



## Exploring Women's Experiences, Influencing Factors, and Management Strategies for Menopausal Symptoms: A Qualitative Study

*Exploración de experiencias femeninas, factores influyentes y estrategias de manejo de síntomas menopáusicos: Un estudio cualitativo*

Clara Selva Olid  
*Universitat Oberta de Catalunya*

### ABSTRACT

Menopause is deeply shaped by cultural, socioeconomic, relational, and personal factors, resulting in diverse experiences. The stigma and taboos surrounding menopause often foster a culture of silence and a lack of support. In light of this, it is essential to foster a more informed understanding of this stage, challenge prevailing stigmas, and prepare women for the changes it entails. This study aims to explore women's experiences of the menopausal transition and post-menopause, identify the factors influencing it, and examine the strategies they use to enhance their well-being. The analysis of twenty interviews highlights the complex interplay of factors shaping these experiences and reveals individual and collective strategies used to manage this life stage. It also highlights the need to promote a more realistic view of menopause, challenge prevailing conceptions of women's aging, better prepare women for the expected changes, and advocate for an equitable approach across different life spheres.

**Keywords:** Menopause; Women's Health; Life Experiences; Qualitative Research

### RESUMEN

La menopausia está profundamente influida por factores culturales, socioeconómicos, relacionales y personales, lo que da lugar a experiencias diversas. A menudo,

el estigma y los tabúes que la rodean fomentan una cultura de silencio y una marcada falta de apoyo. En este contexto, resulta esencial promover una comprensión más informada de esta etapa, cuestionar los estigmas prevalentes y preparar a las mujeres para los cambios que conlleva. Este estudio explora las experiencias de las mujeres durante la transición menopáusica y la posmenopausia, identifica los factores que las condicionan y examina las estrategias empleadas para mejorar su bienestar. El análisis de veinte entrevistas revela la compleja interacción de factores que configuran estas vivencias, así como estrategias individuales y colectivas para afrontar esta etapa vital. Asimismo, se subraya la necesidad de promover una visión más realista de la menopausia, cuestionar concepciones predominantes sobre el envejecimiento femenino y abogar por un enfoque equitativo en las distintas esferas de la vida.

**Palabras clave: Menopausia; Salud de las mujeres; Experiencias de vida; Investigación cualitativa**

## INTRODUCTION

Menopause is a biological event characterized by the permanent cessation of menstruation and the end of the reproductive period, resulting from the loss of ovarian follicular activity (Sherman, 2005). It is defined retrospectively after twelve consecutive months of amenorrhea, coinciding with the final menstrual period (FMP) and marking the start of the postmenopausal stage (World Health Organization [WHO], 1981). Preceding menopause is the menopausal transition, a period characterized by menstrual cycle irregularity due to neuroendocrine changes at both the central and ovarian levels, such as a decline in follicle number. This transition triggers numerous biological changes, as well as physical, emotional, and cognitive manifestations (Burger et al., 2002).

Although each experience is unique, certain patterns and symptomatic trends commonly associated with this period are identifiable. In line with the stages defining the nonreproductive period, hot flashes, insomnia, menstrual irregularity, and decreased libido are frequently reported symptoms in menopausal transition, whereas vaginal dryness, weight gain, and bone density loss predominate in postmenopause (Refaei et al., 2022; Thomas et al., 2024). Although the onset, frequency, and intensity of these symptoms vary, it is estimated that 80% of women will experience at least one of these manifestations during this vital stage (Lumsden, 2016). While some symptoms are temporary and do not pose a direct health threat, they can be uncomfortable and significantly affect quality of life (Selva, 2024).

In addition to being a biological process, the interpretation of menopause is deeply influenced by cultural, socioeconomic, relational, and personal factors,

which explains the variability in its perception and management across different societies (Hall et al., 2007; Namazi et al., 2019). In the culture of some East Asian countries, such as Japan, it is valued as a stage of wisdom and personal growth, whereas in more patriarchal cultures, it is often stigmatized and discriminated against, exacerbated by the strong emphasis on beauty, youth, and motherhood (Leyva-Moral, 2013; Robinson, 1996). This conceptualization, which is heavily influenced by gender stereotypes and ageism, can negatively affect women's subjective experiences and significantly affect their quality of life (Li et al., 2023).

Socioeconomic factors also play a crucial role in how this life milestone is experienced and interpreted. For example, in lower- and middle-income countries, approximately 12% of women experience early menopause (between 40 and 44 years), whereas this percentage decreases to 8% for women in high-income countries (Mishra et al., 2024). Additionally, the lack of access to education and healthcare and less healthy lifestyles, which are more common in disadvantaged socioeconomic groups, increase the lack of awareness regarding the menopausal transition and intensify the associated challenges (Navarro et al., 2010; Salazar-Pousada et al., 2024). The lack of awareness of this transition, both by those experiencing it and their immediate environment, complicates the management of this vital process (Sydora et al., 2021). In this context, the internet has emerged as the most commonly used source of information, surpassing medical professionals. In fact, more than 44% of women state that they have never discussed menopause with a healthcare provider (Trémollières et al., 2022). Failing to rely on reliable sources may result in misinformation, which can continue to perpetuate myths about this vital stage (Selva, 2024).

Another sphere potentially affecting the experience of the menopausal transition and postmenopause is personal and social relationships. Myths, controversies, and social connotations surrounding this biological period can generate anguish, shame, and fear, leading many women to conceal their symptoms, even from their closest circles (Refaei et al., 2022). This difficulty in sharing the experience can be attributed to the reluctance of some women to talk openly about menopause, even with their partners or healthcare professionals (Currie & Moger, 2019). It is important to highlight that menopause can increase women's vulnerability to domestic violence (psychological, physical, economic, or sexual), and that violence, in turn, can trigger premature menopause and worsen symptoms associated with this life stage (Mendoza-Huertas et al., 2024). This bidirectional relationship underscores the complexity of the interaction between menopause and gender-based violence. Taken together, the interplay of these factors can diminish the self-esteem of those going through this period and

affect their personal and relational well-being, intensifying feelings of loneliness and social isolation (Thomas et al., 2024).

At the individual level, women with a history of depression or anxiety tend to experience greater intensity in the symptoms associated with this phase, which can hinder their adaptation to changes (Bromberger et al., 2015; Freeman et al., 2006). In contrast, those who maintain strong self-esteem and a positive view of aging often show greater resilience, facing the challenges of this phase with more strength and optimism (Nosek et al., 2010). Additionally, there is evidence indicating that certain factors, such as smoking, alcohol consumption, stress management, diet, and physical activity, significantly influence how women experience this transition (Capistrano et al., 2015; Wang et al., 2021).

Finally, given that menopause occurs across a broad age range, though most commonly between the ages of 45 and 55 (Gold, 2011), it often coincides with other critical stages in women's lives. On the one hand, it may overlap with the end of active child-rearing, potentially heightening feelings of loss of purpose or relevance in relation to their role as caregivers. On the other hand, it may coincide with a return to the workforce after a period primarily dedicated to child-rearing or with a moment when it is possible to advance in the organizational hierarchy owing to accumulated experience (O'Neill et al., 2023).

The effects and symptoms of the menopausal transition and postmenopause can represent a significant challenge for those who go through it, a situation further complicated by the stigma and taboo surrounding this vital stage. Indeed, evidence suggests that unawareness and inaction are so pervasive that they allow for discrimination, prejudice, and workplace harassment on the basis of gender, opening the door to significant economic losses related to menopause (Faubion et al., 2023; Safwan et al., 2024). In this context, it is essential to understand the management strategies women implement to gain insight into how they manage the physical, emotional, and social challenges associated with this stage of life, with the aim of improving their quality of life (Selva, 2022).

Given that expectations and social meanings shape women's actual experiences, it is crucial to promote a more realistic and balanced view of menopause that dismantles myths and challenges the stigma associated with aging, preparing them for expected changes and recognizing it as a natural process with both positive and negative effects. To this end, this study aims to collect and analyze women's experiences of menopausal transition and postmenopause, identify the influencing factors, and explore the management strategies employed to improve well-being throughout this life stage.

## **METHODS**

To address the objectives of this research and facilitate a deep and detailed understanding of the topic, a qualitative design with a phenomenological approach was chosen. This design is grounded in a constructivist epistemology, focused on exploring subjective experiences and how these are socially constructed. In this regard, the researcher adopted a reflexive stance toward the phenomenon under study, acknowledging her own trajectory, values, and prior experience in the fields of health and gender, and the potential impact of these factors on data generation and interpretation.

### **Participants**

This study, which was conducted in Spain, recruited participants through advertisements on Facebook and Instagram, as well as through associations supporting women in menopausal transition and postmenopause. Purposive sampling was employed to ensure the inclusion of women who met the following criteria: a) had experienced natural and symptomatic menopause within the last five years, which allowed for minimizing recall bias and exploring in depth the impact of symptoms on quality of life and work performance; b) were in the postmenopausal stage to investigate their experiences and challenges following the menopausal transition and the onset of menopause; and c) were actively employed to analyze the influence of menopause on their work experience, well-being, and career path. This sampling strategy sought to ensure diversity in terms of life stages, family situations, educational levels, professional sectors, and job positions.

Likewise, exclusion criteria were also defined to reinforce methodological rigor and ensure the internal consistency of the sample. In this regard, women were excluded if they: a) had experienced surgical menopause (for example, due to oophorectomy or hysterectomy), as their experiences and symptom trajectories may differ significantly from those of natural menopause; b) had undergone premature menopause (before the age of 40), due to the specific psychosocial and medical implications of premature ovarian insufficiency; or c) were undergoing hormonal treatment (e.g., hormone replacement therapy) at the time of the study, since such interventions may alter the perception and management of menopausal symptoms.

The sample size was determined based on the concept of “information power” (Malterud et al., 2021), prioritizing the richness and depth of the data provided by the participants, which allowed for the achievement of data saturation. This

decision was supported by the parallel analysis of the data and the ongoing review of emerging material.

### **Instruments and procedures**

To collect the study data, semistructured interviews were conducted following a thematic guide aligned with the specific objectives. This guide included questions focused on five main aspects: personal experiences during the menopausal transition and postmenopause, their impact on work and social life, personal strategies and support resources used, perceptions and attitudes toward menopause, and concrete proposals for improving coping during this vital stage.

Eligible participants were contacted by email or telephone, according to their preferences. In both cases, they were provided with information about the study, the informed consent procedure, and a link to schedule a virtual or in-person interview, depending on their availability and comfort. Between April and June 2024, a total of twenty interviews were conducted (12 virtual and 8 in-person), each lasting between 40 and 60 minutes. All interviews were audio-recorded and transcribed verbatim. Participant characteristics are detailed in Table 1.

### **Data analysis**

An inductive content analysis (Patton, 2002) was conducted in three consecutive phases with the aim of identifying common themes and patterns in the interviews. In the first phase, after a thorough reading of the transcripts, a preanalysis was carried out to detect initial relevant concepts.

In the second phase, the data were segmented and coded via the analytical software Atlas.ti (version 8.4.21.0). The coding process was iterative and included several rounds of review and refinement. To this end, the initial coding system was piloted with two experts in qualitative research, who applied the codes to a sample of transcripts and provided feedback. Based on their suggestions, several codes were adjusted, merged, or redefined to improve clarity and internal coherence. As a result, a final system consisting of 21 codes was consolidated.

Finally, in the third phase, the final codes were organized into three main categories using the constant comparison method, which involves contrasting similar and divergent cases to refine analytical distinctions and ensure conceptual coherence. Table 2 presents the resulting analytical framework, including the categories and associated codes.

### **RESEARCH RIGOR**

Despite being a single-author study, several strategies were implemented to ensure its rigor and quality. In this regard, a research diary was maintained to document

**Table 1.** Profiles of the women interviewed

| ID | Interview type | Current age | Menopause age | Nationality | Educational level | Relationship status | Family status                   | Professional sector    | Job occupation |
|----|----------------|-------------|---------------|-------------|-------------------|---------------------|---------------------------------|------------------------|----------------|
| 1  | Virt.          | 50          | 49            | SP          | ES                | R                   | 2 children, 16, 19              | Public admin.          | No charge      |
| 2  | I-p            | 49          | 48            | SP          | HS                | R                   | 2 children, 14, 19              | Private admin.         | Manager        |
| 3  | Virt.          | 52          | 50            | SP          | BD                | D                   | 2 children, 7, 9                | Technology             | Manager        |
| 4  | Virt.          | 53          | 48            | SP          | MD                | S                   | No children                     | Education              | Manager        |
| 5  | I-p            | 57          | 52            | SP          | BD                | D                   | 2 children, 11, 13              | Technology             | Director       |
| 6  | Virt.          | 52          | 50            | SP          | HS                | R                   | 3 children, 17, 19, 21          | Social                 | Director       |
| 7  | Virt.          | 46          | 44            | SP          | ES                | R                   | No children                     | Education              | No charge      |
| 8  | Virt.          | 54          | 51            | SP          | ES                | R                   | 2 children, 16, 21              | Private admin.         | No charge      |
| 9  | Virt.          | 54          | 51            | SP          | HS                | R                   | 2 children, 21, 29              | Public admin.          | Manager        |
| 10 | Virt.          | 55          | 50            | SP          | HS                | R                   | In charge of mother and brother | Public admin.          | No charge      |
| 11 | I-p            | 57          | 54            | SP          | MD                | R                   | 2 children, 30, 32              | Social economy         | Director       |
| 12 | I-p            | 60          | 55            | MA          | MS                | R                   | 3 children, 21, 22, 25          | Environmental services | No charge      |
| 13 | I-p            | 57          | 55            | SP          | BD                | S                   | No children                     | Services to companies  | Manager        |
| 14 | I-p            | 58          | 53            | VE          | BD                | R                   | 4 children, 28, 32, 35, 38      | Environmental services | Director       |
| 15 | Virt.          | 54          | 52            | SP          | MS                | W                   | 2 children, 30, 32              | Healthcare             | No charge      |
| 16 | Virt.          | 47          | 44            | SP          | DD                | R                   | No children                     | Logistics              | Manager        |
| 17 | I-p            | 53          | 51            | SP          | BD                | D                   | 1 child, 17                     | Services to companies  | Director       |
| 18 | I-p            | 58          | 53            | SP          | DD                | W                   | 1 child, 30                     | Logistics              | Director       |
| 19 | Virt.          | 49          | 47            | SP          | HS                | R                   | 2 children, 14, 16              | Healthcare             | Manager        |
| 20 | Virt.          | 57          | 54            | SP          | BD                | R                   | 2 children, 21,24               | Services to companies  | Director       |

Note: Interview type: Virt. = Virtual; I-p = In-person. Nationality: SP = Spain; MA = Morocco; VE = Venezuela. Educational level: ES = Elementary school; HS = High school; BD = Bachelor's degree; MD = Master's degree; MS = Middle school; DD = Doctoral degree. Relationship status: R = In a relationship; D = Divorced; S = Single; W = Widowed.



**Table 2.** Emerging categories and codes identified through qualitative analysis of interviews

| Categories   | Codes                            |
|--|----------------------------------|
| Experiences of menopausal transition and postmenopause | Experience in the private sphere |
|  | Experience in the social sphere  |
|  | Experience in the workplace      |
| Influencing factors                                    | Life expectations                |
|  | Cultural context                 |
|  | Availability of information      |
|  | Menopause role models            |
|  | Family context                   |
|  | Socioeconomic context            |
|  | Mental and psychological health  |
|  | Lifestyle                        |
|  | Type of work                     |
| Management strategies to improve well-being            | Acceptance                       |
|  | “Making light of it”             |
|  | Talking and building a tribe     |
|  | Seeking information              |
|  | Taking care of lifestyle         |
|  | Seeking help                     |
|  | Empowering oneself               |
|  | Advocating for labor rights      |
|  | Renegotiating one’s identity     |

methodological decisions, reflect on the research process, and minimize potential biases. In addition, feedback was sought from two colleagues with experience in qualitative research, who reviewed both the study design and the interview guide. Subsequently, the coding system and its application were reviewed by two experts in qualitative data analysis, whose contributions helped refine the coding structure and strengthen the coherence of the analysis. Finally, in order to gather feedback and ensure an accurate interpretation of participants’ experiences, the findings were validated with the interviewees themselves. A summary of the preliminary results was emailed to all 20 participants, along with an invitation to provide comments or clarifications. Sixteen participants responded, offering confirmations, elaborations, and, in some cases, minor corrections or additional contextual information. Their input was incorporated to refine the interpretation of specific themes and adjust the wording of certain findings to better reflect the intended meaning.



All of these strategies are aligned with the quality criteria proposed by Egon Guba and Yvonna Lincoln (1985) (credibility, transferability, dependability, and confirmability), thus reinforcing the methodological integrity of the study.

### **Ethical considerations**

The Ethics Committee of the Universitat Oberta de Catalunya (UOC, Exp.: CE24-PR14) approved the conduct of this study. Before the interviews, the participants were informed about the research objectives and provided with an informational document that they could consult at any time. Throughout the study, in accordance with the Declaration of Helsinki, measures were implemented to safeguard participants' rights and well-being, including ensuring voluntary participation, informed decision-making, anonymity, and the protection of confidential information (Sanz, 2025). These practices comply with legal regulations on data confidentiality established in the Organic Law on Data Protection and Guarantee of Digital Rights, Organic Law 3/2018, of December 5, 2018.

## **RESULTS**

The results of this research are organized into three main categories that explore the experience of the menopausal transition and postmenopause, the factors influencing these experiences, and the management strategies women use to improve their well-being during this vital stage.

### **Experiences of menopausal transition and postmenopause**

In this context, the interviewees' accounts of their experiences in the private, social, and work spheres provide a detailed and multifaceted view of menopause experiences, influenced by personal, cultural, socioeconomic, and work-related factors.

#### ***Experience in the private sphere***

The interviewees reported facing physical and psychological symptoms that strongly affected their quality of life. The most commonly reported physical symptoms, in order of prevalence, included hot flashes, night sweats, menstrual irregularities, insomnia, body changes, and vaginal dryness:

First came the hot flashes and night sweats, then the erratic periods; one month you bleed for two weeks, and the next, nothing at all. Then, came the endless insomnia, and eventually, you realize you've aged, you look in the mirror and don't recognize yourself [...] even in how your vagina feels. (Interviewee 12, personal interview, May 2024)

On the psychological side, mood swings, anxiety, mental fog, and loss of confidence predominated:

You feel like you're not yourself, exhausted, lacking patience, irritable, sad... In addition, if that wasn't enough, there's the memory loss and concentration issues I experienced... A Molotov cocktail that led me to lose confidence in myself and feel a lot of anxiety. (Interviewee 4, personal interview, April 2024)

Despite their frequency, it is worth mentioning that emotional symptoms are the most overlooked and undervalued in discussions about menopause, as the interviewees themselves noted:

There are things that are more "vox populi," like hot flashes, but what about the emotional side? Nobody talks about that or how it affects you. (Interviewee 2, personal interview, April 2024)

Overall, while many women report uncertainty and a profound sense of losing control, some interpret the experience positively, especially those who had difficult menstrual histories:

Not having periods is liberating! You no longer have to worry about getting pregnant! It's an opportunity to pause, reflect, and change what isn't working. (Interviewee 2, personal interview, April 2024)

However, it is crucial to acknowledge that the perception of menopause, the intensity of its symptoms, and its management are strongly influenced by cultural norms and social expectations in each context:

Here, a menopausal woman is seen as someone who's fulfilled her role... You hide what you're going through, and that makes you feel alone and overwhelmed. (Interviewee 20, personal interview, June 2024)

### ***Experience in the social sphere***

When facing discrimination and negative social representations of the menopausal transition, women actively strive to redefine this stage and distance themselves from stigmatizing stereotypes:

Men age and people say, "how cute, he looks like Richard Gere with those gray hairs, right?", "He's more interesting than before". But if you let your gray hair show, it's: "she's aged", "she's no longer useful", "she's old." Maybe you don't feel that way, but society makes you feel it: "No more estrogen? Then you're out of everything". (Interviewee 1, personal interview, April 2024)

The fear of becoming invisible is a key reason why many women avoid discussing menopause in the public sphere, striving to conceal or disguise its physical signs, and ultimately placing additional pressure on themselves. This reflects both the need to evade the negative social narratives associated with this life stage and the need to avoid the stigma of being labeled “menopausal”:

However, you don't want to say it, of course, out of fear of not being understood, of not feeling supported, of feeling judged, right? “The menopausal one”. (Interviewee 3, personal interview, April 2024)

Finally, the challenge of dealing with some visible symptoms, combined with the shame they often generate, can lead women to avoid certain social events or, at the very least, to adjust how they dress in such contexts:

During the height of the hot flashes, I did avoid some plans for fear of turning red like a tomato. However, in general, I started wearing looser clothes that did not cling as much. (Interviewee 1, personal interview, April 2024)

### ***Experience in the workplace***

In the workplace, the impact of hot flashes can become one of the main causes of loss of focus. Additionally, irritability, impatience, difficulty concentrating, memory lapses, fatigue, and exhaustion also wreak havoc in daily life:

Hot flashes distract me so much that I sometimes lose track of what I was doing. Irritability and fatigue also take their toll; it's hard to stay focused when your body is constantly reminding you that something is off. (Interviewee 4, personal interview, April 2024)

However, some women report having made small adjustments on their own to prevent this stage from affecting their work performance:

I've made small revolutions to maintain my level of performance: dressing differently to feel freer, saving sick days for moments when I felt at my worst, buying a notebook to write everything down. (Interviewee 5, personal interview, April 2024)

In these environments, open conversations about menopause are usually reserved for trusted female colleagues, excluding men (unless discussed vaguely or humorously) and those in leadership positions:

I never said anything to the men, you're afraid of being judged, right? “The menopausal one” because. As a woman, you're expected to be everything: beautiful, smart, clever, young, wild, sexy... and if you're not, you no longer count. (Interviewee 3, personal interview, April 2024)

Because of this, it is no surprise that nearly all the women interviewed have hidden the effects of the menopausal transition and postmenopause at some point, with some even turning down higher responsibility positions or requesting leave under false pretenses:

I took one or two sick leaves saying it was back pain, because it didn't feel acceptable to mention menopause. I also let go of a promotion I had been waiting for, because I kept forgetting important things at work and didn't feel capable of more responsibility. (Interviewee 5, personal interview, April 2024)

### **Influencing factors**

From the interviews, nine factors were identified that condition the experience of menopausal transition and postmenopause. These factors are life expectations, cultural context, availability of information, menopause role models, family context, socioeconomic context, mental and psychological health, lifestyle, and type of work.

#### ***Life expectations***

Although the lack of information, cultural context, education, and support received often shape expectations regarding the physical, emotional, and social aspects of this life stage, reality shows that the actual experience of menopause is often more positive than many women anticipate:

The expectations were horror! There are taboos about everything, but they all share one thing: invisibility. Nobody talks about it, and there is so much ignorance! But then, well, it was better than I expected. (Interviewee 6, personal interview, May 2024)

#### ***Cultural context***

The cultural factor plays a decisive role in how it is interpreted and managed, influencing the expectations and reactions of those who experience it:

Menopause, like adolescence or motherhood, is socially and culturally constructed, and when things aren't universal, like Newton's law, we have a problem, because there's this invisible layer of context that deeply affects how it's perceived. (Interviewee 15, personal interview, June 2024)

#### ***Availability of information***

The lack of information and preparation for menopause, combined with the social silence surrounding this process, causes many women to enter this stage

with ignorance, fear, and high susceptibility to the myths surrounding it. In fact, this misinformation can be so pronounced that its natural symptoms are sometimes misinterpreted as signs of serious illness:

I was naive; I knew nothing. When the symptoms began, I thought I had early-onset Alzheimer's. It never crossed my mind that this could be menopause. I was so terrified that when my doctor diagnosed me with menopause, it was both a relief and a surprise. (Interviewee 5, personal interview, April 2024)

### ***Menopause role models***

The women in one's immediate environment, especially mothers, along with the media as transmitters of the "popular voice," constitute the primary role models during this stage:

What you saw with your mother, you think will happen to you. Because no one really talks about their experience. So, you rely on mothers, aunts, older friends... or others who, like me, approached this moment with fear. (Interviewee 3, personal interview, April 2024)

However, mothers rarely play the role of confidantes; instead, the knowledge comes from simple observation and memory. This means that when women witness symptomatic menopause in their mothers, they tend to conceive of this stage more negatively:

No one prepares you. You mirror your mother (without ever talking about it), and project her symptoms onto yourself.... That mirror has been blurry for too long, and I feel it is always more catastrophic. (Interviewee 5, personal interview, April 2024)

### ***Family context***

Within the family setting, the possibility of openly discussing menopause largely depends on the communication dynamics and emotional openness of each family, which are crucial factors in shaping the experience of those going through this stage of life. While some find support and understanding, others face these changes alone due to a lack of open dialog or fear of being judged:

I talked to my partner to get his support and make sure he understood, because it affects both of us. But my sister went through it alone. Her husband wouldn't have understood, or who knows what he would have thought! (Interviewee 9, personal interview, May 2024)

When it coincides with children leaving the home, feelings of loss of purpose or identity as a caregiver may intensify, leading to an existential reassessment:

My daughters no longer live at home, so I'm no longer the nurturing mother. Now I feel like I need to rethink my existence, find something new. (Interviewee 9, personal interview, May 2024)

### ***Socioeconomic context***

The influence of the socioeconomic context is decisive in accessing alternative treatments and the level of support received during this transition. Having financial resources facilitates access to nonmedical treatment options, which can alleviate stress and concerns about the future, thereby improving the experience of this stage of life:

I'm fortunate to be a white woman with a stable job and a middle-income level, allowing me to afford nonmedical treatments that improve my well-being. However, women without access to these? They face unacceptable discrimination. (Interviewee 7, personal interview, May 2024)

### ***Mental and psychological health***

While previous experiences with mental health disorders significantly influence the experience of menopausal transition and postmenopause, strong self-esteem and a positive outlook can act as a mechanism of resilience, allowing for more effective adaptation to the physical and emotional changes that characterize this stage:

I had already battled anxiety before menopause, so the symptoms felt overwhelming at first. But with help, I've learned a lot about myself and worked to stay positive, which helped me see menopause as an opportunity. (Interviewee 19, personal interview, June 2024)

### ***Lifestyle***

Women who maintain a healthy lifestyle, characterized by a balanced diet, regular exercise, and effective stress management, and who avoid harmful habits, such as tobacco and alcohol, are more likely to experience less symptomatic menopause:

I truly believe that you go through this stage much better if you take care of yourself. I've noticed a huge difference since I started eating well and exercising regularly. Before, the hot flashes and insomnia were unbearable,

but improving my lifestyle has greatly eased them. (Interviewee 18, personal interview, June 2024)

### ***Type of work***

Certain types of work and work environments, especially those that are physically demanding or stressful, can exacerbate some symptoms of menopause, such as hot flashes, fatigue, and irritability, making day-to-day work management even more challenging:

With this stiff lab coat we wear, having to attend quickly because a line forms right away, and you're in the middle of a "sweat wave"... honestly, I would have liked to say, "just a moment, five minutes," freshen up, and come back more confident. (Interviewee 15, personal interview, June 2024)

### **Management strategies to improve well-being**

Finally, this section analyzes the category of management strategies, organized into nine codes. These strategies illustrate the diverse approaches women adopt to improve their experience and well-being during this vital stage. While these choices are shaped by personal factors such as the type and severity of symptoms and their individual and social values and preferences, they are also deeply influenced by broader social, economic, and cultural contexts.

### ***Acceptance***

Some women choose to accept menopause as a natural and inevitable process, focusing their energy on creating new opportunities for the future rather than resisting it. Many verbalize the need to go through a mourning process that allows them to reframe their life and identity, seeing it as a new beginning or accepting it with a degree of resignation:

It's a natural process, it's life. You live it according to your moment, and you have to accept it. Some want to turn back time, but it's impossible, you're where you are! (Interviewee 9, personal interview, May 2024)

In this context, having had children can facilitate acceptance of this stage; conversely, for some women, menopause may represent a symbolic loss if they do not have children:

We had the children we wanted and when we wanted, so by the time menopause came, we had already done the work. (Interviewee 8, personal interview, May 2024)



You won't be able to be a mother anymore, you know? And it will no longer be a matter of choice; now, naturally, I won't be able to, and even though I might not have wanted to, I now know I can't. (Interviewee 7, personal interview, May 2024)

### ***“Making light of it”***

This strategy involves putting the situation into perspective, emphasizing that menopause is a natural stage of life and not an end in itself. In many cases, this is achieved by highlighting the advantages of menopause, such as the end of premenstrual pain or a less intense experience compared with other women:

For me, it's not the end of a stage, it's evolution. We should relativize it, live fully, and remember all the positives of no longer dealing with menstrual discomfort. (Interviewee 16, personal interview, June 2024)

### ***Talking and building a tribe***

Although the need to talk and share experiences about menopause is recurrent, the decision to do so largely depends on each woman's personality and character:

You go through it alone, but you need allies in this process to lighten the load. (Interviewee 7, personal interview, May 2024)

The goal of discussing menopause is to relieve oneself from the burden, discomfort, and taboos associated with this stage. Establishing alliances and bonds of solidarity among women supports better coping and a more enriching experience during this transition:

The taboo lies in not talking about it openly, or only doing so superficially. Sharing allows you to see that, while your experience may be different, it is still normal. We need to stand together, build a tribe, and support one another. (Interviewee 7, personal interview, May 2024)

### ***Seeking information***

When the first symptoms of menopause appear, the need to obtain more information and find reliable sources becomes a constant in their accounts. This search for information, which may include reading books, specialized magazines, blogs, and social media accounts, helps to reframe menopause as the specific moment it truly is:

One thing I'm clear about is that if I hadn't been so curious and hadn't searched so much, I wouldn't know that menopause is actually a specific

moment and that the stage itself is climacteric! However, my experience did not truly change until I found an Instagrammer, who is an obstetrician, who explains everything very clearly! (Interviewee 17, personal interview, June 2024)

### ***Taking care of lifestyle***

Women often associate menopause with physical decline. To counteract this, this stage is commonly accompanied by a review of lifestyle, especially regarding diet and physical exercise, which helps both in controlling weight and maintaining an active social network:

Before, you could eat anything and bounce back quickly. Now, you have to change your habits, stay consistent, take care of your body, exercise more, and walk regularly. (Interviewee 6, personal interview, May 2024)

### ***Seeking help***

Women seek to experience menopause naturally, limiting medical intervention to when it is strictly necessary. This strategy, which is highly dependent on each woman's socioeconomic context, aims to access resources that facilitate a less abrupt and symptomatic transition:

I go to a holistic gynecologist, I do therapy, I see a nutritionist, I do acupuncture, and I exercise two or three times a week. In short, it's good to know that you don't always need to resort to medication to combat insomnia or anxiety. (Interviewee 7, personal interview, May 2024)

### ***Empowering oneself***

The interviewees emphasized the importance of fostering self-empowerment to strengthen confidence and personal autonomy. This strategy aims to enhance the ability to effectively manage the symptoms and challenges of menopause and facilitate informed and proactive decision-making regarding health and well-being:

Empowering ourselves is key; the stronger and more confident we feel, the better we can handle everything that comes with this tsunami. I believe it's our responsibility to take control of our health, our bodies, and our lives. (Interviewee 2, personal interview, April 2024)

### ***Advocating for labor rights***

Fighting labor rights is crucial to ensuring the necessary support during the menopausal transition. The inclusion of support measures in the workplace helps

create a more inclusive and understanding work environment, reducing the stigma associated with menopause and enhancing women's overall well-being during this vital transition:

We live in a patriarchal society, and when a woman is “menopausal,” she is often seen as someone who is no longer productive, so, “let us stop worrying about her, right?” We need to make noise, we have to stand up for ourselves and stop being invisible. We need workplaces that understand and support us because continuing to work and live well shouldn't be a privilege. (Interviewee 16, personal interview, June 2024)

### ***Renegotiating one's identity***

Menopause often marks a turning point that allows women to break from established roles and renegotiate their personal identity from a position of greater freedom, experience, and wisdom. By challenging the stigmatizing and disparaging narratives surrounding this stage of life, women can more decisively invest in themselves:

Menopause is a blank slate, an opportunity to rediscover yourself, but only if you accept the process and break the shame that prevents us from fully living this stage. I ask myself: what if this is an opportunity for women to bring out the wisdom we have inside and prioritize ourselves? (Interviewee 15, personal interview, June 2024)

In the workplace, this new identity can translate into the opportunity to become mentors, advisors, or role models for younger professionals—people who are listened to and valued:

We need to shed the caregiver roles we've been given and build new ones on the basis of wisdom, experience, and knowledge. For example, at my job, I've been a “mentor” for younger colleagues for some time now; I help them, guide them, and explain how to navigate their careers... perhaps this is due to my role as a wise woman. (Interviewee 5, personal interview, April 2024)

## **DISCUSSION**

The experiences of the interviewees in private, social, and work settings reflect the multifaceted impact of menopause on the various vital spheres through which women pass. More specifically, while there are common physical symptoms such as hot flashes, night sweats, and menstrual irregularities, the results

show that each woman experiences menopausal transition and postmenopause in a unique way (Refaei et al., 2022; Thomas et al., 2024). Importantly, emotional symptoms such as anxiety, irritability, and loss of confidence are often overlooked and minimized, despite their potential impact on quality of life (Bromberger et al., 2015; Freeman et al., 2006). However, menopause also represents an opportunity for personal growth and a redefinition of identity (Nosek et al., 2010). That is, being free from reproductive and social pressures, women can set new priorities and explore new possibilities (Selva, 2024). These findings underscore the need for greater attention to women's mental health during this stage and for an integrated approach that goes beyond the reductionist and medicalized view that reduces it to a mere set of physical and emotional symptoms.

In addition to individual effects (Burger et al., 2002), this study shows how cultural norms and social expectations shape the experience of the menopausal transition and postmenopause (Hall et al., 2007). The persistence of stereotypes associated with this stage—such as the loss of femininity and aging—creates social pressures that lead many women to hide their symptoms and avoid discussing them openly (Currie & Moger, 2019). Faced with a situation that may foster isolation, misunderstanding, and difficulty adapting to changes, it becomes essential to question these stigmatizing narratives and build a more positive and empowering image of menopause. In this regard, although they correspond to specific cases within the broader set of narratives, the migrant interviewees (from Morocco and Venezuela) described experiences marked by cultural barriers, lower access to support resources, and a greater sense of invisibility in the workplace (Leyva-Moral, 2013).

In the work sphere, the findings show how symptoms typical of this stage can affect performance and create challenges in balancing personal and professional life (Faubion et al., 2023). The lack of understanding and support in these settings compels many women to conceal their symptoms, forego professional opportunities, or take leaves covertly (Safwan et al., 2024). Within this framework, and from an intersectional perspective, the differences between women in managerial positions and those in less qualified jobs highlight significant inequalities in their capacity to manage symptoms, shaped by job autonomy, stress levels, and access to economic and informational resources (Navarro et al., 2010). Given that the aim of the study was to specifically examine the impact of menopause in the workplace, the analysis focuses on women who are actively employed and on the contextual factors arising from this condition, which underscores the need to create more inclusive and sensitive work environments that address the needs of women during the menopausal transition and postmenopause.

Overall, the interviewees identified a set of factors that influence the experience of menopause, including life expectations, cultural background, access to information, the presence of role models, family context, socioeconomic situation, mental and psychological health, lifestyle, and type of work (Navarro et al., 2010; Salazar-Pousada et al., 2024). These elements (either directly or through complex interactions) highlight the diversity of conditions that shape how each woman navigates this stage and underscore the importance of accounting for them in order to understand the multiplicity of menopausal realities. A particularly salient example is the lack of information and the transmission of inherited social imaginaries (Hall et al., 2007; Namazi et al., 2019), which means that many women do not enter this stage as a blank slate but rather carry expectations and preconceptions shaped by the accounts of others, especially their mothers (Currie & Moger, 2019). This symbolic inheritance can complicate adaptation to change and contribute to the persistence of stigmas linked to aging and the loss of social value (Leyva-Moral, 2013; Robinson, 1996). These findings underscore the need to counter misinformation and challenge social norms that reinforce the invisibility and medicalization of menopause in order to promote a more realistic, plural, and balanced view of this life stage.

Faced with these challenges, women mobilize a range of strategies aimed at promoting well-being across different life spheres (Nosek et al., 2010; O'Neill et al., 2023). These include acceptance, symptom reframing, group support, seeking information, maintaining a healthy lifestyle, requesting professional help, empowerment, labor rights advocacy, and renegotiating personal identity. Far from being merely adaptive responses, these practices reflect women's agency, resilience, and autonomy in managing this transition, despite the social, economic, and cultural constraints they may face. Analyzing such strategies not only reveals patterns and resources that support well-being but also points to gaps and unmet needs that should be addressed through more responsive psychosocial and healthcare interventions. Therefore, it is essential to recognize and value these strategies, reinforcing women's capacity to actively engage with their health during the menopausal transition and postmenopause.

It is also important to acknowledge some limitations of this study. The recruitment strategy, based on social media platforms and women's associations, while effective in reaching a diverse sample, may have introduced a selection bias. Specifically, it could have favored participation by women with higher digital literacy, greater health awareness, or a more proactive attitude toward seeking support. This may limit the transferability of the findings to groups with less digital access or weaker ties to support networks. In parallel, although the analysis incorporated various factors such as national origin, employment status, or

access to resources, it would be valuable to further explore how other axes (such as racialization, social class, functional diversity, or sexual orientation) intersect and shape both the experience of menopause and the coping strategies available. Therefore, a more systematic intersectional approach could help to better identify and understand the inequalities that structure this stage of life.

Finally, although this study focused on menopause from the perspective of cis-gender women, it is important to note that this life stage may also affect trans men and nonbinary individuals with persistent female physiological characteristics. In this regard, the findings may hold relevance for these populations and open up future lines of research aimed at exploring their specific experiences and informing the development of more inclusive and tailored interventions.

## **CONCLUSION**

This study underscores the importance of reframing menopause as a multidimensional life stage, encouraging more inclusive narratives that move beyond stigmatization and foster social, professional, and healthcare environments that support women's well-being and agency throughout this transition. The findings reveal the diversity of experiences and the influence of personal, social, and cultural factors on the experience of menopause, supporting the need for comprehensive interventions tailored to the specific needs of each woman. Specifically, it is crucial that these interventions aim to reduce misinformation, question negative stereotypes, and empower women to take an active role in their health care. Furthermore, additional research is needed to understand how different sociocultural contexts affect the menopause experience and access to support resources.

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#### CLARA SELVA OLID

PhD in Psychology from the Universitat Autònoma de Barcelona, she is an Associate Professor, Deputy Director of Internships, and researcher at the Behavioural Design Lab (BDLab) at the Universitat Oberta de Catalunya. A specialist in gender, health, and career paths, she has led pioneering studies on menopause, well-being, and its impact on women at work.

[cselvao@uoc.edu](mailto:cselvao@uoc.edu)

<https://orcid.org/0000-0001-7390-9889>

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