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A Study on the Psycho-Social Impact of Perimenopause and Menopause Among Working Women of Coimbatore District: A Social Work Perspective

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Abstract: ***Perimenopause and menopause represent significant biological and psychosocial transitions in a woman's life, particularly for working women who juggle professional, familial, and social responsibilities. Despite being natural life stages, these transitions are often accompanied by physical discomfort, emotional instability, and social challenges that remain under-recognised in occupational and societal contexts. The present study explores the psycho-social impact of perimenopause and menopause among working women in Coimbatore District from a social work perspective. Using a descriptive research design, the study examines the physical, psychological, and social experiences of working women during this transition, along with coping strategies and support systems. The findings highlight the prevalence of stress, mood fluctuations, reduced work efficiency, and role strain, emphasising the need for workplace sensitivity, social support, and holistic interventions. The study underscores the role of social work in advocacy, counselling, and policy formulation to enhance the quality of life of working women during midlife transitions.***

Keywords: Perimenopause, Menopause, Working Women, Psychosocial Impact, Social Work

I. INTRODUCTION

Women constitute a vital segment of society, contributing significantly to economic development, family stability, and social progress. As women increasingly participate in the workforce, their health and well-being become critical determinants of productivity and social sustainability. Midlife, particularly the phase encompassing perimenopause and menopause, marks a profound transition characterised by biological, psychological, and social changes.

Perimenopause refers to the transitional phase leading to menopause, marked by hormonal fluctuations and irregular menstrual cycles, while menopause is defined as the permanent cessation of menstruation for twelve consecutive months. These phases are not pathological but natural biological processes. However, for many women, especially those engaged in paid employment, these transitions are accompanied by symptoms such as hot flashes, fatigue, sleep disturbances, mood swings, anxiety, and cognitive difficulties. These symptoms often intersect with work demands, caregiving responsibilities, and societal expectations, creating cumulative stress.

In Indian society, menopause is frequently surrounded by silence, stigma, and cultural misconceptions. Working women, in particular, may hesitate to discuss menopausal challenges due to fear of discrimination or being perceived as less competent. This lack of open discourse and institutional support exacerbates psychosocial distress. From a social work perspective, understanding the lived experiences of working women during perimenopause and menopause is essential for developing supportive interventions, workplace policies, and community awareness programs.

II. REVIEW OF LITERATURE

Existing literature reveals that menopausal experiences vary widely across individuals and cultures. Mishra et al. (2012) identified diverse symptom trajectories among midlife women, emphasizing that psychological and vasomotor symptoms peak at different stages of the menopausal transition. Kalahroudi et al. (2012) found that working status, education, and physical activity significantly influenced the severity of menopausal symptoms, highlighting the role of socioeconomic and lifestyle factors.

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Shafie et al. (2012) reported that psychological and somatic symptoms were more prevalent than urogenital symptoms among menopausal women, with fatigue, anxiety, and joint pain being common concerns. Studies consistently indicate that menopausal symptoms can adversely affect work performance, emotional well-being, and interpersonal relationships.

Huffman et al. (2005) emphasize the multifactorial nature of menopausal experiences, highlighting the role of attitudes, dietary habits, overall health status, genetic predispositions, and cultural affiliations in shaping individual encounters with menopause. Scholars have recognized menopause as more than just a biological event, acknowledging its psychosocial implications. The transition into menopause is often accompanied by a range of physical and psychological symptoms that can challenge a woman's sense of well-being and identity. Cultural beliefs and societal norms surrounding menopause contribute significantly to how women perceive and cope with this life stage.

Pinto (2010) suggests that the nursing profession's exposure to information about menopause enables nurses to support women more effectively during this phase of life, potentially mitigating negative perceptions and fostering positive coping mechanisms. Thus, the notable concern among women regarding their husbands' reactions to menopause and their overall perception of this life stage may be influenced by the differing levels of awareness and support available, with nursing staff potentially playing a crucial role in promoting a more positive experience of menopause.

Devi et al. (2015) conducted a study focusing on middle-aged women to explore their experiences with menopausal symptoms and their attitudes towards menopause in relation to various demographic factors. Their findings indicated that peri-menopausal women reported experiencing a higher frequency of menopausal symptoms compared to pre-menopausal and post-menopausal women.

Jamil and Khalid (2009) created a native Menopausal Symptom Scale to evaluate the psychosocial dimensions of menopause among Indian women. Their research revealed several factors correlated with menopausal symptoms, including menopausal status, social support, attitudes towards aging and menopause, lifestyle choices, gynecological history, and sociodemographic characteristics.

In 2009, Waidyasekera, Wijewardena, Lindmark, and Naessen conducted a community-based, cross-sectional study in Colombo, Sri Lanka, involving 683 women aged 45 to 60 years. They utilized the Menopause Rating Scale and the Short Form 36 health survey to evaluate menopausal symptoms and health-related quality of life. Among the participants, 59.4% were postmenopausal, and 18.4% were perimenopausal, with 90% reporting at least one menopausal symptom.

In 2008, Nisar and Sohoo conducted a cross-sectional hospital-based survey at the Department of Obstetrics and Gynecology, Isra University Hyderabad, Sindh, Pakistan, involving 202 women aged 40-60 years. Their study aimed to evaluate menopause-related symptoms and their impact on the quality of life among menopausal women. They utilized the Menopause-specific Quality of Life Questionnaire (MENQOL) to assess symptom frequency and severity. Among the study participants, the most prevalent symptom was body ache, reported by 165 women (81.7%).

In 2008, Williams et al. conducted a large-scale US population-based study involving 2703 women aged 40–65 years to evaluate the impact of menopausal symptoms on health-related quality of life. They utilized the Menopause-Specific Quality of Life Questionnaire (MENQOL) 36 for assessment.

Theoretical perspectives such as the Stress and Coping Model, Biopsychosocial Model, Feminist Theory, Intersectionality Theory, and Health Belief Model provide a comprehensive framework for understanding menopause beyond biological explanations. These models emphasize the interaction between hormonal changes, psychological resilience, social roles, cultural expectations, and access to resources. Feminist and intersectional approaches, in particular, highlight how gender norms, power relations, and socioeconomic status shape women’s menopausal experiences.

III. METHODOLOGY

The study adopted a descriptive research design to examine the psycho-social impact of perimenopause and menopause among working women in Coimbatore District. The sample consisted of working women aged 35–60 years from various occupational sectors. Data were collected using a structured interview schedule focusing on physical symptoms, psychological well-being, social relationships, workplace experiences, and coping strategies.

Simple statistical tools such as percentages and frequency distributions were used for data analysis. Ethical considerations, including informed consent, confidentiality, and voluntary participation, were strictly maintained throughout the study.

IV. RESULTS AND DISCUSSION

The findings reveal that a majority of working women experienced multiple physical symptoms, including hot flashes, fatigue, sleep disturbances, and body pain, which often interfered with daily functioning.

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Psychologically, many respondents reported mood swings, irritability, anxiety, reduced concentration, and feelings of low self-esteem. These symptoms were intensified by work pressure, role overload, and lack of emotional support.

Socially, women faced challenges in balancing work and family responsibilities, particularly caregiving roles. Cultural silence surrounding menopause limited open discussions within families and workplaces, leading to isolation and internalized stress. Several respondents expressed reluctance to disclose their symptoms at work due to fear of stigma or negative career consequences.

Despite these challenges, many women demonstrated resilience by adopting coping strategies such as lifestyle modifications, social support, spiritual practices, and positive reframing. However, the absence of structured workplace policies and professional psychosocial support remained a significant gap.

V. ROLE OF SOCIAL WORK AND IMPLICATIONS

From a social work perspective, menopause and perimenopause require holistic interventions addressing biological, psychological, and social dimensions. Social workers can play a crucial role through:

1) Counselling and psychoeducation to normalize menopausal experiences
2) Workplace advocacy for flexible schedules and supportive policies
3) Community awareness programs to reduce stigma
4) Policy interventions promoting women-friendly occupational health practices

Empowering women with knowledge, emotional support, and institutional backing can significantly enhance their quality of life and work participation during midlife transitions.

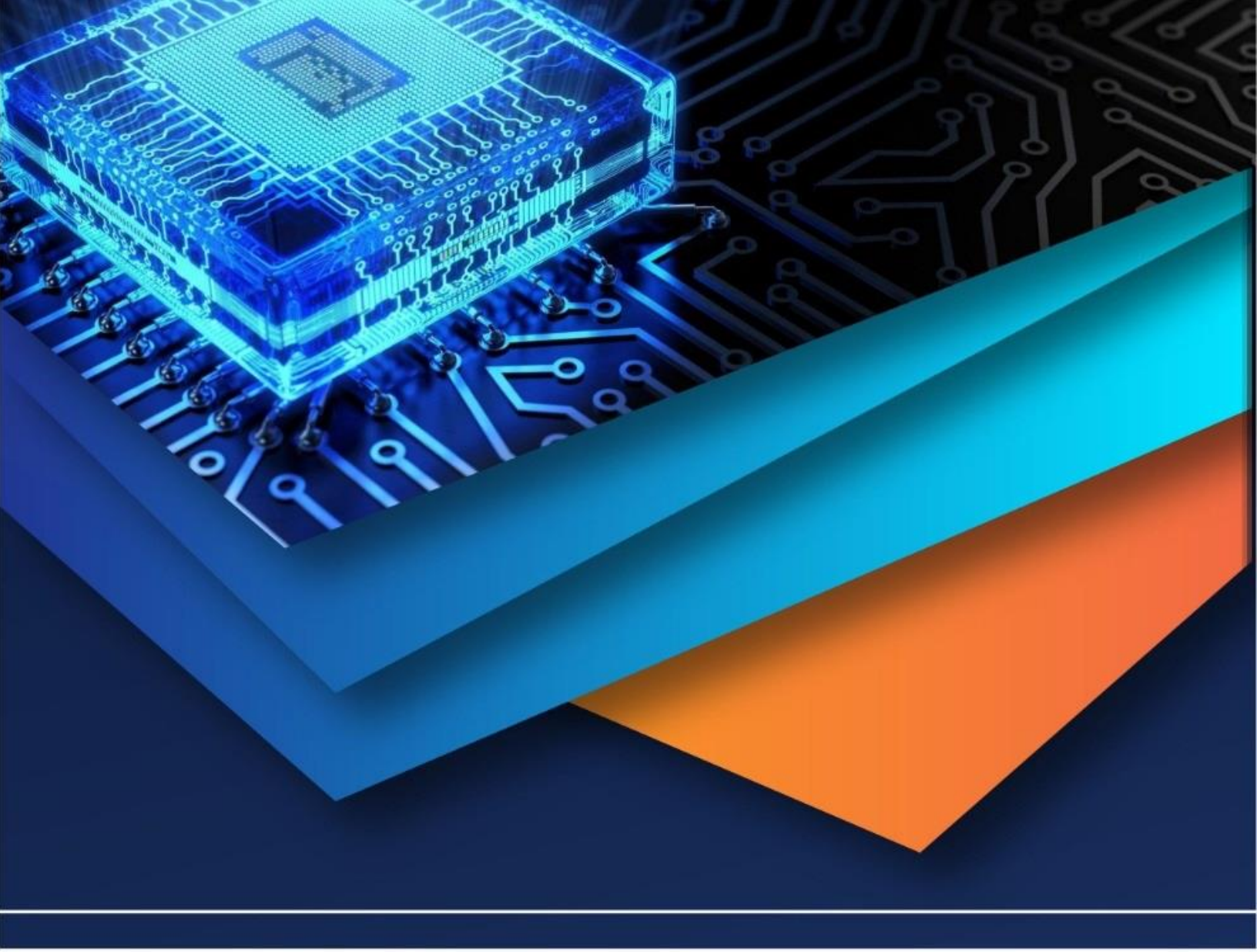
VI. CONCLUSION

Perimenopause and menopause are inevitable yet under-acknowledged phases in the lives of working women. The study highlights the substantial psycho-social impact of these transitions and the urgent need for supportive workplace environments and social interventions. Recognizing menopause as a legitimate occupational and social concern is essential for promoting gender equity, well-being, and sustainable development. A social work approach that integrates advocacy, counseling, and policy reform can ensure that working women navigate this life stage with dignity, resilience, and empowerment.

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