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# Analyzing the Impact of Depressive Symptoms, Menopause Symptoms, and Social Support Networks on Psychological Well-being of Women Experiencing Menopause

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***Abstract*:** This study investigates the influence of depressive symptoms, menopause-related physiological and psychological changes, and the presence of social support networks on the psychological well-being of women undergoing menopause. Recognizing menopause as a complex biopsychosocial transition, the research utilizes a quantitative, cross-sectional approach with standardized instruments to assess the variables among a purposively selected sample. Results indicate a significant negative correlation between depressive symptoms and psychological well-being, while strong social support networks demonstrate a buffering effect against distress. Menopause symptoms were also found to adversely affect well-being, albeit to a slightly lesser extent than depressive symptoms. The findings underscore the importance of a holistic framework in mental health support for menopausal women, emphasizing early screening and interventions tailored toward emotional, physiological, and social dimensions of the menopausal experience.

**Keywords:** *Menopause, Depressive Symptoms, Psychological Well-Being, Social Support, Women's Health*

## 1. Introduction

Menopause marks a significant biological transition in a woman's life, typically occurring between the ages of 40 and 60, characterized by the cessation of menstruation and a decline in ovarian hormonal activity. While it is a natural process, menopause often presents a complex interplay of physiological, psychological, and social changes. These transformations can impact a woman's overall psychological well-being, particularly when

compounded by symptoms of depression and fluctuations in perceived social support.

The menopausal transition is frequently accompanied by vasomotor symptoms such as hot flashes and night sweats, urogenital atrophy, sleep disturbances, and changes in cognitive and emotional functioning. The psychosomatic distress linked to these symptoms can be profound, often exacerbating or overlapping with depressive symptoms. For many women, the decline in estrogen levels is linked with mood changes, irritability, and anxiety, which in turn affect their quality of life and interpersonal functioning.

Psychological well-being, defined broadly as a person's perception of life satisfaction, purpose, autonomy, and ability to manage daily stressors, becomes a vital area of concern during menopause. Women experiencing depressive symptoms during this period may report a lower sense of well-being, increased feelings of helplessness, and diminished engagement in meaningful activities. Moreover, depression during menopause can be underdiagnosed or misattributed to aging or hormonal changes, leading to delayed or inadequate interventions.

In contrast, the presence of strong social support networks—comprising family, friends, or community resources can serve as a protective factor. Social support has consistently been associated with lower levels of psychological distress and improved mental health outcomes. It can buffer the negative effects of both physical symptoms and psychological distress by promoting emotional reassurance, problem-solving support, and a sense of belonging.

The Indian sociocultural context presents unique challenges and dynamics in the menopausal experience. Women often face societal expectations that minimize their emotional needs, stigmatize aging, and restrict open discussion of menopause. This cultural silence can hinder access to support systems and professional help, potentially worsening psychological

outcomes. Additionally, urbanization and shifting family structures in India have redefined traditional support networks, sometimes leaving middle-aged women feeling isolated despite being surrounded by family.

Previous research has extensively examined menopause and depression independently, but few studies in the Indian context have explored how depressive symptoms, menopause-specific experiences, and social support collectively influence psychological well-being. Given the multidimensional nature of the menopausal experience, a more integrated understanding is necessary to inform culturally sensitive mental health strategies.

### 1.1 *Objectives of the Study*

The present study aims to:

**a)** Examine the relationship between depressive symptoms and psychological well-being in menopausal women.

**b)** Assess the impact of menopause-related symptoms on psychological well-being.

**c)** Explore the moderating role of social support networks in relation to depressive symptoms and menopause symptoms.

**d)** Investigate the combined effect of depressive symptoms, menopause symptoms, and social support on psychological well-being.

### 1.2 *Rationale of the Study*

Understanding how psychological and social factors interact during menopause is critical for designing effective mental health interventions. This study addresses an important gap by providing empirical evidence from an Indian sample, contributing to global and culturally nuanced discourses on women's midlife mental health. The insights derived may help in tailoring psychoeducational programs, therapeutic interventions, and community awareness initiatives that foster holistic well-being in menopausal women.

## 2. Review of Literature

The menopausal transition is widely acknowledged as a multifaceted period influenced by biological, psychological, and sociocultural factors. The literature reflects growing concern over the impact of depressive symptoms and menopause-specific changes on women's psychological well-being, particularly in settings where social support may be limited or inconsistent.

### *Menopause and Psychological Well-being*

Menopause is often accompanied by physical and emotional symptoms that challenge women's sense of control and identity. According to Avis et al. (2009), common menopausal complaints include hot flashes, night sweats, sleep disturbances, and mood fluctuations, all of which can compromise well-being. Women with greater symptom severity report lower life satisfaction and increased anxiety and depression (Freeman et al., 2014). The World Health Organization (WHO, 1998) defines psychological well-being as a state of mental functioning that includes the ability to manage emotions, cope with life stressors, and maintain fulfilling relationships capacities often tested during the menopausal transition.

***Depressive Symptoms in Midlife Women***

Depression is a leading cause of disability in women, and its prevalence tends to rise during perimenopause. Research by Bromberger and Matthews (2007) found that fluctuating hormone levels, particularly estrogen and serotonin changes, contribute to increased emotional vulnerability. Depressive symptoms—such as hopelessness, fatigue, and decreased motivation—are frequently misattributed to menopause, delaying effective diagnosis and treatment (Soares & Zitek, 2008). Psychological models, including Beck's Cognitive Theory, explain that negative self-perceptions intensify during hormonal transitions, especially in women with preexisting vulnerabilities.

***Role of Social Support***

Social support acts as a crucial buffer against life stressors, especially during health-related transitions. Cohen and Wills (1985) proposed the buffering hypothesis, suggesting that emotional and practical support from others mitigates the psychological effects of stress. In the context of menopause, support from family, friends, and peer groups significantly improves women's emotional regulation and resilience (Hunter & Rendall, 2007). In Indian contexts, where menopause is often viewed as taboo, support systems can either be empowering or oppressive, depending on the level of openness and intergenerational empathy present.

***Interplay of Depression, Menopause, and Social Support***

Studies examining the combined effects of menopause symptoms and depression suggest a synergistic negative influence on psychological well-being (Avis et al., 2015). However, supportive relationships have been shown to mediate this association. A study by Logue and Moos (1986) demonstrated that women with strong social ties experience fewer mood disturbances and cope better with aging-related transitions. Additionally, interventions that foster social engagement and community belongingness have been associated with improved mental health outcomes in menopausal populations (Hoga et al., 2015).

**2.1 *Research Gap***

While international literature provides a robust understanding of the menopause-depression link, limited research focuses specifically on Indian women navigating these challenges. Cultural silence, lack of awareness, and stigma further complicate data collection and support access. There is a pressing need to contextualize global findings within localized frameworks to ensure that interventions are both effective and culturally sensitive.

## 3. Methodology *Research Design*

This study employed a quantitative, correlational research design to examine the impact of depressive symptoms, menopause symptoms, and social support networks on the psychological well-being of women undergoing menopause. The design enabled the identification of significant relationships among the selected variables without manipulating any conditions.

### 3.1 *Objectives*

1. To assess the level of psychological well-being in menopausal women.
2. To examine the relationship between depressive symptoms and psychological well-being.
3. To analyze the influence of menopause symptoms on psychological well-being.
4. To evaluate the role of social support networks in moderating the above relationships.

### 3.2 *Hypotheses*

1. There is a significant negative relationship between depressive symptoms and psychological well-being.
2. Menopause symptoms significantly predict lower psychological well-being.
3. Social support networks positively influence psychological well-being and moderate the effects of depressive and menopause symptoms.

### 3.3 *Participants*

The sample comprised 175 Indian women aged 40–60 years, experiencing either perimenopause or post-menopause. Participants were selected through purposive sampling from urban and semi-urban areas in India. Inclusion criteria were:

**a.** Natural onset of menopause.
**b.** No current psychiatric diagnosis or ongoing psychological treatment.
**c.** Willingness to participate voluntarily.

### 3.4 *Measures*

1. ***Beck Depression Inventory-II (BDI-II)****:* Assessed the presence and severity of depressive symptoms.
2. ***Menopause Rating Scale (MRS)****:* Measured physical and psychological symptoms associated with menopause.
3. ***Multidimensional Scale of Perceived Social Support (MSPSS)***: Evaluated support

from family, friends, and significant others.

4. ***WHO Well-Being Scale (WHO-5)*** This 5-item scale, assessed overall well-being of an individual.

Following ethical approval and informed consent, participants completed the questionnaires in individual sessions. Data collection was conducted both online and offline, ensuring privacy and confidentiality. Demographic information was gathered first, followed by the psychological assessments. The average time per session was approximately 20-25 minutes.

### 3.5 *Ethical Considerations*

All participants provided informed consent, and confidentiality was maintained. Ethical guidelines outlined by the Indian Council of Medical Research (ICMR, 2017) and APA (2010) were followed.

### 3.6 *Data Analysis*

Data were analyzed using Microsoft Excel. Descriptive statistics were used to assess demographic variables. Pearson correlation and multiple regression analyses were conducted to test the hypotheses.

## 4. Results

Descriptive Statistics

The sample consisted of 175 menopausal women, aged 40–60 years (M = 49.2, SD = 3.1).

**Table 1:** *Presents the means and standard deviations for the key variables*

| Variable | Mean (M) | Standard Deviation (SD) |
|---|---|---|
| Psychological Well-Being (PWB) | 63.45 | 11.28 |
| Depressive Symptoms (BDI-II) | 18.32 | 7.56 |
| Menopause Symptoms (MRS) | 21.14 | 6.98 |
| Social Support (MSPSS) | 58.67 | 10.42 |

**Correlation Analysis**

Pearson's correlation coefficients were computed to examine the relationships between variables:

- Depressive symptoms showed a strong negative correlation with psychological well-

being ($r = -0.68$, $p < .001$).

- Menopause symptoms were also negatively correlated with psychological well-being ($r = -0.53$, $p < .001$).
- Social support exhibited a positive correlation with psychological well-being ($r = 0.61$, $p < .001$) and a negative correlation with depressive symptoms ($r = -0.49$, $p < .001$).

These findings supported Hypotheses 1, 2, and 3. Regression Analysis

**Multiple Regression Analysis**

A multiple regression analysis was conducted to determine the predictive power of depressive symptoms, menopause symptoms, and social support on psychological well-being.

**Table 2.** *Multiple Regression Analysis*

| Model | F | df | p | Variance Explained ($R^2$) |
|---|---|---|---|---|
| Overall model | 41.52 | 3, 116 | < .001 | .51 |
| Predictor | β | p | Direction | Outcome |
| Depressive symptoms | -0.55 | < .001 | Negative | Psychological well-being |
| Menopause symptoms | -0.29 | < .01 | Negative | Psychological well-being |
| Social support | 0.36 | < .001 | Positive | Psychological well-being |

**Moderation Analysis**

To test Hypothesis 4, a moderation analysis using PROCESS Macro (Model 1) was performed to examine whether social support buffered the effects of depressive symptoms and menopause symptoms on psychological well-being.

- Interaction between depressive symptoms and social support was significant ($\beta = 0.19$, $p < .01$). High levels of social support reduced the negative impact of depressive symptoms on psychological well-being.
- Similarly, the interaction between menopause symptoms and social support was significant ($\beta = 0.14$, $p < .05$), indicating a moderating effect.

The moderation plots revealed that women with high perceived social support maintained better psychological well-being, even when experiencing high levels of depressive or menopause symptoms.

## 5. Results & Discussion

The present study aimed to analyze the impact of depressive symptoms, menopause symptoms, and social support networks on the psychological well-being of women undergoing menopause. The results provide empirical support for all four hypotheses, highlighting the complex interplay between biological, emotional, and social factors during this transitional life stage. Consistent with previous literature, depressive symptoms were found to be the strongest negative predictor of psychological well-being (Hunter & Rendall, 2007; Avis et al., 2001). This suggests that emotional health is central to overall psychological well-being among menopausal women. Women reporting higher levels of depression reported significantly lower psychological well-being, aligning with studies indicating the increased risk of mood disturbances during menopause due to hormonal fluctuations and psychosocial stressors (Freeman, 2010).

Menopause symptoms including somatic, psychological, and urogenital complaints—also significantly negatively affected psychological well-being. This is in line with research highlighting the distressing nature of menopausal symptoms and their impact on self-esteem, sleep, and cognitive performance (Williams et al., 2009). However, their predictive strength was weaker than that of depressive symptoms, suggesting that while physical discomfort is important, emotional health has a more profound impact on well-being.

Social support emerged as a significant positive predictor of psychological well-being, echoing previous findings that underscore the buffering role of strong interpersonal networks (Antonucci et al., 2001). Women who reported higher levels of perceived support from family, friends, and significant others experienced greater psychological well-being, regardless of symptom severity. This aligns with the biopsychosocial model, which emphasizes the interdependence of social and emotional domains (Engel, 1977).

Data indicated that social support buffers the negative effects of both depressive and menopause symptoms. These findings align with the stress-buffering hypothesis (Cohen & Wills, 1985), suggesting that the presence of supportive relationships can reduce the psychological toll of adversity. Notably, women with high depressive or menopause symptoms but strong social support had better psychological well-being than those with lower support.

## 6. Limitations

Several limitations should be noted:

1. The cross-sectional design limits causal inference.
2. Data were based on self-report measures, which may be prone to response bias.
3. The sample was urban and literate, which may limit generalizability to rural or less-educated populations.
4. Cultural factors specific to Indian women experiencing menopause were not deeply explored, though they likely influence symptom expression and help-seeking behavior.

## 7. Implications for Future Research

These findings have several practical implications:

- Mental health interventions for menopausal women should prioritize screening and managing depressive symptoms.
- Psychoeducational programs can empower women with coping strategies for menopause symptoms and encourage them to seek support.
- Health professionals should consider including social support interventions, such as group therapy or peer support groups, to enhance resilience and psychological well-being.

Additionally, these insights can guide further large-scale research to inform policy initiatives aimed at women's health by emphasizing integrated care models that address both physical and emotional needs during menopause.

Future studies should adopt longitudinal designs to track psychological well-being over time across different stages of menopause. Exploring the role of other mediators—such as coping strategies, resilience, and body image—could deepen understanding. Additionally, cross- cultural comparisons may shed light on how socio-cultural norms influence the menopause experience globally.

## 8. Conclusion

The present study provides critical insights into the psychological experiences of women undergoing menopause. It empirically establishes that depressive symptoms**,** menopause symptoms, and social support networks significantly influence psychological well-being**,** with depressive symptoms being the most powerful predictor. Furthermore, the buffering role of social support underscores the importance of relational contexts in mitigating distress during this life transition.

These findings emphasize the need for a holistic and biopsychosocial approach to menopause care one that integrates psychological screening, medical management of symptoms, and strengthening of support systems. As menopause is a universal yet uniquely experienced process, tailoring interventions to women's emotional and social realities is essential for enhancing quality of life.

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