue.

Scientific objective

- Scientifically, research will help researchers, psychologists, lady doctors and nurses to understand what are the biological

psychological and social factors or symptoms which should be considered influential in women post menopause. Furthermore, this research would provide baseline research about menopause with a Bio-psychosocial model for field workers and experts interested in this particular issue.

Main research question

- What are the Bio-psychosocial impacts of menopause among women?

Sub questions

- What are the biological impacts of menopause?
- What are the social impacts of menopause?
- What are the psychological impacts of menopause?
- How does menopause affect women's routine work?
- How is sexual life affected by menopause?
- To what extent husband's behaviour change after menopause?
- How the Biopsychosocial impacts are different among rural, working, housewives and domestic working women?
- What are the coping strategies used by women after and during menopause?

Current research scenario

Current research was focused on symptoms of post-menopause that occur naturally among women who had to cease their menstruation cycle five to ten years after the age of 40 years, and women face different biological, psychological and social issues therefore in light of the Biopsychosocial model, post-menopause would explore.

Methodology

Research design

The qualitative research design was used in the present project. The design is most appropriate because it helps to explore experiences related to menopause in women.

Sampling strategy

A purposive sampling strategy was used to collect data from participants by using qualitative method research. Four categories of women, rural women, Housewives, domestic workers women, and working women's from each twice. The age range of 40-60 years was selected to collect data.

Research process

For data collection, a semi-structured interview method was used. The interview was administered individually and questions were asked about post menopause.

Research method

The structured interview method was used to collect data from the participants. Women constituted housewives, domestic workers who worked at others' homes, working women and rural women who were taken from the village area.

Mode of analysis

Interpretive Phenomenological Analysis (IPA) was used to collect in-depth analysis of post-menopausal women. This approach helps to get insight into how a woman behaves in a certain context and what type of experiences she faces.

Ethical consideration

Proper permission was taken from the participant by shedding light on the significance of the research. Participants were assured about the confidentiality of the usage of data.

Results

The present research was conducted to explore the biological, psychological and social impacts of menopause among women. Convenient purposive sampling was done and four categories of women including rural women, working women, domestic workers & housewives were selected. Each category constituted two participants. Structured interviews were conducted which were analyzed through IPA. Following Major and sub-themes were drawn from the data:

Table:

| Major themes and Sub-themes | | | | | | | | |
|-------------------------------|--|--------------------------------------|------------------------------|-------------------------------------|--------------------------|---|-----------------------|--------------------------|
| Biological Impact | Psychological Impact | Social Impact | Sleep Pattern | Working performance | Coping strategies | Perception and beliefs | Old age | Relationship with spouse |
| Sweating | Sadness | No change | Sleepiness | Gradual decrease in working ability | Good diet | Menopause due to tension | Feeling to become old | Good relationship |
| Headache | Irritability | Distressing relationship with family | No change in sleep pattern | Increase in work performance | Spirituality | Menopause to poverty | | Bad relationship |
| Heat in feet | Spirituality | Bad relationship with in-laws | Difficulty in arousal | No change in work performance | Natural process | Menopause to luck | | Unstable relationship |
| Pain in feet | Tiredness | | Difficulty in falling asleep | | Homeopathic Medicine use | Menopause due to medicine | | Separation |
| Joint pain | Anger | | Woke up during sleep | | Welcome the situation | Without work no survival | | Good sexual relationship |
| Tiredness | Feeling to be old | | | | Cope with courage | Intake of calcium reduces the time latency of menopause | | Lack of sexual desire |
| Muscle stiffness | Childish behavior | | | | | Health care leads to less menopause | | Good relationship |
| No change in physical aspects | Low tolerance | | | | | Menopause occurs due to trauma and stress | | |
| Pain in chest | Depression | | | | | Menopause due to tension | | |
| Dark completion | Urge for crying | | | | | Menopause due to poverty | | |
| Weak eyesight | Restlessness | | | | | Menopause to luck | | |
| Fatty feelings | Worthlessness | | | | | Menopause due to medicine | | |
| Swelling in hands and feet | Loss of interest in social interaction | | | | | Without work no survival | | |
| Dizziness | Isolation | | | | | Intake of calcium reduces the time latency of menopause | | |



Dizziness Agitation

Health care
leads to less
menopause

Weakness

Menopause
occurs due
to trauma
and stress

Decrease in
memory
performance
Nausea

No change
in memory

Hot flashes

In biological impact major sub-themes includes headache, weakness and tiredness seemed to be common among rural and working women, while weak eyesight & muscle stiffness seemed to be common among rural and domestic workers. Only domestic workers seem to have black color and fatty body-like symptoms. So there are a lot of differences and similarities that can be seen in women of different categories.

Psychological impacts themes of Housewives, Rural women, Domestic worker, Working women, no change, depression, childish attitude, irritability, anger, lack of social desirability, sadness, feeling of isolation, anger, irritability, urge to cry, sadness, worthlessness, anger, spirituality, feeling to be old.

Anger seems to be common among all categories of women while on the other hand, sadness seems to be common in all women except housewives. One interesting fact is that one housewife seems to have no psychological impact on her due to post-menopause but others showed depression and irritability. Most depressive symptoms can be seen in all women like rural women face a lack of social desirability, and feelings of isolation as well, while irritability is common in all women except housewives. Another interesting and most important psychological impact is spirituality and the feeling of moving towards old age which can be seen only in working women not in any one category this impact can be revealed.

Themes of social support / spouse relationship in Housewives, Rural women, Domestic

worker, Working women sub themes include bad relationship, unstable relationship, just satisfied relationship, a good relationship with a spouse, bad relationship with in-laws, a good relationship with a spouse, bad relationship with daughter-in-law, a good relationship with a spouse, good relationship with in-laws

Except for working women, all categories of women seem to have bad relationships with their in-laws but on the other side, the relationship between domestic workers and working women was good with their spouse. Housewives and rural women seem to have bad and unstable relationships with their spouses.

Themes of sleep pattern of housewives, rural women, domestic worker, working women includes, lack in sleep, no change in sleep pattern, decrease in sleep latency, lack of sleep quality, arousal during sleep, lack of sleep latency, lack of sleep, problem to wake up, difficulty in falling asleep, sleepiness and often increase and decrease in sleep. Lack of sleep was common in all categories of women. Difficulty in falling asleep and awake and often decrease and increase in sleep can be seen in working women only.

Working ability themes of housewives, rural women, domestic worker, working women includes no change, no major change, lack of working performance, lack of working ability, lack of work performance, no change, decrease in work performance, gradually decrease in work, lack of working ability. Lack of working performance was common in all women. The working women seem to have a gradual change in their working ability.

Themes of coping strategy in housewives, rural women, domestic worker, working women includes welcome the situation, no change, no change, cope with courage, courage with luck, good diet, homeopathic medication, natural process, spirituality, natural process.

Domestic workers coped with it by using medicine and a good diet while rural women coped with it with courage and one housewife welcomed situations but working women coped with spatiality and source of getting in touch with God.

Themes of perception and beliefs, old age includes menopause due to tension, menopause due to poverty, menopause to luck, menopause due to medicine, without work no survival, intake of calcium reduces the time latency of menopause, health care leads to less menopause, menopause occurs due to trauma and stress, feeling to become old.

Conclusion

The present research aimed to determine the post-menopausal experiences with the baseline of biological, psychological and social perspectives. Semi-structured interviews were used for in-depth analysis of Women from Pakistani culture. In a broad spectrum, results concluded that generally Pakistani women experienced menopause that predispose the physiological changes, behavioral impacts and working abilities. Significantly, several women cope with these bodily changes very strongly.

The present research showed several themes like biological impact, social impact, psychological impacts, sleep patterns, working performance, coping strategies, perceptions and beliefs, old age & relationship with spouse. Four categories of women were selected as participants house housewives, rural women, domestic workers and working women, all of them were affected by menopause and a lot of individual differences exist among the women. The qualitative data analysis also revealed perceptions, and beliefs about how and why menopause happened.

Discussion

By using qualitative research methods researchers tried to uncover the impacts of menopause within the framework of the Bio-psycho-social model. The current research described

different perspectives and perceptions as well as beliefs among women regarding post-menopause.

Most of the researchers have explored the impacts of menopause in women as in Jamil, 2009 & Bromberger (2010), therefore the current research studied post menopause in a very broad scenario of the Bio-psychosocial model. By doing analysis some major themes were revealed including biological impacts, psychological impacts, social impacts, sleep patterns, working performance, coping strategies, perception & beliefs, old age and relationship with spouse. All of these major themes have sub-themes as well that are being supported by many researches.

The first major and most important theme is biological impacts that constitute physical symptoms as well. The major theme includes a lot of sub-themes including sweating, headache, heat in feet, pain in feet, joint pain, muscle stiffness, no change in physical aspects, pain in the chest, dark completion, weak eyesight, swelling in hands and feet, dizziness, weakness, decrease in memory performance, nausea, no change in memory, hot flashes. review research done by Utian (2005) supported the result focused on the psychosocial and environmental aspects that affect the midlife of women with various symptoms. (Utian, 2005).

The other major theme is psychological impacts including the following sub-themes: Sadness, Irritability, Spirituality, Anger, Feeling old, Low tolerance, Depression, Urge for crying, Restlessness, Worthlessness, Isolation, and Agitation. Research supported the relationship between depressed mood, menopause and hot flashes is complex; some studies have found a slight increase in depressed mood which subsides after menopause, while other studies find no change. Importantly, depressed mood is more strongly associated with life events and stresses than hormone changes (Bromberger, 2010).

The third major theme is social impacts that constitute; No change, Distressing relations with family, and bad relationships with in-laws. Research supports the evidence, and enlightens the social perspective of menopause. Menopause does not occur in a vacuum but also affects the life events of women which engender significant upheaval that may occur at the same time. Consistent substantiation that interpersonal, social and psychological impact influence women's sexual experience equally if not more than the biological aspect of menopause. Extra-responsibility exacerbates tiredness and stress may also affect

sexual desire. (Gannon, 1990; Hess, 2009; & Ling, 2008).

Another major theme is sleep patterns including the following sub-themes: Often increase and often decrease in sleep quantity, Sleepiness, No change in sleep pattern, Difficulty in arousal, Difficulty in falling asleep, and Woke up during sleep. The research supported the evidence and declared that most of the women having menopause seem to have sleep problems like excess sleep or reduction in sleep and waking up during sleep. All of these symptoms are related to sleep disorders associated with menopause and increase the risk of insomnia, depression and hot flashes (Sahni, 2005).

Working Performance includes the following sub-themes: Gradual decrease in working ability, Decreased work performance, Increase in work performance, and No change in work performance. The major theme of the working performance was supported by the literature of Pakistan or overseas culture concerning menopause. A difference can be seen in the discussion that housewives seemed to have no major change due to post menopause but working women decrease their working performance with time, it can see after post menopause women face a lack of working ability or working performance. (Griffiths. 2013) The symptoms of post-menopause are poor memory, low confidence, sleep problems, concentration problems and depression.

The coping strategy includes the following sub-themes: Good diet, Spirituality, Natural process, Homeopathic Medicine use, Welcome the situation, and coping with courage. Sometimes most women do not know how to cope with menopause and they do nothing to cope with it but some of them cope with it with medicine and prayers. The literature of Mushtaq and Ashai (2014) supports the theme of coping strategies used by domestic workers and working women. Potdar and Shinde (2014) also enlighten these factors.

Perception and beliefs a major theme constitutes Menopause due to tension, Menopause due to poverty, Menopause to luck, Menopause due to medicine, Without work no survival, Intake of calcium reduce time latency of menopause, Health care leads to less menopause, Menopause occurs due to trauma and stress. Another major theme concluded as Old Age which constitutes feelings of becoming old, and last significant major theme is the relationship with the spouse constitutes sub-themes;

good relationship, bad relationship, unstable relationship, just satisfied relationship, separation, good sexual relationship, and lack of sexual desire. The current themes that perception belief and feeling of becoming old were not supported by the literature research. For the accomplishment of another objective; to determine differences of selected categories of women after menopause, Physical impacts, Housewives, Rural women. Domestic worker, Working women includes no change, weakness, memory, headache, weak eyesight, stiffness, pain, black color, fatty body, eyesight weak, weakness, joint pain, muscle stiffness, headache, tiredness, sweating.

Limitation

- Females felt shy and conservative during data collection which became a barrier to uncovering some specific issues; spouse relationships, and sexual problems.
- It was difficult to explore peri and pre-menopausal issues due to some constraints

Suggestion

- As data related to the current study is deficient in Pakistan it will open up new horizons for upcoming researchers. It can be used as a basis for future research.
- A few more dimensions can be explored in future research like pre-menopause, transitional health perspective, coping strategies, and Perceptual health beliefs in a broad spectrum.

References

- Azizi, M., Fooladi, E., Abdollahi, F., & Elyasi, F. (2018). Bio psychosocial risk factors of depression in the menopausal transition: A narrative review. *Iranian Journal of Psychiatry and Behavioral Sciences, In Press* (In Press). <https://doi.org/10.5812/ijpbs.12928>
- Bromberger, J.T., Schott, L.L., Kravitz, H.M. et al. (2010). Longitudinal change in reproductive hormones and depressive symptoms across the menopausal transition. *Archives of General Psychiatry.*, 67(6), 598–607.
- Daniel, N. Menopause. Retrieved date: 24/06/2016. Retrieved from: <https://www.nlm.nih.gov/medlineplus/ency/artic le/000894.htm>

- Freeman, E. & Sherif, K. (2007). Prevalence of hot flushes and night sweats around the world. *Climacteric*, 10, 197–214.
- Gannon, L. R. (1999). Women and ageing: Transcending the myths. London: Routledge. *Canadian Woman Studies/Les Cahiers De La Femme.*, 21, 2.
- Griffiths, A., MacLennan, S.J. & Hassard, J. (2013). Menopause and work: An electronic survey of employment attitude in the UK. *National Center for Biotechnology Information, U.S. National Library of Medicine* 76(2), 155-159.
- Jamil, F.(2009). Development and validation of menopausal symptoms scale and psychosocial aspects of menopause. "A thesis of Punjab University applied psychology department". Retrieved date 22/04/2016. Retrieved from: www.HEC.healthrepository.com.
- Jehan, S., Alina. & Slifu., et.al, 2015. Sleep Disorders in Postmenopausal Women. *National Center for Biotechnology Information, U.S. National Library of Medicine*. 4(5), 1000212. doi: 10.4172/2167-0277.1000212.
- Kuck, M. J., & Hogervorst, E. (2024). Stress, depression, and anxiety: Psychological complaints across menopausal stages. *Frontiers in Psychiatry*, 15. <https://doi.org/10.3389/fpsy.2024.1323743>
- Ling, D. C. Y., Wong, W. C. W., & Ho, S. C. (2008). Are post-menopausal women 'half-a-man'? Sexual beliefs, attitudes and concerns among midlife Chinese women. *Journal of Sex and Marital Therapy*, 34, 15–29.
- Matina, S. S., Mendenhall, E., & Cohen, E. (2024). Women's experiences of menopause: A qualitative study among women in Soweto, South Africa. *Global Public Health*, 19(1). <https://doi.org/10.1080/17441692.2024.2326013>
- Metzler, J. M., Imesch, P., Dietrich, H., Knobel, C., Portmann, L., Neumeier, M. S., & Merki-Feld, G. S. (2024). Impact of family history for endometriosis, migraine, depression and early menopause on endometriosis symptoms, localization and stage: A case control study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 293, 36-43. <https://doi.org/10.1016/j.ejogrb.2023.12.016> <https://doi.org/10.1016/j.ejogrb.2023.12.016>
- Mushtaq, S., & Ashai, Y. (2014). Coping Strategies Used By Post-menopausal Women in Srinagar District of Kashmir Valley. *The Anthropologist. International Journal of Contemporary and Applied studies of man*, 17 (3), 1003-1006.
- Potdar, N. & Shinde, M. (2014). Psychological Problems and Coping Strategies Adopted By Post-Menopausal Women. *International Journal of Science and Research (IJSR)*, 3(2) 2319-7064.
- Sahni, J., & Eichling, P.S. (2005). Menopause-Related Sleep Disorders. *Journal of Clinical Sleep Medicine*. 1(3).
- Salik, R. & Winter (2015). Variations in Menopausal Symptoms as a Function of Education, Employment Status, and Income. *FWU, Journal of Social Sciences*. 9(2), 110-116.
- Sharma, S. & Mahajan, N. (2015). Menopausal symptoms and their effect on quality of life in urban versus rural women. *Journal of Midlife Health*. 6(1): 16–20.
- Utian, W. (2005). Psychosocial and socioeconomic burden of vasomotor symptoms in menopause: A comprehensive review *Bio Med Central*, 3, 47. retrieved date: 23/05/2016. Retrieved from: <http://hqlo.biomedcentral.com/articles/10.1186/1477-7525-3-47>.
- Wikipedia, (2016). Interpretative Phenomenological Analysis. Retrieved date: 24/5/2016. Retrieved from https://en.wikipedia.org/wiki/Interpretative_phenomenological_analysis