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The relationship between menopausal experiences and psychological well-being, and the moderating role of socio-cultural factors for women in Sri Lanka. (A review of the literature)

Samanthika Chathurani Rupasinghe¹, Dr. Shahnaz Sheibani¹¹Lincoln University College, Malaysia**Abstract**

"How menopause expresses itself in your body can depend upon genetics; lifestyle factors such as diet, exercise, smoking, and reproductive history; and influences like weight/BMI, climate, socio-economic status, and even cultural beliefs and attitudes around menopause" (Haver, M.C. 2025). According to Dr. Haver, menopause is not only a natural reproductive phenomenon. It is a critical transition in a woman's life, often accompanied by profound psychological and emotional challenges such as depression, anxiety, and stress. While global literature has explored these mental health aspects extensively, there is a noticeable gap in research focused on the experiences of women in Sri Lanka. This review paper examines the psychological impact of menopause worldwide and the unique socio-cultural context of Sri Lankan society. For this review, a narrative literature review methodology was used. Relevant peer-reviewed studies published between 2005 and 2025 were identified through database searches in PubMed, Scopus, and Google Scholar, using keywords related to menopause, psychological well-being, depression, anxiety, stress, and socio-cultural factors. Articles relevant to South Asian and Sri Lankan women were prioritized. It discusses the research background, methodologies, findings, and recommendations through a literature review. Furthermore, this paper examines how the existing Sri Lankan literature on cultural beliefs, family dynamics, social expectations, and access to healthcare influences women's experiences and management of menopausal symptoms. The paper highlights significant gaps in the local literature, including the culturally adapted mental health assessments and limited public awareness. Drawing on international and regional studies, the review highlights the importance of culturally sensitive mental health services, awareness campaigns, and inclusive healthcare policies. By contextualizing menopause in Sri Lanka, this paper provides valuable insights for researchers, practitioners, and policymakers seeking to enhance the psychological well-being of menopausal women in the country.

Keywords; Perimenopause, Menopause, Post-Menopause, Mental Well-Being, Moderating Factors, Midlife.

INTRODUCTION

Menopause is a significant biological milestone in a woman's life, often accompanied by complex physiological and psychological changes. Globally, growing attention has been directed toward understanding how menopause affects women's mental health, particularly in terms of depression, anxiety, and mood fluctuations. However, much of this research emerged from a Western context, with comparatively limited focus on low- and middle-income countries, including Sri Lanka. But literature reveals that menopause has a significant impact on the quality of life of Sri Lankan women (Senanayake et al., 2019)

In Sri Lanka, women between the ages of 40 and 60 are experiencing menopause at a time when they are often burdened with multiple roles, as caregivers, professionals, and household managers. These social roles, shaped by deep-rooted cultural norms and expectations, significantly influence how women perceive and cope with menopausal symptoms, such as hot flashes and sleep disturbances, which are more easily recognized, and the psychological consequences, particularly depression, anxiety, and stress, are often underreported

and misunderstood within Sri Lankan society. Some of the most common emotional changes associated with menopause include irritability, anxiety, and a diminished ability to deal with life's everyday hassles. Feeling sad, fatigued, unmotivated, and difficulty concentrating can also arise, along with emotional flatness, trouble getting motivated, or a sense of overwhelm (Mosconi, L., 2024). She is an associate professor of neuroscience who has long studied the women's brain and reveals that the decline in estrogen directly affects it. As a result of this, women in menopausal transition face many psychological issues during their midlife.

Menopause is medically defined as the permanent cessation of menstruation, diagnosed after twelve consecutive months of amenorrhea in the absence of other biological or pathological causes. It marks the end of a woman's reproductive years and typically occurs between 45 and 55, although this range may vary depending on genetic, biological, lifestyle, and environmental factors.

This menopausal transition is generally categorized into three phases.

Perimenopause:

This is the transitional period leading up to menopause, characterized by hormonal fluctuations, irregular menstrual cycles, and the onset of psychological symptoms. Women may experience hot flashes, night sweats, irritability, anxiety, and mood changes during this time.

Menopause:

This phase is officially marked by the absence of menstruation for twelve consecutive months. Hormonal levels, particularly estrogen and progesterone, significantly decline, leading to intensified symptoms such as vaginal dryness, sleep disturbances, memory lapses, and emotional instability.

Post-menopause:

This phase follows menopause and continues for the remainder of a woman's life. While some symptoms may lessen, others, such as osteoporosis risk and cardiovascular changes, may become pronounced. Mental health issues like depression and anxiety may persist or even intensify if unaddressed.

Understanding these phases is crucial, as each stage presents unique psychological challenges. In the Sri Lankan context, awareness of these stages remains limited,

contributing to the underdiagnosis and management of menopause-related health issues, especially mental health outcomes.

Psychological Impact of Menopause.

This menopausal journey is not only a biological process but also a psychological and emotional journey. Research has consistently linked menopause with increased vulnerability to mental health issues, particularly **depression, anxiety, mood swings, stress, and brain fog.** These conditions often arise due to hormonal changes, but individual, cultural, and social factors influence their severity and manifestation. In existing literature, community-based studies in Sri Lanka report that over 90% of women experience at least one menopausal symptom (Waidyasekara et al., 2009).

Depression:

Depression is one of the most frequently reported psychological symptoms among menopausal women. Studies suggest that declining levels of estrogen can affect neurotransmitter activity, contributing to feelings of sadness, hopelessness, fatigue, and low self-esteem. Women with a prior history of depression or limited family support are especially at risk. In Sri Lanka, where mental health stigma remains a challenge, many women may not seek help, leading to undiagnosed or untreated depressive symptoms. Samarasinghe, G.N. et al (2018) have found considerable levels of depressive symptoms among post-menopausal women.

Anxiety:

Menopausal women often report heightened levels of anxiety, including restlessness, irritability, and panic attacks. The unpredictability of symptoms like hot flashes and insomnia can exacerbate anxiety, particularly among working women or those juggling multiple responsibilities at home. Anxiety and stress-related symptoms have been documented particularly among urban and socioeconomically disadvantaged Sri Lankan women (Waidyasekara et al., 2009). Cultural expectations of Sri Lanka, which often emphasize emotional restraint and endurance, may discourage women from expressing these concerns.

Stress:

Community-based studies in Sri Lanka consistently report a high prevalence of menopausal symptoms, with psychological symptoms being particularly prominent. Research conducted in the Galle and Kaluthara districts using the menopause rating scale (MRS) found that 90% of

post-menopausal women reported at least one menopausal symptom, with irritability, mental exhaustion, and depressive mood among the most frequently endorsed psychological complaints (Wijesinghe et al., 2020; Senanayake et al., 2019). Evidence suggests that perimenopausal women experience greater psychological stress than post-menopausal women. A cross-sectional study among middle-aged women in urban Sri Lanka reported higher levels of emotional instability, anxiety, and perceived stress during the menopausal stage compared to later post-menopause (De Silva & Samarasinghe, 2021).

GAPS IN LITERATURE

Despite a growing global interest in the psychological aspects of menopause, there remains a significant lack of empirical research focused on Sri Lankan women. Most available studies on menopause and mental health originate from Western or high-income countries, where social norms, healthcare systems, and gender roles differ significantly from those in South Asia. The existing literature has employed cross-sectional designs and limited interpretations. Rural women, culturally and geographically diverse populations, are underrepresented. In the unique Sri Lankan cultural settings, the moderating role of socio-cultural status and social support on mental health outcomes has not been sufficiently explored.

Lack of Local Data.

Sri Lanka lacks comprehensive, large-scale studies that explore the link between menopause and mental health outcomes such as depression, anxiety, and stress. Research on menopause in Sri Lanka remains limited and lacks nationally representative evidence (Rathnayake et al., 2019; Ilankoon et al., 2021). Existing data are often limited to small-scale clinical studies or qualitative interviews, which may not adequately represent the diverse experiences of Sri Lankan women across provinces, ethnicities, and socio-economic backgrounds. There was no research on the island, and existing data are limited to parts of the country. Rathnayake et al. (2019) reported that most Sri Lankan menopause studies are cross-sectional and hospital-based, limiting their generalizability. Ilankoon et al (2021) noted the scarcity of large community-based interventions. Most studies have focused on only physical symptoms and not enough data about mental health.

Insufficient Cultural Context

Many standardized mental health assessment tools used in research, which were developed in Western contexts, may not fully capture the cultural nuances of emotional

expression in Sri Lanka. Much of the existing menopause related literature is derived from western contexts, limiting its cultural applicability to Sri Lankan women (Ilankoon et al., 2021). Terms and symptoms related to mood and mental distress may be interpreted differently, making it difficult to obtain accurate assessments without culturally adapted instruments. Rural and socio-culturally diverse groups of Sri Lankan women remain underrepresented in menopause research (Ilankoon et al., 2021).

Underexplored Socio-cultural Moderate

Few studies have examined how socio-cultural variables, such as family support, religious beliefs, gender norms, and community attitudes, influence the psychological experiences of menopause. The influence of socio-cultural factors on menopausal psychological outcomes remains insufficiently explored in Sri Lanka (Ilankoon et al., 2021). Without the understanding, mental health interventions risk being ineffective or culturally inappropriate.

Limited Focus on Middle-Aged Women's Mental Health.

In Sri Lanka, mental health services and research tend to focus on children, youth, maternal health, or elderly populations, with middle-aged women often overlooked. This demographic, however, faces a unique convergence of physical, psychological, and social challenges during the menopausal transition. Proving this statement, Perera et al. (2022) say, social determinants play a significant role in the mental well-being of middle-aged women in Sri Lanka. Existing menopause research has traditionally emphasized physical symptoms, with comparatively limited focus on psychological well-being (Rathnayake et al., 2019; Ilankoon et al., 2021).

Addressing these gaps is essential for developing effective, culturally grounded mental health strategies. Future research must prioritize inclusive, interdisciplinary studies that incorporate medical, psychological, and socio-cultural perspectives to serve better Sri Lankan women undergoing menopause.

Implications for Practice and Policy

Understanding the psychological impact of menopause within the Sri Lankan socio-cultural context has important implications for healthcare practice, policy-making, and community-level interventions. Addressing mental health challenges during menopause requires a holistic, culturally sensitive approach that integrates medical care with psychosocial support.

Culturally sensitive mental health services.

Healthcare professionals should be trained to recognize and address menopause – related psychological symptoms, such as depression and anxiety, through a culturally informed lens. Integrating mental health screening into routine gynecological check-ups and community clinics can help identify at-risk women early. Culturally appropriate counselling services and support groups should be developed to create safe spaces for women to share their experiences.

Awareness and education campaigns

Liyanage (2024) conducted a cross-sectional survey of Sri Lankan menopausal women aged 45-65 and found that nearly half had little knowledge of menopause and over 30% never discussed menopause openly with friends and family. Less than one in ten women knew about hormone therapy, and a significant number believed that consulting a doctor was unnecessary. These findings indicate gaps in both awareness and social dialogue around menopause in this context (Liyanage, 2024). Public health campaigns are needed to destigmatize menopause and mental health issues. Education programs targeting both women and their families can help normalize menopausal symptoms, reduce stigma, and encourage open dialogue. Culturally adapted materials in local languages (Sinhala and Tamil) are crucial for reaching diverse populations nationwide.

Empowering Women Through Community Support

Community-based support groups and women's organizations can play a vital role in empowering women experiencing menopause. Peer support networks can help reduce isolation, offer emotional comfort, and provide practical advice for coping with symptoms. Women's attitudes and knowledge toward menopause significantly influence how they experience menopausal symptoms (Perera & Goonawardena, 2020). This statement has been proven again by Fernando & Hewage (2020), who found that knowledge and attitudes toward menopause significantly influence symptom perception among women. Involving religious and community leaders may also help shift cultural attitudes and promote greater acceptance of mental health care. A large community-based study in the Kaluthara district reported that nearly 97% of women experienced at least one menopausal symptom and over 60% had poor menopause-specific quality of life, demonstrating the significant impact of symptoms on everyday well-being. The authors recommended that these outcomes be considered in planning community health interventions and policies for midlife women (Rodrigo et al., 2024).

POLICY RECOMMENDATIONS

In Sri Lanka, menopausal women often demonstrate limited awareness and understanding of menopausal changes and rarely discuss their symptoms openly with family members or peers, which may reinforce social isolation and reduce help-seeking behaviors (Liyanage, 2024). However, much of the existing literature remains descriptive in nature and provides limited insight into the underlying socio-cultural mechanisms that sustain silence and stigma around menopause. Community-based studies further report a high prevalence of menopausal symptoms and a significant decline in menopause-specific quality of life among Sri Lankan women, indicating a substantial disease burden that extends beyond physiological changes to affect psychological well-being (Rodrigo et al., 2024). Nevertheless, many of these studies rely on cross-sectional designs, thereby restricting causal interpretation of the observed relationships.

Qualitative evidence suggests that many women manage menopausal symptoms independently without structured support, highlighting a notable gap in social and community support mechanisms (Thattil et al., 2020). Yet, the extent to which existing informal support networks may buffer psychological distress remains insufficiently explored within the Sri Lankan context. Importantly, health interventions have demonstrated improvements in women's knowledge, attitudes, and overall quality of life (De Silva et al., 2018); however, questions remain about their sustainability, scalability, and cultural tailoring across diverse socio-cultural groups within the country.

Strategies may include,

- Incorporating menopause education into public health programs (Thattil et al., 2024)
- Expanding access to mental health professionals trained in gender-sensitive care (Silva et al., 2018)
- Creating a supportive environment for menopausal women requires coordinated efforts across the health system, community structures, and policymaking bodies (Liyanage, 2024)
- By acknowledging the unique challenges faced by Sri Lankan women, these measures can promote better mental health outcomes and overall quality of life (Rodrigo et al., 2024)

CONCLUSION

Menopause is a complex life transition marked not only by physiological changes but also by significant

psychological and emotional challenges. For Sri Lankan women, the experience of menopause is deeply intertwined with cultural beliefs, social expectations, and gender roles that shape how symptoms are perceived, managed, and treated. Depression, anxiety, and mood swings are common but often go unrecognized and unaddressed due to limited awareness and stigma surrounding both menopause and mental health.

This review highlights the urgent need for culturally sensitive mental health services, increased public awareness, and research tailored to the Sri Lankan context. Socio-cultural factors, such as family support and traditional norms, play a critical role in either buffering or intensifying the emotional burden of menopause. Recognizing and integrating these factors into healthcare strategies can lead to more effective interventions and improved well-being for menopausal women.

To bridge the gap between clinical understanding and lived experience, collaborative efforts from researchers, healthcare providers, policymakers, and communities are essential. Only through such integrative approaches can Sri Lankan women receive the compassionate, informed support they need during this pivotal stage of life.

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