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Menopause, Bodily Change, and Workplace Negotiation: A Qualitative Study Among Working Women in Sylhet, Bangladesh

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Article

Keywords: Menopause, mental health, cultural silence, workplace, Sylhet, Bangladesh

Posted Date: October 28th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11515873/v1

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Additional Declarations: No competing interests reported.

Abstract

Menopause is a natural biological process marking the end of the reproductive cycles, yet its impact extends far beyond physiological changes. The menopausal stage frequently associated with range of mental health challenges, including mood swings, anxiety, depression and cognitive disruptions. This study investigates the menopausal experiences among working women in Sylhet and how they negotiate these being in the workplace. Following qualitative research design, this study conducted 12 In-depth interviews with working women and five case studies. Purposive and convenient sampling technique have been followed to choose participants those who are in the menopausal period. The findings of this research reveal that high physical and mental workload were responsible for menstrual irregularities and early menopause. So, there is a significant connection between workplace stress and reproductive health outcomes in female workers. Difficulty concentrating, stress, irritability, hypersensitivity, anxiety, emotional difficulties are identified as the key factors for the mental health challenges during menopause. Professional self-efficacy, work quality, perceived workplace support, perceived health is affected by somatic and psychological menopausal symptoms. To negotiate with these new uncertain symptoms leads to a state of hyper-vigilance, unstable, and being labeled as aged, they constantly managing their bodies and emotions. So, the working women perceived menopause as an 'invisible transition' where the presence of anxiety was a standard but unvoiced narrative that affected their professional and personal life. Literature showed menopause is a missing dimension of health equity. Also, in global health care provision, menopause and the correlation with mental health has significant gaps. The most significant gap identified is the fragmentation of care, particularly the disconnect between mental health services and menopause clinics, which can have life-threatening consequences. This particular study shed light into the requirement of a multidimensional and holistic response by addressing the unique needs of these group and healthcare systems can move toward a more equitable and effective support structure.

1. Introduction

Menopause is a natural reproductive transition defined by the permanent cessation of menstruation following the loss of ovarian follicular activity. It is commonly preceded by perimenopause, during which hormonal fluctuations may cause menstrual irregularity and a range of physical and psychological symptoms (National Institute for Health and Care Excellence [NICE], 2024). Although vasomotor symptoms, including hot flushes and night sweats, are widely recognized, menopause can also affect sleep, cognitive functioning, emotional well-being, self-image, and everyday quality of life (Wood et al., 2025).

The relationship between menopause and mental health is increasingly recognized as an important area of women's health. During perimenopause and menopause, some women experience low mood, anxiety, irritability, emotional lability, reduced concentration, memory concerns, fatigue, and diminished confidence (Hendriks et al., 2025; Refaei et al., 2022). The perimenopausal stage may be associated with increased vulnerability to depressive symptoms, particularly among women with a previous history of

depression or anxiety, exposure to stressful life events, poor social support, or concurrent physical symptoms (NICE, 2024; The Lancet, 2024).

However, psychological experiences during menopause are not uniform. Menopause occurs within a broader social and personal context in which family responsibilities, relationship changes, employment demands, physical health concerns, financial pressures, and cultural beliefs may shape women's experiences of distress and coping (Refaei et al., 2022; Wood et al., 2025). Therefore, menopause-related mental health concerns should not be attributed exclusively to hormonal change, nor should emotional difficulties be dismissed as an unavoidable consequence of ageing (Mamnuah et al., 2025; Hendriks et al., 2025). A biopsychosocial perspective is required to understand how biological symptoms interact with personal circumstances and social environments (Wood et al., 2025; The Lancet, 2024).

This qualitative research offers particular value in this area because it enables exploration of women's lived experiences, including how they interpret symptoms, manage emotional changes, seek support, and engage with healthcare services. Women may experience menopause-related changes in mood and cognition as confusing or distressing, especially when they do not recognize these experiences as potentially linked to the menopausal transition (Refaei et al., 2022; Hendriks et al., 2025). Such experiences may influence identity, relationships, confidence, work participation, and willingness to seek professional help.

Stigma and inadequate support can further intensify menopause-related distress (Verburgh et al., 2023). Women may feel that menopause is trivialised, embarrassing, or poorly understood by family members, colleagues, and healthcare professionals, which can discourage open discussion and contribute to isolation (Burgin et al., 2025; Wood et al., 2025; Cronin et al., 2023; Twamley et al., 2025). In healthcare settings, women may perceive those consultations focus primarily on physical symptoms, while emotional and psychological concerns receive insufficient attention or are treated separately from menopause (Burgin et al., 2025).

This study explores the relationship between menopause and mental health through women's lived experiences. By examining emotional changes, social influences, help-seeking behaviours, and interactions with healthcare services, the study aims to develop a more comprehensive understanding of women's mental health needs during menopause. This knowledge may support more person-centred, culturally responsive, and psychologically informed approaches to menopause care (NICE, 2024; Wood et al., 2025). This study aims to understand how women interpret menopause and negotiate the relationship between bodily changes, social expectations, and working life.

2. Research Gap

Menopause has been studied widely in biomedical research which gives emphasis on the biological symptoms, but still has a major gap in studying experiences women face in related to workplace during menopausal phase which is shaped by culture, social norms and structures.

Most of the study was conducted by describing hormones, HRT, and physical changes. But during the menopausal phase women experience deeply emotional distress, anxiety, depression, psychological adjustment which remain under less importance. Anthropological research explores experiences women face in the workplace during the menopausal phase which varies in different cultural settings. Because post-menopausal women are affected by physical, psychological and emotional symptoms and women's quality of life is affected by physical health, psychological state, level of independence, societal relationship and environmental features. Besides, most menopausal research is based on western population. Very limited data exists based on south Asian context including Bangladesh. This creates a significant gap in knowledge.

3. Methodology

3.1. Study design and setting

This qualitative study explored the lived experiences of menopause among working women in Sylhet City, Bangladesh, with a focus on workplace challenges and coping strategies. A qualitative design was chosen because the study aimed to understand participants' interpretations, meanings, and lived experiences rather than to measure symptom prevalence or test associations. Fieldwork was conducted in Sylhet City between March 2026-April 2026. Sylhet was selected as an urban study setting with a diverse population of working women employed in education, healthcare, banking, non-governmental organizations, business, and other formal and informal sectors.

3.2. Recruiting participants and sampling

Working women aged 45–60 years who had experienced menopause or were currently experiencing menopausal symptoms were eligible for participation. Participants were required to be currently employed or to have recent work experience and to be willing to provide informed consent. A purposive sampling strategy was used to recruit information-rich participants relevant to the research objectives. A total of 11 women participated in the study. This sample size was appropriate for an in-depth qualitative study, as the aim was to achieve thematic depth and experiential variation rather than statistical generalizability. Participants were recruited through workplace contacts, personal networks, and snowball sampling. To capture variation in workplace contexts, participants from different occupational backgrounds were included where possible.

3.3. Data collection

Data were collected through semi-structured, in-depth interviews conducted in Bangla, the first language of both participants and the researcher. A semi-structured interview guide was developed to explore participants' understanding of menopause, bodily changes, social and family expectations, workplace experiences, coping strategies, and expectations of support. Interviews lasted approximately 30–45 minutes and were conducted at a time and location convenient for participants, with attention to privacy and comfort. Before each interview, the researcher explained the purpose of the study, the voluntary

nature of participation, and participants' right to withdraw at any time. Written or verbal informed consent was obtained from all participants. With participants' permission, interviews were audio-recorded and transcribed verbatim in Bangla. Field notes were also taken to document contextual information and initial analytical observations.

3.4. Data analysis

Interview transcripts were analyzed using reflexive thematic analysis, following the six-phase approach described by Braun and Clarke (2006). The researcher first familiarized herself with the data through repeated reading of transcripts and listening to audio recordings. Initial codes were then generated from meaningful segments of the data. Related codes were grouped into candidate themes, which were reviewed, refined, and defined in relation to the full dataset. Finally, themes were named and reported with illustrative quotations. Analysis focused on recurring patterns in participants' accounts of menopausal bodily changes, social expectations, workplace challenges, and coping strategies. Quotations presented in the Results section were translated from Bangla into English while preserving the original meaning as closely as possible.

3.5. Ethical Consideration

The study was conducted in accordance with the SUST Research Ethics Guidelines, and ethical approval was obtained from the SUST Research Ethics Board before data collection (approval no. SREB/SSS/ANP/30(2026). All participants provided informed consent before participation. Participants were informed of the study purpose, procedures, potential risks and benefits, audio-recording arrangements, and their right to decline questions or withdraw at any time without consequence. Confidentiality and anonymity were maintained through the use of pseudonyms or participant identification codes. Audio recordings, transcripts, and field notes were stored securely and accessed only by the researcher. Because menopause is a sensitive health-related topic, interviews were conducted in private settings, and participants' emotional well-being was prioritized throughout data collection.

4. Findings

Thematic analysis of the in-depth interviews and case study data revealed four interrelated themes: (1) women's interpretations of menopause and bodily changes; (2) negotiation of social and gendered expectations; (3) experiences of menopause in working life; and (4) participants' expectations of holistic and system-level support. Participants' narratives indicate that menopause is not experienced merely as a biological event, but as an embodied, social, and occupational transition shaped by cultural norms, family relations, and workplace environments.

4.1. **Socio-demographic information of the participants**

The research was carried out with the participation of a total 11 females, who were selected from different backgrounds and brought a variety of viewpoints to the findings of the study. 8 of them were assistant teachers, 2 of them were head mistress and one of them was midwife, which helped to collect a diverse range of data.

Table 1:Socio-demographic characteristics of the participants of In-depth Interview

Interviewee ID	*Interview Type*	*Participant Category*	*Age*	*Gender*	*Location*
001	IDI	Midwife	48	Female	Pathantula, Sylhet
002	IDI	Headmistress	48	Female	Pathantula, Sylhet
003	IDI	Assistant Teacher	47	Female	Amberkhana, Sylhet
004	IDI	Assistant Teacher	54	Female	Kanaighat, Sylhet
005	IDI	Assistant Teacher	53	Female	Kanaighat, Sylhet
006	IDI	Assistant Teacher	49	Female	Amberkhana, Sylhet
007	IDI	Assistant Teacher	51	Female	Pathantula, Sylhet
008	IDI	Assistant Teacher	50	Female	Pathantula, Sylhet
009	IDI	Headmistress	47	Female	Amberkhana, Sylhet
010	IDI	Assistant Teacher	47	Female	Amberkhana, Sylhet
011	IDI	Assistant Teacher	46	Female	Bondor Sadar, Sylhet

4.2. Interpreting Menopause and Bodily Changes

Participants commonly described menopause as a significant biological transition accompanied by emotional and identity-related changes. Bodily changes such as irregular menstruation, hot flushes, sleep disturbance, and cognitive difficulties evoked mixed responses, ranging from anxiety and loss to acceptance and relief. One participant explained:

“At first, I thought something was wrong with me. My periods became irregular, and I could not sleep properly. Later, when I understood it was menopause, I felt relieved- but also sad, because it felt like one chapter of my life was ending.” (Participant 3)

For several women, menopause was closely linked to fertility, ageing, and identity. Some participants associated the end of menstruation with loss, while others interpreted it as entry into a new, respected stage of life.

“After menopause, I felt freer. I no longer had to worry about menstruation or pregnancy. In our family, older women are respected, so I see this as moving into another stage of life.” (Participant 7)

However, participants also reported limited knowledge about menopausal symptoms and self-care strategies. Many stated that they had learned about menopause only after experiencing symptoms, rather than through formal health education. One also shared:

“Nobody told me what to expect. I thought my memory problems and irritability were because of stress. Later, I learned these could be related to menopause.” (Participant 5)

This finding suggests an unmet need for accessible, culturally appropriate health education that addresses both the biological and psychosocial dimensions of menopause.

4.3. Negotiating Social and Gendered Expectations

Participants’ experiences of menopause were strongly shaped by cultural norms and gendered expectations. In some cases, family networks normalized the transition, as older female relatives shared their experiences and offered emotional support.

“My mother and aunt told me it happens to every woman. When they shared their experiences, I did not feel alone.” (Participant 2)

In contrast, other participants described menopause as a stigmatized or silenced topic, particularly in public and workplace settings. Several women reported feeling pressured to conceal symptoms such as hot flushes, mood changes, or memory lapses.

“In the office, I could not tell anyone that I was having hot flushes. People might think I am weak or unable to work. So, I stayed quiet.” (Participant 6)

Participants also described how social ideals of youth, productivity, and femininity created identity tensions during menopause. Rather than experiencing menopause as a private biological event, many women narrated it as a process of negotiating visibility, respectability, and social worth.

“Society thinks a woman becomes old after menopause. But I do not feel old. I still have responsibilities, I still work, and I still have my own life.” (Participant 9)

Menopause and Working Life

Workplace experiences emerged as a central theme in participants' narratives. Menopausal symptoms-particularly fatigue, sleep disturbance, hot flushes, and concentration difficulties-were reported to affect job satisfaction, productivity, and emotional well-being.

"Some days I cannot concentrate. I read the same line again and again. It affects my confidence at work." (Participant 4)

Another participants added:

"Nowadays I feel very weak. There's a lot of work pressure here. It is very difficult to keep concentrating on work. I need to go school before 9:30 and I go home after 4:30. I have to do all the household chores myself. I don't want to wait until I retire; I want to quit my job." (Participant 09)

Participants working in physically demanding or male-dominated environments described additional challenges. They reported limited opportunities to discuss menopausal symptoms with supervisors or colleagues, fearing judgement or professional consequences.

"In our workplace, mostly men are in higher positions. If I say I am feeling unwell because of menopause, they may not understand. So, I manage silently." (Participant 8)

At the same time, participants emphasized that supportive workplace attitudes could reduce distress. Where supervisors were understanding, or where flexible arrangements were available, women reported greater ability to manage symptoms and continue working.

"When my supervisor allowed me to take a short break when I felt unwell, it helped a lot. I did not feel embarrassed." (Participant 1)

These findings indicate that workplace support for menopausal women requires more than medical management; it also demands gender-sensitive organizational culture, confidentiality, and flexible work arrangements.

4.4. Expectations of Holistic and System-Level Support

Participants broadly conceptualized a healthy menopausal transition as the ability to maintain daily functioning, family responsibilities, and work participation despite bodily changes. Rather than seeking a symptom-free experience, many women emphasized adaptation, self-care, and social support.

"Menopause will come to every woman. The main thing is how we manage it-through food, rest, exercise, and support from family." (Participant 10)

Participants identified multiple levels of support, including family awareness, healthcare provider counselling, workplace accommodation, and community-based education. Several women argued that menopause should be discussed more openly so that younger women can prepare for the transition.

“If women know earlier what will happen, they will not be afraid. Doctors, family, and workplaces should all talk about menopause.” (Participant 11)

Overall, the findings suggest that menopause is experienced at the intersection of body, family, culture, and work. Women do not merely endure menopausal symptoms; they actively interpret, negotiate, and manage them within specific social and occupational contexts. This underscores the need for culturally sensitive, gender-responsive healthcare and workplace policies that recognize menopause as a normal but significant life-stage transition.

5. Discussion

Women’s interpretations of menopause and their navigation of bodily changes, social expectations, and working life are complex and deeply influenced by cultural, social, and personal factors, as well as workplace dynamics. Research highlights several nuanced findings that shed light on how women experience and negotiate these intersecting challenges.

Women commonly interpret menopause as a significant biological transition intertwined with emotional and identity shifts. For many, bodily changes evoke mixed feelings ranging from anxiety and loss to growth and acceptance. In urban African contexts, for example, women expressed themes of loss and decline-especially relating to fertility, which is closely tied to identity-while some embraced menopause as a transition to a respected elder status associated with freedom from menstruation and childbirth (Drew et al., 2025). Similarly, Chinese menopausal women negotiating identity on social media reveal a tension between societal stereotypes and personal expression; they experience identity anxiety shaped by medicalized ageism and Confucian ideals focusing on motherhood and wifedom, yet also show resistance by asserting visibility despite patriarchal norms (Wang et al., 2026).

Moreover, many women acknowledge cognitive and psychological challenges during menopause, including memory and concentration difficulties, which carry multidimensional impacts on social and behavioral functioning. Women report using diverse coping strategies, highlighting an unmet need for holistic support addressing both biological and psychosocial aspects of menopause (He et al., 2025). Knowledge gaps also exist; women often have limited information about bodily changes and self-care strategies, underlining the role of healthcare providers in education and support (Berterö, 2003).

Socially, menopause intersects strongly with cultural norms and gendered expectations. In some rural communities, menopause is accepted as a natural life stage, supported by family networks sharing experiences, which fosters a more normalized view of the transition (Carrobles et al., 2015). Conversely, urban women may see menopause more pathologically, experiencing marginalization or stigma. Societal ideals relating to youth, productivity, and femininity often marginalize menopausal women, creating identity tensions that women must navigate actively (Wang et al., 2026).

Culturally, the intersection of menopause with gender roles influences psychological well-being. Research indicates that depressive symptoms are not necessarily strongly linked to menopausal status

alone but may be moderated by the degree to which women inhabit traditional gender roles or feel constrained by them (Lennon, 1987). Thus, negotiating menopause involves both managing internal bodily changes and external pressures around gender identity and social expectations.

Within professional environments, menopause presents particular challenges, impacting job satisfaction and work experiences. Menopausal symptoms negatively affect women's job satisfaction, especially in traditionally male-dominated or physically demanding workplaces such as police forces, where hyper-masculine cultures prevail. Importantly, negative workplace attitudes toward menopause and aging exacerbate dissatisfaction, whereas positive and open attitudes can improve job experiences (Atkinson et al., 2025). Factors like shift work and workplace gender balance further influence menopausal women's job satisfaction and retention.

Effective workplace support must extend beyond symptom management to address cultural attitudes and foster inclusive environments that respect and support menopausal women. This includes reexamining human resource practices to recognize menopause as a normal work-life stage needing specific accommodations and cultural sensitivity (Atkinson et al., 2025).

Women view healthy menopausal transition as maintaining essential capacities to continue normal daily activities despite bodily changes, emphasizing adaptive lifestyle adjustments and habit formation (Nieroda et al., 2024). The broader environment-including education, healthcare, workplace policies, media representation, and social networks-plays a pivotal role in shaping menopausal experiences and support needs. Women express the importance of early awareness, lifelong support, and system-level co-creation of solutions that address biological, psychological, and social factors (Nieroda et al., 2024).

Inclusive research approaches that amplify women's voices reveal the diversity of menopause experiences and underscore the need for culturally sensitive, gender-responsive policies and healthcare that prioritize individual experiences and reduce disparities (Cronin et al., 2025).

6. Conclusion

This study seeks to understand how working women in Sylhet, Bangladesh, perceive and make sense of the menopausal transition and negotiate the difficulties they encounter in their workplaces. By examining menopause through women's own accounts, the study moves beyond a narrowly biomedical understanding to consider the interplay between embodied experiences, mental well-being, professional identities, and the sociocultural and organizational contexts in which women work. It recognizes that women's experiences of menopause may vary according to their personal understandings, employment conditions, workplace relationships, and access to support.

A central contribution of this research is its potential to illuminate how women navigate the relationship between menopausal experiences and the expectations associated with being a competent and productive worker. Understanding whether women disclose their experiences, manage difficulties privately, seek assistance, or adapt their working practices can reveal both their agency and the

structural conditions that enable or constrain their choices. From a public health perspective, this approach highlights the importance of examining not only individual health and coping but also the workplace and social environments that shape women's well-being.

The study also contributes to the limited context-specific understanding of menopause and working life in Bangladesh by foregrounding women's voices and examining how menopause is understood and negotiated within the sociocultural setting of Sylhet. Its findings can inform context-sensitive workplace health initiatives, menopause awareness, supportive managerial practices, and organizational policies that recognize women's health and dignity throughout their working lives. Ultimately, understanding menopause as both a personal health transition and a socially situated workplace experience can help promote more inclusive and supportive working environments for women. The final conclusions and recommendations, however, should be grounded in the empirical findings of the study.

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