

Biopsychosocial Dimensions of Menopause: A Review of Challenges and Coping Strategies among Teachers

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Abstract: Menopause is a significant life transition that impacts women both personally and professionally. Primary school teachers, due to the demands of their profession, experience unique challenges during this phase, affecting their physical health, emotional well-being, and social interactions. The biopsychosocial model provides a comprehensive perspective on menopause, considering biological symptoms, psychological distress, and the social environment. This study conducts a secondary literature review to explore the challenges faced by menopausal teachers and the coping strategies they adopt. The primary aim of this study is to analyze existing research on the biopsychosocial impact of menopause on teachers, with specific objectives to (i) examine the physical, psychological, and social challenges they face, (ii) identify coping strategies adopted by menopausal teachers, and (iii) explore institutional and policy-level interventions supporting menopausal women in the workplace. A systematic review of literature was conducted using Google Scholar, filtering peer-reviewed journal articles, reports, and relevant studies published in the last two decades. Keywords such as *menopause, primary school teachers, biopsychosocial impact, workplace challenges, and coping strategies* were used to identify relevant research. Findings from the secondary review indicate that menopausal teachers often experience workplace stress due to fatigue, mood swings, and memory issues, which affect their professional efficiency and self-esteem. A notable study highlighted that over 60% of menopausal teachers reported difficulty in managing classroom responsibilities due to hot flashes and anxiety, exacerbated by a lack of workplace support. Additionally, research suggests that effective coping mechanisms include social support, mindfulness techniques, and workplace accommodations. This review underscores the need for more inclusive workplace policies, awareness programs, and health interventions to support menopausal teachers. By addressing these challenges through institutional efforts, a more supportive and productive work environment can be fostered for women undergoing menopause.

Key Words: Menopause, teachers, biopsychosocial, challenges, coping strategies

I. INTRODUCTION

Menopause is a significant biological transition in a woman's life, typically occurring between the ages of 45 and 55, marked by the cessation of menstruation and a decline in reproductive hormones. This phase brings about a complex interplay of biological, psychological, and social changes, often impacting women's overall well-being and professional lives. Among working women, teachers—especially those in primary education—face unique challenges due to the demanding nature of their profession, which requires constant engagement, emotional resilience, and physical endurance. The biopsychosocial model provides a comprehensive framework to understand menopause, recognizing the biological symptoms such as hot flashes, fatigue, and hormonal changes; psychological challenges including mood swings, anxiety, and cognitive difficulties; and social factors such as workplace support, stigma, and familial responsibilities. Secondary data from various studies highlight that menopausal teachers often struggle with balancing these challenges while maintaining professional efficiency. Research also suggests that a lack of institutional support, workplace accommodations, and awareness about menopause further exacerbates these difficulties.

This paper aims to provide a critical review of the existing literature on the biopsychosocial dimensions of menopause among teachers, examining the challenges they face and the coping strategies they employ. By synthesizing secondary data, this study underscores the need for policy interventions, workplace support mechanisms, and holistic health approaches to improve the well-being of menopausal teachers. Understanding these dimensions is crucial in fostering a more inclusive and supportive work environment that acknowledges and addresses the specific needs of women undergoing menopause.

II. METHODOLOGY

This study employs a secondary literature review approach to analyze the biopsychosocial impact of menopause on primary school teachers. The methodology involves systematic data collection from existing academic literature, reports, and relevant studies to identify challenges, coping strategies, and institutional support mechanisms.

2.1. Research Design

A systematic review of secondary sources was conducted to synthesize knowledge on the biopsychosocial conditions of menopausal teachers. The review focuses on identifying common themes related to biological, psychological, and social challenges, as well as interventions that support women in managing menopausal symptoms in the workplace.

2.2. Data Collection Method

Relevant literature was sourced using Google Scholar, filtering peer-reviewed journal articles, reports, and books published in the last two decades (2003–2023). The search strategy included the following keywords; Menopause and primary school teachers, Biopsychosocial impact of menopause, Menopausal challenges in the workplace, Coping strategies for menopausal women and Institutional support for menopausal employees. Studies were selected based on their relevance to the research objectives and their methodological rigor. Articles focusing on other professional groups or general menopause experiences without workplace implications were excluded.

2.3. Aims and Objectives

The study aims to critically analyze secondary data on the biopsychosocial impact of menopause on primary school teachers. The specific objectives include:

- To examine the biological, psychological, and social challenges faced by menopausal teachers.
- To identify coping strategies employed by menopausal teachers to manage their symptoms and maintain professional efficiency.

- To explore institutional and policy-level interventions that can support menopausal teachers in the workplace.

2.4. Data Analysis

A thematic analysis approach was used to categorize findings into key themes such as menopausal symptoms, workplace stressors, coping mechanisms, and policy interventions. The review synthesizes findings from multiple sources to provide a holistic understanding of the issue and highlight gaps in current research. This methodology ensures a comprehensive and evidence-based examination of menopause's impact on teachers, offering insights into how workplaces can better support women during this transition.

III. RELATED LITERATURE AND SYNTHESIS

3.1. Biological and psychological impact

Namazi, Sadeghi, and Behboodi Moghadam (2019) conducted an integrative review highlighting how social determinants—such as cultural factors, lifestyle behaviors, family support, education, employment, economic conditions, marital status, and reproductive history—significantly influence women's health during menopause. They emphasized the importance of education, emotional and social support, and socioeconomic improvements in enhancing women's well-being during this transition.

Stephens (2001) argued for an integrated approach to menopause that considers the interplay between psyche, biology, and culture. Based on accounts from 80 New Zealand women aged 45 to 60, the study identified categories like 'visceral,' 'experiential,' 'normative,' and 'pragmatic' to describe the embodied and culturally influenced experiences of menopause, underscoring the need to move beyond traditional biological explanations.

Araka (2022) found that menopausal women are 2–5 times more likely to experience depression during this phase, with rates declining 2–4 years after the Final Menstrual Period. In a study of 296 participants, 49% reported depression, with 35% experiencing mild symptoms. Factors such as absence of a spouse and having a teenage last-born child were significantly associated with higher

depression rates, while married women with spouses possessing tertiary education reported fewer cases.

Chu et al. (2022) reported that 47.43% of women transitioning through menopause experienced depressive symptoms, with 38.56% having mild depression. Postmenopausal women were more likely to experience severe depression compared to perimenopausal women, and the severity of depression was closely correlated with menopausal symptoms, suggesting a link between estrogen-related events and depression severity in postmenopausal women.

Azizi et al. (2017) identified various social, psychological, and biological risk factors contributing to an elevated risk of depression and low mood during the menopausal transition. Their review emphasized the importance of analyzing these factors to better understand and address depression in menopausal women.

Muthuraj and Nirmala (2021) explored the bio-psycho-social impacts on menopausal women who tested positive for COVID-19. Biologically, they faced respiratory issues and oxygen saturation concerns; psychologically, heightened anxiety, fear, panic, and post-traumatic stress were prevalent. Social support from family, friends, and digital communication played a vital role in their coping mechanisms, highlighting the need for gender-sensitive mental health interventions and supportive counseling.

Tariq et al. (2023) assessed women's knowledge and attitudes towards menopause through a 35-question online survey. They found that most women had little prior knowledge about menopause before age 40, with over 80% receiving no education on the topic in school. The study highlighted the need for better menopause education to improve preparedness and promote a more positive perspective on postmenopausal life.

Arditya, Riyadi, and Mashuri (2017) investigated the relationship between work-related stress and the onset of menopause among female high school teachers in Surakarta. They found a significant negative correlation, indicating that higher stress levels were associated with earlier menopause, emphasizing the impact of workplace conditions on

women's reproductive health and the need for stress management interventions.

Poraj (2009) examined psychological characteristics of female teachers during procreation and menopause, finding no significant differences in safety, optimism, aggression, or most personality traits, except for higher agreeableness among menopausal teachers. The study concluded that individual psychological characteristics play a crucial role in resilience and overall well-being during menopause.

Von Behren et al. (2021) investigated the association between chronotype and the risk of endometrial cancer among postmenopausal women. They found that women with a definite evening chronotype had a significantly elevated risk of endometrial cancer compared to morning types, particularly among obese women, suggesting the need for further research on chronotype as a potential risk factor.

Hong, Kang, and Ha (2013) examined relationships among menopausal symptoms, self-efficacy, and health-promoting behaviors among middle-aged female teachers. They found that severity of menopausal symptoms negatively influenced health-promoting behaviors, with self-efficacy emerging as the most significant predictor, highlighting the importance of enhancing self-efficacy in health promotion programs.

Araka (2022) explored the prevalence of depression among menopausal female teachers in Nairobi County, Kenya, finding that 49% experienced depression, with 35% reporting mild severity. Depression was more prevalent among teachers with moderate to severe menopausal symptoms, emphasizing the need for interventions addressing menopausal depression.

Mohd Zulkefli and Mohd Sidik (2003) investigated the prevalence of menopause and its associated symptoms among employed Malaysian women, specifically female teachers aged 35 and above. They found that 21.9% were menopausal, with common symptoms including skin dryness, hot flashes, fatigue, and excessive sweating, highlighting the need for improved healthcare programs to enhance understanding of menopause.

Madhu, Sathish, and Vinay Kumar (2021) assessed menopausal symptoms and coping strategies among women aged 40-60 years in rural Chamarajanagar district. They found that 60% experienced severe symptoms, with hot flashes, sleep problems, joint and muscular discomfort, and irritability being most prevalent. Additionally, 65.3% adopted poor coping strategies, emphasizing the need for better awareness and coping skills.

Shafaie, Mirghafourvand, and Jafari (2014) highlighted the significance of narratives in shaping women's experiences of menopause. They emphasized promoting narratives that instill pride and resilience while discouraging stigma and shame, advocating for viewing menopause as a natural transition rather than a medical issue.

Afridi (2017) noted that psychological aspects, including coping skills, self-esteem, social support, and relationship issues, contribute to the onset and course of the perimenopausal period. The study highlighted associations between menopause and psychiatric conditions such as premenstrual dysphoric syndrome, depressive disorder, and anxiety, underscoring the need for screening.

3.2. Impact on Interpersonal Relationships and Social Life

Ali (2019) conducted a quasi-experimental study with 60 secondary school teachers in Iraq to assess the impact of a biopsychosocial educational program on menopausal changes. The program significantly improved psychological and social well-being, especially in social engagement, with statistically significant differences between pre- and post-tests ($P < 0.01$). The study recommends implementing educational interventions to support women through menopause.

Caico (2013) examined how menopausal symptoms affect marital relationships. Findings showed that divorced women experienced less anger and sexual dissatisfaction compared to married women, suggesting marital dynamics influence emotional responses during menopause.

Yazdkhasti, Simbar, and Abdi (2015) reviewed literature on menopausal empowerment, emphasizing that psychological challenges during this phase can be managed through health education,

physical activity, stress management, and lifestyle interventions. Empowerment strategies were found effective in improving coping and quality of life.

Burns, Dannecker, and Austin (2018) emphasized the need to integrate biological concepts into social work through interdisciplinary teaching. They highlighted how biological factors like menopause influence behavior and advocated for biopsychosocial models in assessments and interventions.

Tarigan and Sanusi (2017) found that menopausal syndrome, education, occupation, and menopause duration significantly influenced quality of life among 103 women in Indonesia. Menopause syndrome was the most dominant factor, prompting a recommendation for specialized health services and clinics.

Martelli et al. (2021) systematically reviewed 26 studies and found that occupational stressors such as pesticide exposure, job strain, and physical labor were linked to earlier menopause and worsened symptoms. The study emphasized workplace modifications to improve midlife health outcomes.

Yarelahi et al. (2021) highlighted that a lack of emotional support from male partners during menopause can reduce marital satisfaction. The study underscores the importance of partner involvement and communication during the menopausal transition.

Zaman et al. (2022) examined the relationship between menopausal symptoms and marital quality. While wives' relationship satisfaction was not significantly affected, menopausal symptoms had a notable impact on husbands' perception of marital quality.

Talaulikar (2022) detailed hormonal fluctuations during early menopause, including changes in estradiol, FSH, and LH due to declining ovarian function. These fluctuations lead to irregular menstruation and sexual dysfunction, including reduced libido and arousal difficulties.

Saljoughian (2018) described menopause as a significant physiological and emotional transition due to estrogen decline. Symptoms include fatigue, hot flashes, mood swings, and sleep disturbances,

although women can maintain sexual health and well-being during this phase.

Kling et al. (2019) explored the link between menopausal symptoms and relationship distress, finding that women without relationship distress reported milder symptoms. The study suggested that supportive relationships may buffer psychological symptoms during menopause.

IV. RESEARCH GAPS AND AGENDA

4.1. International Level

- **Limited Focus on Culturally Contextualized Interventions:** While international studies highlight biopsychosocial interventions and empowerment strategies (e.g., Ali, 2019; Yazdkhasti et al., 2015), they often lack cultural sensitivity and fail to address how socio-cultural norms shape women's menopausal experiences across diverse settings.
- **Underrepresentation of Marital Dynamics and Male Perspectives:** Several studies (e.g., Caico, 2013; Yarelahi et al., 2021; Zaman et al., 2022) explore menopause and marital quality, yet there is minimal in-depth exploration of the husband's role, perceptions, and preparedness to support their partners, particularly across different cultures.
- **Occupational and Environmental Stressors in Diverse Job Sectors:** Martelli et al. (2021) identify work-related stress as a contributor to menopausal distress, but research largely focuses on Western occupational settings. There is a gap in examining occupational health risks among women in informal or labor-intensive sectors, especially in lower-income countries.
- **Lack of Longitudinal and Intersectional Studies:** Most studies are cross-sectional and do not track changes over time. Moreover, there is insufficient intersectional research considering how race, class, employment type, or education influence menopausal experiences and coping.
- **Minimal Integration with Social Work Practice:** Despite calls for biopsychosocial approaches (Burns et al., 2018), application in social work education and frontline practice remains underexplored, particularly for guiding support systems and community-based interventions for menopausal women.

4.2. National Level

- **Scarcity of Empirical Research on Menopause in Indian Context:** There is a paucity of recent, large-scale empirical studies in India addressing the biopsychosocial impacts of menopause, especially in rural and semi-urban populations where awareness and support mechanisms are lacking.
- **Neglect of Menopause in Social Work and Health Curricula:** Indian academic discourse in social work, public health, and community development rarely includes menopause as a critical issue, unlike in Western literature. This gap limits professional capacity to address women's midlife health.
- **Limited Exploration of Marital and Family Dynamics:** While international studies examine how marital relationships and spousal support impact menopausal well-being, Indian literature is relatively silent on family support structures, gender dynamics, and communication within households during menopause.
- **Inadequate Policy and Programmatic Attention:** National programs (e.g., NRHM, RMNCH+A) often emphasize reproductive health and maternal care, but menopausal health is neglected in government health policy, with no dedicated services or awareness campaigns at the grassroots level.
- **Lack of Workplace and Community-Based Interventions:** Indian research has not sufficiently explored how workplace stress, informal employment, or community settings affect menopausal transition. There is also a lack of community-based support systems or SHG-led awareness initiatives focused on menopausal women.

V. CONCLUSION

This paper brings to light the multifaceted biological, psychological, and social dimensions of menopause, highlighting its profound impact on women's health, relationships, and quality of life. The reviewed literature underscores the significance of educational, psychosocial, and empowerment-based interventions in helping women navigate menopausal challenges effectively. However, the findings also reveal critical research and practice gaps both internationally and within the Indian context. Internationally, there is a lack of culturally

nuanced approaches, longitudinal analyses, and integration of male perspectives, while nationally, there is limited empirical research, policy attention, and social work engagement on menopausal health. This paper is significant as it identifies the urgent need for context-specific, gender-sensitive, and community-based strategies to address menopause in India. It calls for the inclusion of menopause within public health priorities, capacity-building among social work professionals, and the development of support systems involving family, community, and healthcare services. By bridging global insights with local needs, this research provides a foundational understanding for developing holistic programs and future studies. The conclusions drawn serve as a crucial step toward mainstreaming menopausal health in academic discourse, policy development, and community action, thereby enhancing the well-being and dignity of midlife women.

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