

Original Article

Coping Mechanisms of Menopausal Women and Its Impact on the Quality of Life at Mohan Pura, Rawalpindi

Mahwish Akhtar Qureshi¹, Samina Naeem Khalid², Rukhsana Khan³, Zuhaa Asem⁴, Saima Bairam⁵,
Syed Inayat Ali⁶

¹Assistant Professor of Community Medicine Fazaia Medical College, Air University, Islamabad.

²Professor and Head of the MNCH Department. Health Services Academy, Islamabad.

³Professor and Head of the Community Medicine Department. Fazaia Medical College, Air University, Islamabad

⁴4TH Year MBBS Student. Foundation University School of Health Sciences, Islamabad

⁵Assistant Professor, Department of Community Medicine & Public Health, Bahria University College of Medicine, Islamabad

⁶Department of Anatomy, Baqai Medical University, Karachi

Correspondence: Dr. Mahwish Akhtar Qureshi
Assistant Professor of Community Medicine
Fazaia Medical College, Air University, Islamabad
Email: mahwishaq@yahoo.com

Abstract

Objective: To discover coping strategies, gauge awareness of menopausal symptoms, and measure the effect on quality of life among women.
Methodology: A mixed-methods design was employed in the study, with a sample size of 200. A semi-structured questionnaire was used to collect quantitative data from 185 women aged 45 years and above, and a qualitative understanding was achieved through interviews with 15 participants. SPSS version 25.0 was used to conduct statistical analysis, and descriptive statistics and the chi-square test were used to examine the correlations and patterns in the data. This methodology gave an in-depth insight into the menopausal experiences, knowledge, and coping strategies.

Results: In a total of 200 women (185 Quantitative & 15 Qualitative) with an average age of 52.83 ± 5.70 years. There were 83 (44.9%) women in the 46–50-year age group. The age group 51–55 years comprised 57 (30.8%) women, among 56–60, there were 25 (13.5%), while the age group 61–65 years included 16 (8.6%) women. Participants' drug histories varied: 19.5% did not use any medicine, 14.6% used hormone treatment, 22.7% used oral hypoglycemic and antihypertensive meds, and 20.5% used other medications. Out total of 135 (73.0%) participants had knowledge of the postmenopausal symptoms.

Conclusion: Psychological support, herbal medication, and health-related services were very effective in reducing the menopausal symptoms, whereas lifestyle modifications did not affect the symptoms, which emphasizes the significance of inclusive and accessible healthcare interventions.

Keywords: Hormone replacement therapy (HRT), Menopause, Postmenopausal symptoms, Quality of life.

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Introduction

Menopause is the time when the menstrual process stops during twelve months in a row and is a normal stage in the life of a woman. It mostly comes when women reach the age of 51, but there are those who will record earlier.¹ It is a universal physiological state that occurs every year is a condition that impacts over 500 million women at the age of 42, ranging between 18 to 55 years, with an average age of onset of 51 years.² The decline in the hormones estrogen and progesterone

produced by the ovaries will cause women to go into menopause. This gradual and permanent loss of hormones may lead to multiple complaints, i.e., physical and psychological complaints in women at menopause.³ The three main stages of menopause are postmenopause, menopause, and perimenopause. The ovaries atrophy at this time, which lowers the production of the hormones progesterone and estrogen, which are in charge of promoting the monthly cycle.⁴

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Menopause may lead to physical problems such as vaginal atrophy, vaginitis, urinary incontinence, recurrent infections, and vasomotor problems such as hot flashes and night sweats. It can also cause tiredness, weight increase and emotional difficulties such as anxiety, irritability, and hypersensitivity [5]. It is estimated that 1.2 billion women will be at the menopausal/ postmenopausal stage and 47 million women will join this stage by 2030.⁶

Women can employ natural means to manage menopausal symptoms, primarily non-pharmacological interventions like diet, exercise, and herbal products that assist in hot flushes.⁷ The prevalence of menopausal symptoms is high all over the world, although it seems to be less common in Asian women, which may be because of cultural factors or under reporting which indicates that coping may be easier or that they endure in silence.⁸ The majority of women in the developed world will spend a third of their life following menopause. the rise is much more rapid in the developing world than in the industrialized world, where approximately 76 % of women are above 50 years.⁹ Poor quality of life among married women is likely to occur due to menopausal symptoms, especially vasomotor and sexual problems. Though 80 % of all women feel relieved of the severe symptoms after five years, 20 % of them can be exposed to symptoms up to ten or even more.¹⁰

This study aims to assess awareness, coping mechanisms, and the impact on quality of life related to menopausal symptoms of women aged above 45 years using the menopausal rating scale.

Methodology

This mixed-method study was conducted at Mohan Pura, Rawalpindi, from January-July 2024 after approval by the institutional ethical review board (Ethical committee approval number: 000501/HSA/MSPH-2022. The sample size was calculated using the WHO sample size calculator. The required sample size was determined to be 185 participants. The calculation was based on a confidence level of 90%, a margin of error 5% with population proportion 22%¹¹, respectively. For Qualitative analysis, 15 participants were selected from Mohan Pura.

Inclusion Criteria: Females above 45 years of age were included in this study.

Exclusion Criteria: Women on hormone replacement therapy (HRT), those with TAH+BSO, early ovarian failure, substantial comorbidities, or abdominal trauma

leading to ovarian excision were excluded from the study.

It was a mixed-method study that incorporated 200 participants who were chosen using purposive sampling. Of these, 185 women aged 45 years and older participated in the quantitative component of the study. The other 15 women were selected to participate in the qualitative section in order to have a clear picture of how they coped with menopause and their personal experiences. Out of this, 10 women were interviewed individually, and this contributed to their ideas and emotions regarding menopause. The remaining 5 women participated in a focused group discussion (FGD) to elicit common perceptions, social attitudes, and social experience in regards to menopause and quality of life. Data was collected by the use of a semi-structured questionnaire that was administered in a face-to-face interaction. Participants were told the purpose of the study, and informed consent was taken to guarantee ethical compliance and confidentiality. The questionnaire was formulated after a thorough literature review and pre-tested on a small representative sample to evaluate the validity, reliability, and acceptability of the questionnaire. The questionnaire had four different parts. The initial part collected sociodemographic information such as age, marital status, education, occupation, and residential background. The second part was aimed at evaluating the knowledge of participants about menopause, based on statements obtained in the literature. The third part was where the Menopause Rating Scale (MRS) was used to determine the severity of menopausal symptoms. The last part was studied on coping strategies that the participants used to cope with menopausal complaints. For Qualitative analysis, a topic guide was formulated.

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 25.0 software. The data was presented as a percentage and mean $\pm$ standard deviation (SD). The categorical variables were compared using the Chi-square test. A p-value of less than 0.05 was considered significant. The study received permission from the Ethics Committee. Thematic analysis was done after the focus group and In-depth interviews.

Results

After conducting the interviews, the socio-demographic characteristics of the participants were assessed, as shown in Table I.

Table I: Sociodemographic Characteristics of Menopausal Women.

Respondent ID	Age	Marital status	Parity	Residence	Occupation
1.RP	63	Married	4	Urban	Housewife
2.SZ	53	Married	3	Urban	School teacher
3.IA	49	Married	2	Semi Urban	Nurse
4.HK	47	Married	5	Rural	Government employ
5.KS	48	Divorced	2	Urban	Government employ
6.SK	50	Married	3	Urban	Doctor
7.RK	57	Widow	5	Urban	College teacher
8.FB	48	Un-married	0	Urban	School teacher
9.ZA	51	Married	4	Semi urban	Housewife
10.FS	60	Married	3	Urban	Housewife

In-depth interviews with 10 menopausal women revealed three key themes: Approach towards Menopause, Menopause and Aging, and Adapting to Menopause. Many participants expressed emotional distress, including anxiety, irritability, and fear, often linked to limited knowledge about the physiological changes of menopause. One respondent shared, “At

times I become very irritable, then I try to spend time alone” (ZA, 51), while another added, “I do ‘Sabr’ and keep busy with family and household activities” (RP,63).

The second theme highlighted growing acceptance of aging. Women described menopause as a natural transition and found solace in spirituality and hobbies. “I am very regular in my prayers; it gives me peace” (RK,57) and “Gardening and keeping birds keep me fresh” (FS,60) were common sentiments.

Under the third theme, participants described various coping strategies, including medical help, home remedies, hobbies, physical activity, and prayer. One woman stated, “I try to relax and ignore arguments” (IA,49), while another mentioned, “I do seed cycling; it relieves a lot of symptoms” (SK,50).

Overall, the findings suggest a mix of emotional struggle and resilience, emphasizing the importance of awareness, support systems, and accessible health education for menopausal women.

A total of 185 women were included in the study for quantitative analysis. The mean age of participants was 52.83 ± 5.70 years. The Socio-demographic characteristics of the study participants are shown in Table II.

Table III outlines menopausal coping mechanisms and how they affect the intensity of symptoms. Chi Square test revealed that there was a substantial decrease in the severity of symptoms ($p < 0.001$) among those who received psychological help, utilized herbal remedies, pharmaceuticals, or visited healthcare facilities.

Exercise, diet, and other methods did not significantly correlate with the severity of symptoms ($p > 0.05$).

Table II: Selected Socio-demographic characteristics of study participants.

Socio-Demographic Characteristics	Category	n (%)
Age	46-50	83 (44.9 %)
	51-55	57 (30.8 %)
	56-60	25 (13.5%)
	61-65	16 (8.6 %)
	66-70	2 (1.1 %)
	71 and more	2 (1.1 %)
Marital Status	Unmarried	5 (2.7%)
	Married	139 (75.1%)
	Divorced	17 (9.2%)
	Widow	24 (13.0%)
Drug History	Antihypertensive	42 (22.7%)
	Oral hypoglycemic	42 (22.7%)
	Hormonal therapy	27 (14.6%)
	Others	38 (20.5%)
	None	36 (19.5%)
Mode of Delivery	SVD	97 (52.4%)
	C-Section	51 (27.6%)
	Both	27 (14.6%)
	None	10 (5.4%)
Residence	Rural	41 (22.2%)
	Semi Urban	61 (33.0%)
	Urban	83 (44.9%)
	Nil	26 (14.1%)
Education	Matriculation (grade 9 and 10)	53 (28.6%)
	Intermediate (grade 11 and 12)	34 (18.4%)
	Undergraduate Degree (bachelor's)	25 (13.5%)
	Postgraduate degree	47 (25.4%)
	Underweight	0
BMI Classification	Normal	37 (20.0%)
	Overweight	134 (72.4%)
	Obese	14 (7.6%)
Chorionic illness	Yes	123 (66.5%)
	No	62 (33.5%)
Diet	Grains: bread, cereal, rice, pasta	Yes 185 (100%)

	No	0
	Yes	146 (78.9%)
Dairy: milk, yoghurt, cheese	No	39 (21.1%)
	Yes	184 (99.5%)
Vegetables and fruits	No	1 (0.5%)
	Yes	120 (64.9%)
Fats, oils, and sugars	No	65 (35.1%)
	Yes	86 (46.5%)
Protein: red meat, poultry, fish, eggs, beans	No	99 (53.5%)

Discussion

Menopause is the permanent cessation of menstruation due to loss of ovarian follicular function. Clinically, menopause is diagnosed after 12 months of amenorrhea, so the time of the final menses is determined retrospectively. The average age at menopause is about 51 years. A community-based cross-sectional survey found that postmenopausal women had higher rates and more severe menopausal symptoms than premenopausal women, which negatively impacted their quality of life [12]. Women going through menopause benefit greatly from exercise since it raises their physical and mental health and improves their overall quality of life.¹³

We conducted a study involving 200 women (185 quantitative, 15 qualitative), the average age of which was 52.83 $\pm$ 5.70 years. A majority of the participants were married (75.1), widowed (13%), divorced (9.2), and unmarried (2.7). On the same note, L. Li et al. recorded 85.6 percent married, 10.2 percent separated/divorced, and 3.7 percent single women, which are similar marital statuses in menopausal studies groups.¹⁴

In our study, 19.5% did not take any medicine, 14.6% were on hormone therapy, and 22.7% utilized oral hypoglycemics and antihypertensives. In terms of mode of delivery, 14.6% employed both techniques, 27.6% had cesarean sections, and 52.4% had vaginal deliveries. Our study coincides with the study of Rathnayake et al, of the participants, 109 women (59.2%) gave birth spontaneously by vaginal delivery, while 40 women (21.7%) underwent cesarean sections. Additionally, 12.5% (23 women) reported utilizing both delivery techniques, whereas 6.5% (12 women) had not delivered any babies.¹⁵

In our research, the majority of the participants were urban dwellers (44.9%), semi-urban (33%), and rural (22.2%). Sara et al. also presented a similar distribution: 28% rural, 37% town and 35% city residents. The relationship between the menopausal symptoms and residence was not significant ($p > 0.05$), hence the situation did not have a significant influence on the severity of the menopausal symptoms.¹⁶

Table III: Association of coping strategies with menopausal symptom severity.

Strategies to cope with menopause symptoms		Menopause Rating Scale			p-Value
		Asymptomatic (n=45)	Mild to Moderate (n=128)	Severe to Very Severe (n=12)	
Visit a medical doctor or a healthcare center	Yes	7 (3.8%)	30 (16.2%)	9 (4.9%)	<0.001*
	No	38 (20.5%)	98 (53.0%)	3 (1.6%)	
Using medications	Yes	7 (3.8%)	40 (21.6%)	8 (4.3%)	0.002*
	No	38 (20.5%)	88 (47.6%)	4 (2.2%)	
Using home-made herbal remedies	Yes	8 (4.3%)	65 (35.1%)	7 (3.8%)	<0.001*
	No	37 (20.0%)	63 (34.1%)	5 (2.7%)	
Enjoying hobbies	Yes	12 (6.5%)	43 (23.2%)	4 (2.2%)	0.688
	No	33 (17.8%)	85 (45.9%)	8 (4.3%)	
Seeking psychological support	Yes	2 (1.1%)	26 (14.1%)	10 (5.4%)	<0.001*
	No	43 (23.2%)	102 (55.1%)	2 (1.1%)	
Using medications for psychological support	Yes	1 (0.5%)	19 (10.3%)	8 (4.3%)	<0.001*
	No	44 (23.8%)	109 (59.9%)	4 (2.2%)	
Started doing exercise	Yes	7 (3.8%)	19 (10.3%)	4 (2.2%)	0.249
	No	38 (20.5%)	109 (58.9%)	8 (4.3%)	
Starting a healthy diet	Yes	20 (10.8%)	60 (32.4%)	5 (2.7%)	0.917
	No	25 (13.5%)	68 (36.8%)	7 (3.8%)	
Spending more time with family members	Yes	25 (13.5%)	64 (34.5%)	8 (4.3%)	0.483
	No	20 (10.8%)	64 (34.6%)	4 (2.2%)	
Reading Islamic Books	Yes	8 (4.3%)	29 (15.7%)	6 (3.2%)	0.061
	No	37 (20.0%)	99 (53.5%)	6 (3.2%)	
Doing Nothing	Yes	23 (12.4%)	32 (17.3%)	1 (0.5%)	0.001*
	No	22 (11.9%)	96 (51.9%)	11 (5.9%)	

In our finding's education levels of the survey participants varied, with the majority claiming matriculation (28.6%) and ranging from no formal schooling (14.1%) to doctorate degrees (25.4%). Our results are like the results of Kafei et al, showing that most of the population was illiterate or below matriculation.¹⁷ A study in Pakistan has revealed that menopausal symptoms do have a major impact on the quality of life of women and that older women are more uncomfortable in all aspects. It was also different according to education level: secondary educated women had more psychosocial problems, illiterate women had more physical problems, and postgraduate women had more sexual health problems.¹⁸

Our study results classified the BMI (Body Mass Index) In this study, 66.5% of the women reported a history of chronic illness, while 20% of the women had a normal BMI, 72.4% were overweight, and 7.6% were obese. Comparably, L. Li et al. discovered that 2.93% of women were obese, 25.93% were overweight, and 68.1% of women had a normal BMI.¹³ Sarac, *et al* also find the BMI in their study of the menopausal women. He categorized the participants into four categories according to their BMI, underweight (<18.5 kg/m²), normal (18.5-24.9 kg/m²), Overweight (25-29.9 kg/m²), and obesity (≥ 30 kg/m²). Out of total, 26(5.2%) women were underweight, 100(20.0%) women were normal according to BMI, 201(40.0%) participants were overweight, and 173(34.6%) women were Obese ^[14].

Out of the total, 123 (66.5%) participants were reported to have a history of chronic illness in our study. L. Li et al also found that out of the total 17.557(86.59%) participants had chronic illness.¹⁴

The general level of knowledge regarding menopause was rather high among the subjects of the given research. This is in agreement with Munn et al, and Krzyżanowska et al, who found that education and occupational status have a positive correlation with menopause awareness ($p < 0.01$) and, hence, health-seeking behavior and coping mechanisms.^{19,20}

The qualitative results showed that women in menopause had emotional distress because of a lack of awareness, but most of them accepted menopause as part of nature with time. The coping methods involved prayer, hobbies, home remedies, medical assistance, and social support. A similar result was obtained by Asad et al., in Karachi, as menopausal women complained of emotional distress because of the lack of

awareness and support, and emphasized spirituality and self-care as the main coping mechanisms.²¹

This study's main limitation is that, because climacteric experiences vary across nations and cultures, it could not be broadly relevant to a wide range of nationalities. However, the statistics apply to Pakistani women and are likely to apply to other Asian communities as well.

Conclusion

The findings of this study indicate the significant reduction of the intensity of menopausal symptoms in the presence of effective coping strategies, including seeking psychological assistance, applying herbal medicine, and utilizing health care services. Conversely, lifestyle changes, such as dietary modifications and physical activity, failed to demonstrate a statistically significant effect. The results indicate the significance of the availability of healthcare and psychological assistance, which was effective among people with different sociodemographic and economic backgrounds.

This research highlights the necessity of community-based education programs that would increase awareness of effective coping skills and the design of culturally competent, customized interventions. These are critical to enhancing the quality of life in menopausal women and sealing the loopholes in the existing healthcare strategies.

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References

1. Amin SM, El-Gazar HE, Zoromba MA, El-Sayed MM, Awad AG, Atta MH. Mindfulness for menopausal women: enhancing quality of life and psychological well-being through a randomized controlled intervention. *J Nurs Scholarsh*. 2025 Feb 24. <https://doi.org/10.1111/jnu.70003>
2. Awad Ibrahim Tayyem E, Tosson Labib A, Mohammed Ebrahim R. Coping strategies with menopausal symptom among Palestinian women. *Egypt J Health Care*. 2022 Dec 1;13(4):697-710. <https://doi.org/10.21608/ejhc.2022.265084>
3. Riansyah F, Putra E, Yanti F, Abdullah M, Desikaliana D. Analysis of coping mechanisms and quality of life in menopause women in Kaye Lee village, Ingin Jaya district, Aceh Besar district. In: International Conference on Education, Science, Technology and Health (ICONESTH); 2023. p. 1467-75. <https://doi.org/10.46244/iconesth.vi.249>
4. Santos MAD, Vilerá AN, Wysocki AD, Pereira FH, Oliveira DMD, Santos VB. Sleep quality and its association with menopausal and climacteric symptoms. *Rev Bras Enferm*. 2021;74(Suppl 2):e20201150. <https://doi.org/10.1590/0034-7167-2020-1150>
5. Arar MA, Erbil N. The effect of menopausal symptoms on women's daily life activities. *Menopause Rev*. 2023 Mar 1;22(1):6-15. <https://doi.org/10.5114/pm.2023.126436>

6. Solis AR. The psychosocial aspects of the menopausal transition in women ages 45–65 [dissertation]. Philadelphia (PA): Thomas Jefferson University; [date unknown].
7. Alfonso R, Damiani GR, Romano I, Trojano G, Vimercati A, Di Gennaro D, et al. Non-hormonal options for managing menopause symptoms: a narrative review. *Ital J Gynaecol Obstet*. 2024. Available from: <https://scholar.google.com>
8. Ilankoon IM, Samarasinghe K, Elgán C. Menopause is a natural stage of aging: a qualitative study. *BMC Womens Health*. 2021 Dec;21:1-9. <https://doi.org/10.1186/s12905-020-01164-6>
9. Shakya B, Pokharel PK, Yadav BK, Shyangwa PM, Paudel IS, Pokharel HP. Prevalence of depression among menopausal women in a rural community of Morang, Nepal. *Nepal Med Coll J*. 2022 Apr 4;24(1):30-9. <https://doi.org/10.3126/nmcj.v24i1.44138>
10. Perera M, Perera I, Perera M. Do not fear when menopause is near: the importance of a preparatory time and space to face the consequences before reaching menopause. 2023. <https://doi.org/10.20944/preprints202305.0435.v1>
11. Yahya S, Rehan N. Age, pattern and symptoms of menopause among rural women of Lahore. *J Ayub Med Coll Abbottabad*. 2002;14(3).
12. Malik M, Mahjabeen M, Rana S, Hussain A, Hashmi A. Quality of life and depression among postmenopausal women in Pakistan. *Arch Pharm Pract*. 2021;12(3):29-33.
13. Nguyen TM, Do TT, Tran TN, Kim JH. Exercise and quality of life in women with menopausal symptoms: a systematic review and meta-analysis of randomized controlled trials. *Int J Environ Res Public Health*. 2020 Oct;17(19):7049. <https://doi.org/10.3390/ijerph17197049>
14. Li L, Wu J, Pu D, Zhao Y, Wan C, Sun L, et al. Factors associated with the age of natural menopause and menopausal symptoms in Chinese women. *Maturitas*. 2012;73(4):354-60. <https://doi.org/10.1016/j.maturitas.2012.09.008>
15. Rathnayake N, Lenora J, Alwis G, Lekamwasam S. Prevalence and severity of menopausal symptoms and the quality of life in middle-aged women: a study from Sri Lanka. *Nurs Res Pract*. 2019;2019:2081507. <https://doi.org/10.1155/2019/2081507>
16. Saraç F, Öztekin K, Çelebi G. Early menopause association with employment, smoking, divorced marital status and low leptin levels. *Gynecol Endocrinol*. 2011;27(4):273-8. <https://doi.org/10.3109/09513590.2010.491165>
17. Kafaeei-Atrian M, Sadat Z, Nasiri S, Izadi-Avanji FS. The effect of self-care education based on self-efficacy theory, individual empowerment model, and their integration on quality of life among menopausal women. *Int J Community Based Nurs Midwifery*. 2022 Jan;10(1):54. <https://doi.org/10.30476/ijcbnm.2021.89555.1526>
18. Malik M, Mahjabeen M, Rana S, Hussain A, Hashmi A. Quality of life and depression among postmenopausal women in Pakistan. *Arch Pharm Pract*. 2021;12(3):29-33. <https://doi.org/10.51847/MAPShK83EB>
19. Munn C, Vaughan L, Talaulikar V, Davies MC, Harper JC. Menopause knowledge and education in women under 40: results from an online survey. *Womens Health (Lond)*. 2022 Dec;18:17455057221139660. <https://doi.org/10.1177/17455057221139660>
20. Krzyżanowska M, Górecka K. Women's knowledge on the menopausal transition in relation to their socio-economic status. *Menopause Rev*. 2021 Jun 14;20(2):81-7. <https://doi.org/10.5114/pm.2021.106891>
21. Asad N, Somani R, Peerwani N, Pirani S, Zuberi N, Andrades M, et al. "I am not the person I used to be": perceptions and experiences of menopausal women living in Karachi, Pakistan. *Post Reprod Health*. 2021 Dec;27(4):199-207. <https://doi.org/10.1177/20533691211060099>