

# PSYCHOLOGICAL IMPLICATIONS OF MENOPAUSE CRISES

Wangui Ndung'u, M

School of Education, Kabarak University

DOI: <https://doi.org/10.5281/zenodo.11085186>

Published Date: 29-April-2024

---

**Abstract:** Menopausal symptoms though well tolerated by some women, may be troublesome to others. Symptoms experienced with the menopausal transition and early post menopause are varied and span in both physical and psychological domains. There is a difference on menopause crises for different women based on different psychological symptoms. This study examined the psychological implications of menopause crisis for public primary schools' female teachers in Laikipia County. The study utilized ex post facto research design because it was not possible or acceptable to manipulate the characteristics of human participants. The target populations were 600 female teachers, 50 teacher counselors, 5 Sub County Directors of Education in the Ministry of Education, giving a total of 655 respondents in Laikipia County. The researcher used stratified sampling, two stage clustered sampling, random sampling and purposive sampling techniques. The sample of the study was 289 respondents. The statistical analysis entailed the computation of frequencies and percentages. The Findings revealed that there are psychological implications on menopause crises. From the findings of the study, it can be concluded that there are psychological implications on menopause crisis among female teachers in public primary schools in Laikipia County. The study recommended that the school administrators should encourage open communication as a way of boosting menopausal women to be more open and to share their psychological experiences.

**Keywords:** Menopausal symptoms, menopausal transition, psychological domains, boosting menopausal women.

---

## 1. INTRODUCTION

There are some women who experience serious symptoms which may impair their quality of life (Taavoni et al., 2013). More than 80% of the women experience physical and psychological symptoms in the years when they approach menopause with various disturbances and discomfort in their lives (Gupta & Yadav, 2014). These suggestions concur with Gracia and Freeman (2018) who found out that 80% and above of women, experience some degree of psychological or physical symptoms around menopause. Severe symptoms can compromise the overall quality of life for those going through menopause. A study carried out on 152 women on a Tertiary Care Hospital found out that 38.6% had been portrayed experiencing vasomotor symptoms that included hot flashes and night sweats. Psychosomatic symptoms like insomnia, muscle and joint pains were seen in almost half of the population. The overall prevalence of psychological effects was found to be 18.8% and 26.5% respectively (Jyothi & Kolisetty, 2015). In Ibadan Nigeria, Olaseha, Ibraheem and Oyewole (2015) found that in the majority of women at least one had symptom of menopause that could be listed into any of the four types namely; somatic symptoms, hormonal deficiency, emotional and skeletal symptoms. This report concurs with those of Iddrees, et al (2022) in their study of the impact of menopause on psychological wellbeing of women in Sialkot Pakistan who found out that there was a strong negative correlation between menopausal symptoms and psychological wellbeing. The findings further conclude that menopause negatively affects the psychological wellbeing of menopausal women.

To many women, menopausal period is a challenging period of life, often associated with lowered self-esteem (Stöppler, 2018). Differences make some women more vulnerable to menopausal symptoms. Brown, Bryan, Brwon, Bell and Judd (2014) found out that about 75% of peri and post-menopausal women have vasomotor symptoms. However, some women experience more discomfort and distress in response to these symptoms. This is in congruence with the findings of Tang et al (2019) who noted that these menopause symptoms differ among women but there are many symptoms that are prevalent such as: anger, feeling overwhelmed, feeling revved, depression, anxiety mood swings, reduced self-esteem, hot flashes,

night sweats, insomnia, fatigue, overly emotional, shorter cycles closer together and heavy bleeding with blood clots. Hormonal changes that come with menopause might cause mood swings where one feels overly emotional and likely to snap at the slightest annoyance (The Standard, 2020).

All women above 50 years go through a period of transition from fertile to non-fertile stages of life. The ovarian function of a menopausal woman begins its decline at this time and is used as a clinical marker. The primary menopausal challenges experienced by these women can be grouped into psychological, vasomotor, sexual complaints, and somatic. The occurrence and seriousness of these symptoms differ widely from different cultural populations and from individual to individual in the same cultural population (Bindhu, 2013). The characteristic symptoms of menopause based on vasomotor symptoms are hot flushes and night sweats. These symptoms directly result from decrease in oestrogen level as women approach menopause stage. Menopausal symptoms and their relationship with menopause transition vary widely. The key results in a doctoral thesis done by Rubinstein, (2014) revealed that there were four beliefs that influenced the prediction of perceptions and severity for treatment utilization by women during menopause. The four social constructions of menopause are first, that menopause renders women unnoticed and with no value; second, menopause is an affliction that change women; third, menopause is amenable to treatment with hormone therapy and fourth, menopause is a phase that is temporary after which there is recovery. A study by Mwenza (2015) among the British Pakistan women revealed that women from lower social classes higher were significantly less likely to undergo vasomotor symptoms than those of a higher occupational social class.

Psychogenic symptoms that include insomnia, low attention span, nervous tension, lack of energy, despondency are among the most frequently reported symptoms of menopausal transition (Stöppler, 2018). A report by Tang et al (2019) on Clinico-Epidemiological study on Health problems of post-menopausal women in rural area of Vadodara District, in Gujarat reported that 80% of them suffered from physical symptoms of fatigue and 74.8% headache. Vasomotor symptoms such as hot flushes were at 40.1%, night sweats 40.8%, palpitations at 37.4% as well as psychological symptoms like insomnia 57.1%, lack of concentration in the work at 33.3% and anxiety (38.1%). Most post-menopausal women go through a myriad of health problems that are related to the environmental settings they come from. The most immediate and vital symptoms of menopause are the effects of hormonal changes on many organ systems of the body (Thiyagajaran, & Shakila, 2014). The symptoms experienced at the onset of menopause are primarily self-timing, non-fatal but are nonetheless distressing and sometimes disabling.

A study carried out by Arounassalame and Poolamar, (2013) indicated that the mean age group based on the study was 45 years. The study subjects experienced low backache at (79%) and concurrently, muscle joint pain at 77.2%. The least frequent symptoms were increase in feeling of dryness during intimacy at 10.8%. Scores of hot flushes and night sweats were significantly more in menopause transition group while the value of physical domains were significantly more in late post-menopausal group. A study carried out by Khatri, Hande and Pal (2013) on menopausal symptoms in peri-menopause and post menopause women on thirty women found out that the most severe symptoms reported included vasomotor subscale and subsequently psychological subscale. The mean age of menopause was reported as 48.9. The report indicated that after the onset of menopause there is increase in menopausal symptoms.

Dalal and Agarwal (2015) poses that menopause is a psychological event that is experienced by all women who reach midlife. The variation of the menopausal symptoms, the onset of menopause and its perception is primarily based between and within populations. Fatigue was the most common complaint among menopausal women followed by vasomotor symptoms (Sabir & Mustafa, 2012). Symptoms shown to be associated with a decrease in oestrogen after menopause are night sweats, insomnia, hot flushes, and vaginal dryness. Other symptoms include on and off menstrual bleeding, arteriosclerosis, osteoporosis, dyslipidaemia, depressed mood, forgetfulness, anger, headache, dizziness, deterioration in postural balance, palpitations, reduced skin elasticity, dry eyes, dry mouth, restless legs and muscle and joints pain.

A study conducted by Hussain et al (2013) indicated that most of the women reported that tiredness was the primary and immediate consequence of menopause while 41.5% were of the opinion that it was a hot flush. (76.6%) which was the highest percentage of women, expressed the view that osteoporosis was the prevalent long-term consequence of menopause. 156 women who were purposely selected for a cross-sectional study from four different sites in Pune city between 40 and 55 years of age revealed that the mean age of menopause was 45.8 years. They reported experiencing at least four symptoms. The highest number of reported symptoms were psychological followed by vasomotor and then urogenital symptoms. The report further indicated that about 130 million Indian women are expected to live longer into old age by 2015. Menopause is emerging as an issue due to urbanization, changing lifestyle and increased longevity in urban Indian women who are evolving as a homogeneous group (Aarti, 2011).

Peri and post menopause women undergo a varying range of menopausal symptoms. Most middle-aged women are concerned about losing their striking nature of womanhood after undergoing menopause. Most post-menopausal women may experience a sense of loss and despondency after they stop nurturing and tending to their maternal roles as their children grow and are autonomous. Korean women experience serious and severe symptoms which include; memory loss, recurrent fatigue, exhaustion and dry skin (Kang, Park, & Kwak, 2014).

Shinde (2014) reported that the onset of menopause brings with it psychological problems that affects the woman's self-esteem resulting in insomnia, changes in appetite and chronic fatigue. The woman's mood is riddled with feelings of sadness, emotional instability, emptiness, despondency and dysphoria. It affects the way the woman thinks, interfering with concentration and decision making. One's behaviour changes with increased anger, loss of temper, withdrawal of her social circle and the lack of desire to engage in activities that were once deemed pleasurable.

Sleep difficulty is one of the hallmarks of menopause. The major predictor of disturbed sleep is the presence of vasomotor symptoms. Menopausal women have lower sleep efficacy and increased sleep complaints. These women are also at a higher risk of psychological complaints. All these symptoms have been attributed to hormonal changes (Jehan, et al., 2015), Elazim, Lamadah, & Luma, 2014). A cross sectional multi-center study conducted by Afzal et al (2014) on 50 women for each hospital revealed that most common symptom reported was joint problems by 90% of women and forgetfulness with the least at 10%. A depressive mood was reported at (85%), lack of sleep (80%), palpitation (70%), anxiety (65%), hot flushes (60%), and urinary incontinence (30%) According to Achar et al (2014), in their study on women knowledge of perimenopausal phase and symptoms in Njoro District Kenya, majority of women provide their opinion that menopausal symptoms were a challenge to their marital relationships. This was also reflected with the behaviour and relationships to the community.

## 2. RESEARCH DESIGN

The study utilized *ex post facto* correlational research design. *Ex- post facto* research can be viewed as experimental research in reverse. *Ex post facto* research is ideal for conducting social research when is not possible or acceptable to manipulate the characteristics of human participants. It is a substitute for true experimental research and can be used to test hypotheses about cause and effect or correlational relationships, where it is not practical or ethical to apply a true experimental or even a quasi-experimental design (Simon & Goes, 2013). The research design was appropriate for this study since the independent variables were not be manipulated to establish their effects on the dependent variables. The research design was adopted in order to determine the influence of the independent variables under study that is psychological implications on female teacher's menopause crises (the dependent variable). A structured questionnaire was used to gather raw data from the female teachers in public primary schools in the study area. The questionnaire comprised items on the female teachers' in relation to menopause crises.

## 3. STUDY RESULTS

**Table 1: Psychological Issues among Menopausal Female Teachers**

ITEM	SD	D	NS	A	
I experience emotional instability	14.8% 32	22% 47	22.5% 48	33.5% 72	7.2% 15
I am experiencing persistent feelings of sadness	18.7% 40	3.8% 73	14.4% 31	29.2% 63	34 % 8
Respondents complain of lack of concentration in their work	5.7% 52	28.7% 62	8.1% 17	33% 71	24.4% 12
Respondents complain of insomnia due to menopause related symptoms	1.9% 70	29.2% 57	10% 57	26.3% 63	32.5% 4
Respondents complain of fatigue in the work place	13.4% 41	29.1% 59	10.5% 23	27.3% 64	19.1% 29

An examination of the findings posted in table 1 revealed that respondents agreed with most of the items. The results reveal that 40.7% of the respondents agreed that they experience emotional instability while 36.8% disagreed with the statement while 22.5% were neutral. These findings concur with Kaur and Kaur (2022) who indicated that the cognitive performance of women was sensitive to severe depression and sexual dysfunction. Similarly, Farvareshi and Mirghafourvand (2022) in their study on the effect of acceptance and commitment therapy on mood, sleep quality and quality of life in menopausal

women asserts that during menopause, depression and anxiety are among the most common psychological symptoms of menopause. Kruif et al (2016) revealed that perimenopause is a phase in which women are vulnerable to develop depressive symptoms. The findings of Tang et al (2019) in their study of the symptoms of anxiety and depression among Chinese women transitioning through menopause also revealed that symptoms of depression were more common than symptoms of anxiety. This implies that depression is one of the most common psychological symptoms of menopause.

With regard to the statement that 'I experience persistent feelings of sadness' (63.2%) of the respondents agreed while 14.4 % were neutral. Aragno, Fagiolini and Cuomo (2022) concurs with these findings and claims that menopause appears to be a period of vulnerability to mood alteration especially depressive episodes and impairment of quality of life.

The results further indicate that a majority (70.4%) of the respondents agreed that they complain of lack of concentration while 10.5% were neutral. Clarabut (2021) concurs with these findings and asserts that during menopause, many women will report various physical and psychological symptoms that adversely affect their quality of life. The psychological symptoms include sadness, irritability, tearfulness, decreased memory, low concentration depression and anxiety.

Further, the findings revealed that 57.4 % of female teachers reported that they experience sleep disorder as a result of menopause while 34.4% disagreed. This collaborates with Abdelaziz et al (2022) whose findings revealed that more than one third of Saudi postmenopausal women had poor sleep quality. Again, Clarabut (2021) claims that sleep disturbance is one of the most commonly reported and most bothersome symptoms of the menopausal transition. Further Clarabut (2021), revealed that menopausal period is one of the most critical stages of a woman's life. Complications of the menopausal period including sleep disorders can affect the physical and mental state of women.

A majority, (58.8%) of the respondents revealed that they experience fatigue in the work place while 31.1% disagreed with the statement. According to Decandia et al (2022), women show an increased risk of cognitive impairment and emotional disorders when approaching menopause. Similarly, Tang et al (2019) claims that women experience negative emotions, negative attitudes, low adjustment worries and psychological effects that cause severity of menopausal symptoms.

#### 4. CONCLUSION

Based on the findings, the study concludes that there is psychological implications on menopause crisis among female teachers in public primary schools in Laikipia County. There is need to make awareness on the psychological implications on menopause for female teachers specifically for all women undergoing menopause in order to reduce the challenges that they face as they go through this transition.

#### 5. RECOMMENDATIONS

The school administrators should encourage open communication as a way of boosting menopausal women to be more open and to share their psychological experiences.

#### REFERENCES

- [1] Aarti, K. (2011). Age of Menopause and Symptoms among Urban Women in Pune, Maharashtra. *The Journal of Obstetrics and Gynecology*, 323-326.
- [2] AbdiAziz, K. Abdul, H., Arifin, M. R. Jamani, A. N., Ishak, M. N (2021). Exploring Women's Perceptions and Experiences of Menopause among East Coast Malaysian Women 16 (1):84-92.
- [3] Achar, D. A., Wanga, D. O., & Olubandwa, A. A. (2014). Knowledge of Perimenopausal Phase and Symptoms Women Experienced in Njoro District, Kenya. *International Journal of Humanities and Social Science*, 4 (3), 316-321.
- [4] Aragno, E. Fagiolini, A., & Cuomo, A. (2022). Impact of Menstrual Cycle Events on Bipolar Disorder Course; A Narrative Review of Current Evidence. *Archives of Women's Mental Health*, 1-10.
- [5] Arounassalame, B., & Poolamar, G. (2013). The Quality of Life During and After Menopause among Rural Women. *Journal of Clinical and Diagnostic Research*, 7(1).
- [6] Bindhu, S. (2013). Climateric Symptoms among Women in a Rural Area in Kerala. *Journal of Evolution of Medical and Dental Sciences*, 2 (9).

- [7] Brown, L., Bryan, C., Brwon, V., Bell, B., & Judd, F. (2014). Self-Compassion: A Cure for Menopausal Symptoms. *Maturitas*, 78 (4), pp. 298-303.
- [8] Clarabut, J. (2021). Essential Support for Employees Going Through the Menopause. Well Being People.
- [9] Dalal, P. K., & Agarwal, M. (2015). Postmenopausal Syndrome. *Indian Journal of Psychiatry*, 222-232.
- [10] Decandia, D., Landolfo, E., Sacchetti, S., Gelto, F., & Petrosini, L. (2022). Improve Emotion and Cognition during Menopause; A Systematic Review.14 (9)
- [11] Elazim, H. A., Lamadah, S. M., & Luma, G. A. (2014). Quality of Life among Menopausal Women. *Journal of Biology, Agriculture and Healthcare*, 4 (11).
- [12] Farvarshi, M., & Mirghafourv and, M. (2022). Effect of Acceptance and Commitment Therapy on Mood, Sleep Quality and Quality of Life in Menopausal Women. A Randomized Controlled Trial M C Psychiatry.
- [13] Gracia, R.C. & Freeman, E.W. (2018). Onset of the Menopause Transition: The Earliest Signs and Symptoms; *Obstetrics and Gynecology*.45 (4); 585-597.
- [14] Gupta, A., & Yadav, A. (2014). Assessment of Menopausal Quality of Life Using Quality of Life Rating Scale in the Subject of a Gaza City. *International Journal of Research in Applied Natural and Social Sciences*, 2 (9).
- [15] Hussain, R., Siddiqui, A. A., & Mujahid, S. (2013). Awareness of Menopausal Symptoms among Young Pakistani Women of Different Educational Backgrounds. *Journal of South Asian Federation of Menopause Societies*, 9 (1), pp.18-20.
- [16] Iddrees, L., Abbas, S., & Batool, A (2022). Impact of Menopause on Psychological Wellbeing of Women in Sialkot – Pakistan.
- [17] Jehan, S., Masters-Isarilov, A., Sali, I., Zizi, F., Jean-Louis, G., Pandi-Perumal, S. R., . . . McFarlane, S. I. (2015). Sleep Disorders in Postmenopausal Women. *Journal of Sleep Disorders*.
- [18] Jyothi, N., & Kolisetty, R. (2015). Study of Symptoms in Postmenopausal Women: A Hospital Based Study. *International Journal of Indian Psychology*, 3 (1).
- [19] Kang, N., Park, H., & Kwak, E. (2014). Menopause Knowledge, Attitude, Symptoms and Management among Midlife Employed Women. *Journal of Menopausal medicine*, 20, pp.118-125.
- [20] Kaur, M., & Kaur, M. (2022). Is Cognitive Performance of Women Sensitive to the Severity of Menopausal Symptoms, *Menopause* 29 (2), 170-177.
- [21] Khatri, S., Hande, D., & Pal, A. (2013). Assessment of Menopausal Symptoms in Perimenopausal and Post-Menopausal Women above 40 years in Rural Areas. *International Journal of Healthcare and Biomedical Research*, 1 (3), pp. 166-174.
- [22] Kruif, M., Spijker, A. & Molendijk, M. (2016). Depression during Perimenopause; *A Meta-Analysis Journal of Affective Disorders* 206,174-180.
- [23] Mwenzu, B. T. (2015). Menopausal Symptoms among British Pakistani Women: A Critique of the Standard Checklist Approach. *Menopause*, 79-87.
- [24] Olaseha, I., Ibraheem, O., & Oyewole, O. (2015). Experiences and Perceptions of Menopause among women in Ibadan South East Local Government area, Nigeria. *Africa Journal of Biomedical Research*, 18, pp. 81-94.
- [25] Rubinstein, H. (2014). *The Meanings of Menopause: Identifying the Bio-Psycho-Social Predictors of the Propensity for Treatment of Menopause*. Cambridge: Lucy Cavendish College, The University of Cambridge
- [26] Sabir, J., & Mustafa, G. (2012). Perception and Experience Regarding Menopause among Menopause Women Attending Teaching Hospitals in Erbil City. *Global Journal of Health Sciences*, 4 (3).
- [27] Shinde, M., & Potdar, N. (2014). Psychological Problems and Coping Strategies Adopted by Post-Menopausal Women. *International Journal of Science and Research*, 3 (2).

- [28] Simon, M. K., & Goes, J. (2013). *Dissertation and Scholarly Research: Recipes for Success*. Seattle; Dissertation Success.
- [29] Stöppler, C. M. (2018). *Menopause: Definition and Facts*. Retrieved from medicine net: [https://www.medicinenet.com/menopause/article.htm#what\\_are\\_the\\_complications\\_and\\_effects\\_of\\_menopause\\_on\\_chronic\\_medical\\_conditions](https://www.medicinenet.com/menopause/article.htm#what_are_the_complications_and_effects_of_menopause_on_chronic_medical_conditions)
- [30] Taavoni, S., Darsareh, F., Joolae, S., & Itaghani, H. (2013). The Effect of Aromatherapy Massage on the Psychological Symptoms of Postmenopausal Iranian Women. *Tehran University Faculty of medical Sciences*, 6.
- [31] Tang, R., Luo, M., Li, J., Peng, Y., Wang, Y., & Liu, R. (2019). Symptoms of Anxiety and Depression among Chinese Women Transitioning through Menopause; Findings from a Prospective Community-Based Cohort Study.
- [32] The Standard (2020). Signs of Premature Menopause.
- [33] Thiyagajaran, S., Sridhranan, P., & Shakila, P. (2014). An Assessment of Women's Awareness and Symptoms in Menopause with Reference to Academic Women at Sri Lanka. *Journal of Business and Economic Policy*.