

Embracing the unspoken: Redefining the menopausal journey



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Abstract

Menopause, a natural phase of life for half the global population, unfolds uniquely for each woman. Perimenopause serves as the transitional stage preceding menopause, typically manifesting in a woman's 40s but occasionally earlier. Fluctuating estrogen levels give rise to symptoms such as irregular periods, hot flashes, mood swings, and sleep disturbances. While some navigate this phase with ease, others encounter significant challenges that impact their well-being. Despite advancements in scientific understanding, the menopausal transition remains a complex journey, often overshadowed by a lack of awareness, leaving many women grappling silently. The medicalization of menopause has been criticized for marginalizing women's perspectives, leading to an incomplete comprehension of their experiences. This review offers insights into the shift from perimenopause to menopause, emphasizing that menopause is not a conclusion but rather a fresh start a chance to reevaluate priorities, embrace transformation, and embark on a path rich with wisdom and resilience.

Keywords: Menopause, perimenopause, empowerment

1. Introduction

For centuries, menopause remained shrouded in mystery, seldom openly discussed or comprehended. Aristotle speculated it occurred at 40, yet the term wasn't coined until 1821. In the 1930s, it was perceived as a deficiency ailment, prompting unconventional treatments like testicular juice. The 1970s marked the full medicalization of menopause, with estrogen therapy assuming a central role. However, cultural perceptions varied significantly—hot flashes in the West, shoulder pain in Japan, and low vision in India (Table 1). While Hormone Replacement Therapy (HRT) became commonplace in the Western world, many in India embraced menopause as a natural and inevitable phase of life (1).

Menopause can be succinctly described as the cessation of ovarian function, typically confirmed by the absence of menstrual bleeding or amenorrhea for a year. On the other hand, perimenopause signifies the transitional phase leading up to the final menstrual cycle (2) (Figure 1). Research indicates that factors such as increasing age, lower socioeconomic status, later onset of menarche, and higher body mass index (BMI) are correlated with more pronounced menopausal symptoms. According to the United Nations, as of 2020, approximately 985 million women globally have surpassed the age of 50, with projections estimating this number to escalate to 1.65 billion by the year 2050 (3).

While some women transition through menopause with relative ease, the majority encounter challenges due to a lack of understanding about the phases and symptoms of this natural process (Figure 2). The widespread prevalence of menopausal symptoms adds to the complexity of managing this phase. Historically, physicians often downplay menopausal symptoms as there is no standard set of symptoms that apply universally. Consequently, healthcare providers frequently prescribe mood stabilizers without addressing the underlying root cause of menopausal symptoms.

Table 1. Menopausal perspectives: Contrasting experiences of Indian women and their western counterparts

Experiences	Indian context	Western context
Factors		
Age of onset	46-49 years	51years
Symptoms	High prevalence of somatic symptoms such as joint pain	Vasomotor symptoms like hot flushes are high
Cultural factors	Take it in a more positive sense: They will be liberated from societal judgments and misconceptions, no longer deemed impure by the patriarchal norms.	Anticipation of aging finds it hard to accept it as a natural transition.
Healthcare	Indian women may encounter barriers to accessing healthcare services, potentially leading to a reduced likelihood of seeking treatment for menopausal symptoms.	Western women generally have greater health awareness, which enables them to pursue medical interventions at an earlier stage (4).

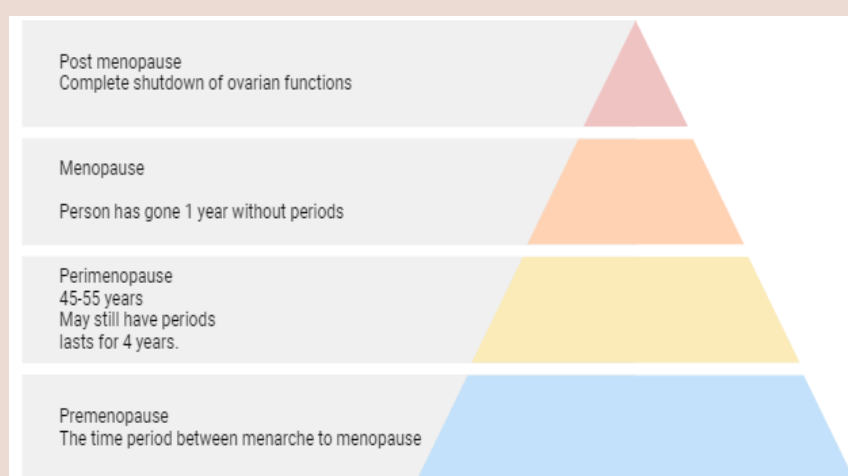


Figure 1. Various stages of menopause

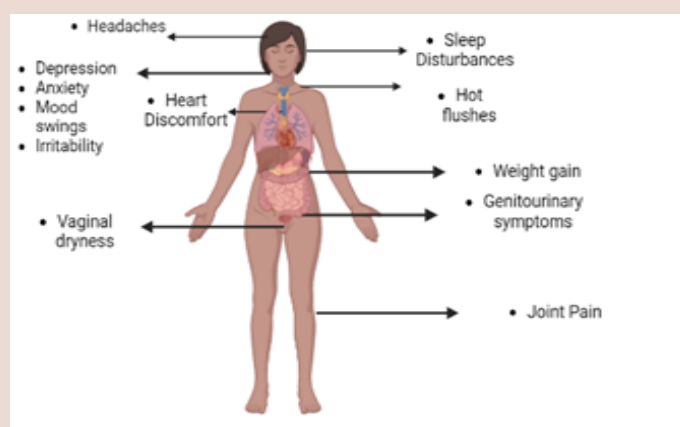


Figure 2. Signs and symptoms associated with menopause

2. Unveiling the silent impact of the perimenopause to menopause transition

2.1. Menopause and mental strength

During perimenopause, individuals often encounter a range of symptoms including muscular discomfort, hot flashes, cognitive issues, and sleep disturbances. Recent literature suggests that women in perimenopause may be at increased risk for developing psychiatric conditions such as major depressive disorder, schizophrenia, and bipolar disorders (5). Furthermore, menopause brings a range of psychological symptoms such as mood swings, anxiety, and cognitive alterations. These symptoms can create a sense of disconnect with one's body, prompting individuals to contemplate their identity. Consequently, they may withdraw from communities that do not address their needs, further complicating the transition for other women due to a lack of representation and support.

2.2. The stereotype of menopause and work competence

Identity plays a significant role in an individual's life. As individuals progress through life, the definition of identity evolves from aspirations for the future to their present reality, often intertwined with their work and societal roles. The societal emphasis on youthfulness as a standard of beauty influences perceptions in the workplace, contributing to the marginalization of older women and fostering ageist attitudes. The unpredictable nature of menopause can lead women to feel disconnected from their bodies, impacting their confidence and prompting them to conceal symptoms to align with an idealized image of a worker. This behaviour can influence other women to follow suit, perpetuating ageist norms in the workplace. This collective experience contributes to menopause being regarded as a problem rather than a natural phase of a woman's life (6). Policymakers are urged to create a more inclusive and supportive work environment for women experiencing menopause (Figure 3).



Figure 3. Strategies for a menopause friendly work-place

2.3. Breaking the silence: Addressing female sexual health concerns during menopause

Female sexuality and its associated challenges have historically been considered taboo, despite the WHO recognizing it as a fundamental human right. The hormonal changes during menopause, including decreases in estrogen and androgen levels, can impact sexual well-being by affecting neurotransmitter networks and creating an imbalance between excitatory and inhibitory signals. The genitourinary urinary syndrome can also contribute to a decrease in libido (7). Unfortunately, these concerns are often left unaddressed when discussing them with healthcare providers due to fears of judgment. An inclusive and non-judgmental approach from healthcare professionals can help alleviate the burden and stress associated with these issues. There are various treatment options available, ranging from Cognitive Behavioural Therapy (CBT) to Hormonal Therapy, non-hormonal therapies, vaginal moisturizers, and lubricants.

3. Thriving through transition: Embracing menopause through self-care and understanding

Recognizing menopause as an unavoidable stage with its inherent unpredictability serves as a foundation. The menopausal journey is individualized, and ensuring widespread access to evidence-based and pragmatic information can aid individuals in navigating this transition effectively. Beyond the commonly acknowledged symptoms like hot flashes and night sweats, it is essential to acknowledge and address the full spectrum of symptoms associated with menopause (Figure 4).

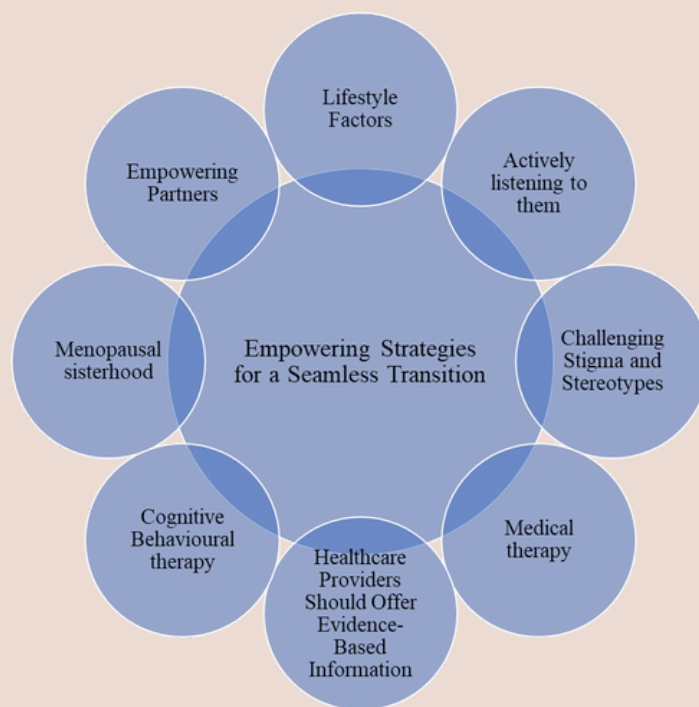


Figure 4. Empowerment mode

3.1. Sisterhood in menopause: Navigating the journey together

The "Menopause Sisterhood" represents a supportive and understanding bond among women navigating the complexities of menopause together. It serves as a safe space where individuals can openly discuss their experiences, offer advice, and derive solace in the knowledge that they are not alone in their journey. This sisterhood naturally forms among friends, colleagues, or within support groups, akin to the connections established during pregnancy or motherhood. Women rely on one another for support, contributing to the destigmatization of menopause, a subject that is often taboo. While some individuals find strong networks within their workplaces or social circles, others take the initiative to initiate conversations, ensuring that no one faces this transition in solitude (8).

3.2. Cognitive behavioural therapy (CBT)

CBT is frequently employed to address a wide range of mental health concerns, such as anxiety and depression, which may intensify during menopause. Research indicates that CBT has significantly enhanced insomnia and sleep quality among postmenopausal women (9).

3.3. Taking control of menopause

Table 2. Therapies for menopause

Hormonal therapy	Involves the administration of estrogen or a combination of estrogen and progestin to alleviate symptoms such as hot flashes and vaginal dryness. This therapy not only addresses menopausal symptoms but also promotes bone health and may lower the risk of heart disease, particularly if initiated near the onset of menopause (10) .
Non-hormonal therapy	Incorporating lifestyle changes, dietary modifications, and medications like selective serotonin reuptake inhibitors (SSRIs) and gabapentin can effectively alleviate symptoms without necessitating hormone therapy (10).

3.4. Creating a menopause-supportive work environment

Menopause significantly affects women's experiences in the workplace, influencing their well-being, job performance, and interactions with colleagues. Many women struggle with whether to disclose their symptoms, often fearing stigma or misunderstanding. Despite these challenges, they develop their coping strategies to maintain productivity. However, workplace policies frequently fall short of providing adequate support. Employers should foster an environment where menopausal women feel understood and supported. This includes implementing inclusive policies, offering flexible work arrangements, and promoting open discussions about menopause. By doing so, organizations can help women navigate this phase with dignity while continuing to thrive in their careers (11).

3.5. Empowerment allies: Enhancing support and strength together

Supportive allies can significantly ease the transition, promoting awareness and fostering a positive environment. Menopause impacts both women and their partners, yet with empathy and transparent communication, it has the potential to strengthen relationships. Partners who educate themselves, listen attentively and demonstrate patience offer invaluable support. Implementing minor lifestyle adjustments, such as adopting healthier eating habits and engaging in physical activities together, can also contribute to well-being. Embracing menopause as a shared journey cultivates profound connections and resilience within relationships (12).

4. Conclusion

While menopause represents a significant and often perplexing life stage for many, proactive measures and awareness can aid individuals in navigating this transition successfully. Some contend that the medicalization of menopause has marginalized women's voices, leading to a limited comprehension of their experiences. By actively listening to their apprehensions and empathetically acknowledging their emotional well-being, society can play a pivotal role in facilitating a smoother transition through menopause.

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