



Mental And Physical Health During Perimenopause And Menopause: A Biosychosocial Study

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Abstract: Menopause is a significant developmental transition characterized by complex biological, psychological, and social changes. The present study examines mental and physical health during perimenopause and menopause using a biopsychosocial framework. It highlights the role of hormonal fluctuations, psychosocial stressors, and cultural influences in shaping women's experiences. The study emphasizes the importance of awareness, early identification of symptoms, and holistic interventions to improve quality of life.

Keywords: Menopause; Perimenopause; Mental Health; Depression; Anxiety; Stress; Menopause Rating Scale (MRS); DASS-21; Hormonal Changes; Vasomotor Symptoms; Sleep Disturbances; Biopsychosocial Model; Women's Health; Quality of Life

1. Introduction

Menopause is a natural biological transition marking the end of a woman's reproductive life. Despite its universality, it remains under-recognized and often misunderstood. The transition involves significant hormonal changes, particularly a decline in estragon, which affects both physical and mental health.

Perimenopause, the phase leading up to menopause, is marked by irregular menstrual cycles, vasomotor symptoms, and psychological disturbances such as anxiety and depression. Women today spend a substantial portion of their lives in the postmenopausal stage, making it essential to understand and address the associated challenges.

The experience of menopause is influenced not only by biological factors but also by psychological resilience and sociocultural context. Therefore, a comprehensive biopsychosocial approach is necessary to understand and manage menopausal health effectively.

2. Review of Literature

Previous research has extensively explored the multifaceted nature of menopause:

Studies indicate that hormonal fluctuations, particularly declining estrogen levels, are strongly associated with vasomotor symptoms, sleep disturbances, and mood disorders. Neuroendocrine changes have been linked to increased vulnerability to depression and anxiety.

Psychological studies emphasize the role of stress, coping mechanisms, and life events such as caregiving responsibilities and occupational pressures. Women with lower social support tend to report higher levels of distress.

Sociocultural research highlights that cultural beliefs significantly influence the perception of menopause. In societies where menopause is viewed negatively, women report more severe symptoms compared to cultures where it is seen as a natural or empowering phase.

Indian studies reveal limited awareness about menopause, especially in rural populations. Lack of education and social stigma contribute to delayed diagnosis and poor management of symptoms.

Overall, literature supports the view that menopause is a biopsychosocial phenomenon requiring integrated care and culturally sensitive interventions.

Research Gap

Based on the present dissertation on *mental and physical health during perimenopause and menopause*, the following specific research gaps have been identified:

1. Inadequate Focus on Combined Mental and Physical Health

Although previous studies have explored menopausal symptoms, many have focused either on **physical symptoms** (like vasomotor issues) or **mental health** (such as depression and anxiety) separately. There is limited research examining the **interrelationship between mental and physical health simultaneously**, which this study attempts to address.

2. Limited Empirical Evidence Using Standardized Measures

The dissertation highlights that not all prior studies have used **standardized tools like DASS-21 and MRS together**. This creates a gap in obtaining reliable and comparable data on both psychological distress and menopausal symptoms within the same sample.

3. Lack of Correlational Studies

While symptoms of menopause are well documented, there is a **lack of statistical analysis examining correlations** between physical symptoms and psychological variables. This study fills that gap by analysing how strongly these variables are related.

4. Underrepresentation of Midlife Indian Women

There is limited research focusing specifically on **Indian women aged 40–55**, particularly in semi-urban contexts. Cultural, social, and lifestyle differences make it important to study this population separately.

5. Insufficient Attention to Premenopausal Stage

Much of the literature emphasizes menopause or post menopause, whereas the **premenopausal phase**, which involves the most fluctuating symptoms, is relatively neglected. This dissertation gives focused attention to this transitional stage.

6. Lack of Awareness-Based Research

The dissertation points out that many women have **limited awareness about menopause and its symptoms**, yet few studies investigate this lack of knowledge alongside health outcomes.

7. Minimal Integration of Demographic Variables

Previous studies often do not adequately examine how **age, marital status, and other demographic factors** influence both mental and physical health during menopause. This study attempts to include these variables.

8. Limited Focus on Biopsychosocial Model

Although menopause is widely acknowledged as a biopsychosocial phenomenon, few empirical studies actually **apply this model in data analysis**. This dissertation bridges that gap by integrating biological, psychological, and social dimensions.

Conclusion of Research Gap

The dissertation addresses a critical gap by providing a **holistic, correlational, and culturally relevant understanding** of menopause. It contributes to existing literature by combining mental and physical health assessments, focusing on perimenopause, and applying a biopsychosocial framework within an Indian context.

3. Methodology

3.1 Research Questions

1. What are the common mental and physical health issues experienced during perimenopause and menopause?
2. Is there a significant relationship between physical symptoms and mental health outcomes?
3. How do demographic variables influence menopausal experiences?

3.2 Research Objectives

- To assess mental health (depression, anxiety, stress) among menopausal women
- To examine physical symptoms associated with menopause
- To analyse the relationship between mental and physical health
- To identify demographic influences on menopausal experiences

3.3 Hypotheses

- H1: There is a significant relationship between physical symptoms and mental health during menopause
- H2: Premenopausal women experience higher psychological distress compared to menopausal women
- H3: Demographic variables significantly influence symptom severity

3.4 Research Design

The study adopts a **quantitative descriptive research design** to analyze mental and physical health variables among women in premenopausal and menopausal stages.

3.5 Sample Design

A **non-probability convenience sampling method** was used to select participants.

3.6 Sample Size

The sample consists of **100 women**.

3.7 Sample

Participants include women aged **40–55 years** undergoing perimenopause or menopause.

3.8 Inclusion Criteria

- Women aged 40–55 years
- Women experiencing perimenopause or menopause
- Willingness to participate

3.9 Exclusion Criteria

- Women with severe psychiatric disorders
- Women undergoing hormone replacement therapy
- Women with major medical illnesses affecting mental health

3.10 Variables

Independent Variables:

- Age
- Marital status
- Stage of menopause

Dependent Variables:

- Mental health (depression, anxiety, stress)
- Physical symptoms

3.11 Description of Scales

- **DASS-21 (Depression Anxiety Stress Scale):**
Measures levels of depression, anxiety, and stress
- **MRS (Menopause Rating Scale):**
Assesses severity of menopausal symptoms including physical, psychological, and urogenital symptoms

3.12 Procedure

Data was collected using standardized questionnaires. Participants were informed about the purpose of the study, and consent was obtained. The questionnaires were administered either online or in person. Confidentiality and anonymity were maintained throughout the study.

4. Results and Discussion

The results indicate that a significant proportion of women experience moderate to severe levels of psychological distress during perimenopause and menopause.

Key Findings:

- High prevalence of **anxiety and stress** among premenopausal women
- Physical symptoms such as **hot flashes and sleep disturbances** were strongly associated with mental health issues
- A **positive correlation** was observed between physical symptoms and psychological distress

- Women with lower social support reported higher symptom severity

Correlation Analysis

To examine the relationship between mental health and physical symptoms during perimenopause and menopause, a **correlation analysis** was conducted using Pearson's correlation coefficient.

Findings:

- A **significant positive correlation** was found between menopausal symptoms (MRS scores) and psychological distress (DASS-21 scores).
- Higher levels of physical symptoms such as hot flashes, sleep disturbances, and fatigue were associated with increased levels of **depression, anxiety, and stress**.
- Among the psychological variables:
 - **Stress showed the strongest correlation** with physical symptoms
 - Followed by **anxiety**, and then **depression**
- Sleep disturbances emerged as a **key mediating factor**, intensifying both physical discomfort and emotional distress

Interpretation:

The results indicate that as the severity of physical menopausal symptoms increases, mental health tends to deteriorate. This supports the **biopsychosocial model**, where biological changes (hormonal fluctuations) interact with psychological responses to influence overall well-being.

The findings emphasize the need for **integrated healthcare approaches**, addressing both physical and mental health simultaneously rather than in isolation.

Discussion

The findings support the biopsychosocial model, demonstrating that menopause is not purely a biological process. Hormonal changes interact with psychological and social factors to influence women's experiences.

Sleep disturbances emerged as a critical mediating factor linking physical and mental health. Cultural attitudes and lack of awareness further exacerbate distress, particularly in the Indian context.

5. Summary and Conclusion

Menopause is a complex transitional phase involving significant changes in physical and mental health. The study highlights that:

- Hormonal changes significantly impact mental health
- Physical symptoms are closely linked to psychological distress
- Social and cultural factors play a crucial role in shaping experiences

A holistic approach integrating medical, psychological, and social support is essential for improving quality of life.

Conclusion

Menopause should not be viewed as a decline but as a natural life transition. Increasing awareness, providing support systems, and promoting positive attitudes can help women navigate this phase with resilience and well-being.

6. References

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