ORIGINAL RESEARCH PAPER
Volume - 14 | Issue - 09 | September - 2025 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A COMPARATIVE STUDY OF THE EFFECT OF MENOPAUSE ON MENTAL HEALTH IN RELATION TO EMOTIONS AMONG WORKING AND NON-WORKING WOMEN IN INDORE CITY

Psychology

Dr. Shikha Sharma*
BHMS, M.D. (Practice of Medicine), M.A. (Psychology), Professor in the Department of Pharmacy at S.K.R.P.G.H.M.C.R.C, Indore, MP, India *Corresponding Author

ABSTRACT

Menopause, or climacteric, signifies the end of menstrual periods due to decreased ovarian function and estrogen levels. This transition often begins with changes in the menstrual cycle and can lead to emotional instability, including irritability and sadness, highlighting the need for mental health support. Despite progress in education and societal views, menopause remains a taboo subject, leading to embarrassment and hesitancy among women to seek help for symptoms. A study involving 40 women from Indore, divided between 20 working and 20 nonworking groups, examined the link between menopause, mental health, and emotions. The women were selected using structured screening questionnaires and validated mental health assessment tools, Data analysis was performed using SPSS version 29.0, employing Karl Pearson's Correlation Coefficient to assess relationships. The results indicate a statistically significant positive correlation between menopausal symptoms and mental/emotional distress ($\rho = 0.610$, $p < 0.01$), with a marginally higher correlation in non-working women ($\rho = 0.682$) compared to working women ($\rho = 0.654$). These findings underscore the importance of creating inclusive, targeted mental health interventions during menopause, particularly for women lacking occupational or social engagement.

KEYWORDS

Menopause, Mental Health, Emotional Symptoms, Working Women, Nonworking Women, India, Hormonal Changes, Psychological Health, Perimenopause, Occupational Differences.

INTRODUCTION

Menopause, which is triggered by a drop-in estrogen levels, brings along a mix of emotional and physical hurdles. Many women find themselves dealing with irritability, sadness, mood swings, and emotional ups and downs, sometimes leading to feelings of guilt or shame. These mental health challenges can be made even tougher by physical symptoms like hot flushes, joint pain, and trouble in getting to sleep.

Working vs. Nonworking Women

- **Working Women:** They often enjoy psychological perks from their jobs, financial independence, and social connections. However, they frequently struggle with balancing work and life.
- **Nonworking Women:** They may face greater risks of financial dependence, social isolation, limited decision-making power, and restricted access to education and personal growth, which can heighten the distress associated with menopause.

Understanding Menopause

Menopause signifies the end of menstruation and the ability to conceive, typically occurring between the ages of 45 and 55. It can happen naturally or be triggered by factors like surgery or chemotherapy. The journey usually starts with irregular periods and wraps up after a full year without menstruation.

Common Symptoms

- **Physical:** Hot flushes, vaginal dryness, weight gain, heart palpitations, joint pain, and changes in skin.
- **Emotional/Psychological:** Anxiety, memory issues, depression, irritability, and a decrease in libido.
- The severity of these symptoms can vary widely from one woman to another.

Stages of Menopause

1. **Premenopausal:** This is when hormonal fluctuations start.
2. **Perimenopause:** This phase lasts about 4 to 8 years, marked by fluctuating estrogen levels and more intense symptoms.
3. **Postmenopausal:** This stage is defined by no menstrual flow for 12 months. Any spotting during post menopause could indicate health concerns.

Possible Complications

These can include osteoporosis, painful intercourse, urinary incontinence, heart disease, pelvic organ prolapse, and emotional instability. Not every woman will experience these issues, and their intensity can differ.

Public Health Challenges

Even with advancements, menopause is still a topic that doesn't get enough attention. Many women struggle to access proper diagnosis, counseling, and treatment. Societal stigma and insufficient health policies only add to the challenges they face.

WHO's Measures and Recommendations

- Promote awareness and education.
- Advocate for universal health coverage that includes menopause care.
- Train healthcare professionals on menopause.
- Support a life course approach to women's health.

Menopause is not just a medical condition but a life transition requiring supportive systems, social understanding, and personal empowerment to ensure the well-being of women through midlife and beyond

Objectives

1. To assess the correlation between emotional symptoms and mental health among menopausal women.
2. To compare the correlation and intensity of emotional and mental health symptoms between working and nonworking menopausal women.

Hypotheses

H1: There is no significant correlation between emotional symptoms and mental health among menopausal women.
H2: There is no significant difference in emotional and mental health correlation between working and nonworking menopausal women.

Methodology

The methodology of the research focuses on structured procedures for data collection, analysis, and interpretation to address specific research goals. The study aims to explore the correlation between mental health and emotions in women undergoing menopause, with two primary objectives: first, to assess the relationship between mental health and emotions in menopausal women, and second, to compare this correlation between working and non-working women.

Variables

- **Independent Variable:** Menopause – defined as the end of reproductive life marked by hormonal changes.
- **Dependent Variable:** Mental Health and Emotions – measured using mental health scores and emotional symptom responses.

Sample

- **Total Participants:** 60 women aged 40–55 from Indore, Madhya Pradesh.
- **Final Sample:** 40 women (20 working, 20 nonworking), selected based on menopausal stage and absence of trauma or medical conditions that could skew results.

Criteria:

- **Working Women:** Paid employees in formal sectors.

- **Nonworking Women:** Not engaged in any paid employment.

Efforts were made to ensure financial status was relatively uniform across participants to eliminate socio-economic bias.

Tools and Questionnaires

Tool I: Emotional Symptom Questionnaire (Google Form)

- Total Questions: 31 (13 for screening, 18 for emotional assessment).
- Scoring was done for 17 of 18 emotional assessment items.
- Each item scored from 0–3, based on severity (e.g., Not at all → Severe).

Interpretation Table 1 for Emotional Symptoms

Score Range	Level of Emotional Symptoms	Mental Health Interpretation
0–15	Low	Good Mental Health
16–30	Moderate	Moderate Mental Health
31–51	High	Poor Mental Health

Tool II: Mental Health Checklist (MHCL-KP) by Dr. Pramod Kumar

- 11 Items: 6 mental/emotional + 5 somatic.
- 4-point scale: Always (3), Often (2), Sometimes (1), Never (0).
- Score range: 0 (best) to 33 (worst).

Z-Score Interpretation Table 2

Grade	Raw Score	Z-Score Range	Level of Mental Health
A	0–4	-2.01 and below	Extremely good
B	5–9	-2.00 to -1.26	Highly good
C	10–13	-1.25 to -0.51	Good
D	14–19	-0.50 to +0.50	Moderate poor
E	20–23	+0.51 to +1.25	Above average poor
F	24–28	+1.26 to +2.00	Highly poor
G	29 and above	+2.01 and above	Extremely poor

Data Analysis

- All 40 confirmed participants completed both tests.
- Emotional scores and MHCL raw scores were calculated.
- Z-scores were computed and mapped to the grading table above.
- Statistical Tool Used: SPSS (v29.0)
- Test Applied: Karl Pearson's Correlation Coefficient

RESULTS

The study findings reveal a statistically significant correlation ($\rho = 0.610$, $p < 0.01$) between the intensity of menopausal symptoms and the level of emotional and psychological distress. Subgroup analysis showed a slightly stronger correlation in non-working women ($\rho = 0.682$) compared to working women ($\rho = 0.654$), indicating that non-working women are more vulnerable to emotional disturbances during menopause.

Objective 1

To study the correlation between Mental Health and Emotions of Women in Menopause.

Hypothesis 1

There is no significant correlation between Mental Health and Emotions of Women in Menopause.

Table 1: Correlation Result for All Women

Group	Sample Size (N)	Correlation Coefficient (ρ)	p-value	Significance
All Women	40	0.610	0.000	Significant at 0.01 level

These results suggest all women experience emotional stress during menopause

Objective 2

To compare the correlation of Mental Health and Emotions between Working and Nonworking Women in Menopause.

Hypothesis 2

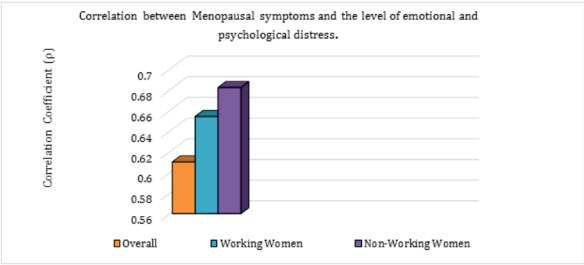
There is no difference in correlation between Mental Health and Emotions among Working and Nonworking Women.

Table 2: Correlation Results for Working and Non-Working Women

Group	Sample Size (N)	Correlation Coefficient (ρ)	p-value	Significance
Working Women	20	0.654	0.002	Significant at 0.01 level
Non-Working Women	20	0.682	0.001	Significant at 0.01 level

These results suggest that the non-working women may be more deeply affected

These results suggest that although all women experience emotional stress during menopause, non-working women may be more deeply affected. This could be attributed to factors such as lack of social support, lower self-esteem, and fewer coping mechanisms. The results support the idea that employment provides a degree of emotional support and distraction, which may buffer against the severity of menopausal symptoms. However, it also indicates that menopause significantly impacts all women, regardless of occupational status.



Graph 1: Visual Comparison of Correlation Coefficients

DISCUSSION

The study investigated the relationship between mental health and emotions in menopausal women. The first hypothesis, which suggested no significant correlation, was rejected after finding a correlation coefficient of .610, significant at the 0.01 level, indicating menopause affects both mental health and emotions.

The second objective compared this correlation between working and nonworking women. The second hypothesis, proposing no difference between the two groups, was also rejected, as correlation coefficients were .654 for working women and .682 for nonworking women, both significant at the 0.01 level. This suggests a stronger impact on nonworking women.

Supporting literature includes a study by Mahmoud Mohammeda et al. (2018), which found significant links between menopausal symptoms and anxiety/depression, and research by Yadav et al. (2022), indicating that while physical symptoms were more pronounced in working women, psychological symptoms were more significant in nonworking women, consistent with the current findings.

The data suggest that employment plays a vital role in mitigating some of these effects. Working women reported better emotional regulation and reduced symptoms of anxiety and depression. The structured routine, social interactions, and sense of identity that come from working may offer emotional resilience during this transitional period. In contrast, non-working women may face isolation, reduced self-worth, and increased focus on physical symptoms, leading to a higher emotional burden.

Cultural perceptions also contribute to the psychological toll. In Indian society, aging and menopause are often associated with a loss of femininity and value, particularly in households where women are not economically or socially empowered. As a result, many non-working women internalize negative societal attitudes, which further affects their mental well-being.

CONCLUSION

Menopause is a critical period that significantly affects a woman's mental and emotional well-being. The study confirms a robust correlation between emotional symptoms and deteriorating mental health among menopausal women. Furthermore, it highlights that nonworking women may be more vulnerable to these effects than their working counterparts.

There is an urgent need to integrate mental health support into menopausal care. Public health policies, community outreach programs, and workplace wellness initiatives should consider the

emotional and psychological dimensions of menopause to improve quality of life for midlife women.

Recommendations

1. Healthcare providers should include mental health screenings during routine menopause consultations.
2. Employers should adopt policies that support women experiencing menopausal symptoms, such as flexible working hours and mental health days.
3. Public awareness campaigns should be initiated to destigmatize menopause and promote open discussions about its impact on emotional health.
4. Community centers should offer support groups and counseling services for menopausal women, especially targeting nonworking populations.
5. Further research should include a larger, more diverse sample from various cities and socio-economic backgrounds to generalize findings.

Limitations

While the study provides valuable insights, it is not without limitations. The sample size was relatively small and localized to Indore, limiting the generalizability of the findings. The use of self-reported data may have introduced subjective bias. Additionally, women from lower and upper socio-economic statuses were not included, which could affect the universality of the conclusions.

Acknowledgments

The completion of this research work has been made possible through the benevolence of Almighty Shiva, the unwavering love and support of my parents and family, and the blessings of my teachers.

The author sincerely acknowledges Dr. Deepak Jahagirdar for his illuminating guidance, sustained attention, and constructive feedback throughout the investigation, as well as his invaluable contribution to the proper presentation of this work during the M.A. (Psychology) program.

Gratitude is also extended to Dr. Archana Dinesh for her continuous guidance, encouragement, and support during both the coursework and the major project phase.

The author further extends appreciation to Dr. Padamashri Sharma, Head of Department, for her constant cooperation and for providing the necessary resources and facilities essential for the successful execution of this research.

Declaration of Patient Consent

The authors certify that she has obtained appropriate patient consent.

Conflict of Interest Statement

Non

Ethical Consideration

Approved

REFERENCES

1. United Nations, Department of Economic and Social Affairs. (2021) World Prospects 2021. https://population.un.org/wpp/Download/Standard/Population/(2019).
2. United Nations, Department of Economic and Social Affairs, Population Division World Population Ageing 2019: Highlights (ST/ESA/SER.A/430). https://www.un.org/en/development/desa/population/pub lications /pdf/ageing /World Population Ageing 2019
3. UNAIDS. The Gap Report: People aged 50 years and older. Geneva, Switzerland. (2014). UNAIDS. https://www.unaids.org/sites/default/files/media_asset/12_Peopleage d50yearsandolder.pdf
4. https://www.who.int/news-room/fact-sheets/detail/menopause
5. https://en.wikipedia.org/wiki/Menopause
6. https://en.wikipedia.org/wiki/Women_in_the_workforce
7. https://www.healthline.com/health/menopause#diagnosis
8. https://keralakaumudi.com/en/news/mobile/news.php?id=484049&u=
9. https://www.istockphoto.com/vector/professions-and-jobs-women occupations-for-career-gm1173574750-326022685
10. https://scholar.google.com/
11. https://www.womanlog.com/cycle/menopause
12. https://www.istockphoto.com/vector/set-symptoms-of-menopause gm1311417413-400520073
13. https://www.queensgynecology.in/blog/everything-indian-women-need-to know-about-menopause-symptoms
14. Bromberger, J. T., Kravitz, H. M., Matthews, K. A., Youk, A., Brown, C., & Feng, W. (2011) Mood and menopause: Findings from the Study of Women's Health Across the Nation (SWAN). Obstetrics and Gynecology Clinics of North America, 38(3), 609–625.
15. Brown, J. P., Gallicchio, L., Flaws, J. A., & Tracy, J. K. (2009) Relations among menopausal symptoms, sleep disturbance and depressive symptoms. Maturitas, 62(2), 184–189.
16. Freeman, E. W. (2015). Depression in the menopause transition. Women's Midlife Health, 1(1), 1–11.
17. Hogervorst, E., Bandelow, S., & Moffat, S (2022). Cognition and mental health in menopause: A review. Best Practice & Research Clinical Obstetrics & Gynaecology, 81, 69–84.
18. Yadav, T. S., Gupta, P., & Sharma, R. (2002) A study of menopausal symptoms between working and non-working women. Journal of Midlife Health, 13(2), 97–103.