Original Article

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Coping Strategies in Post-menopausal Women of Selected Wards of Lalitpur Metropolitan City

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ABSTRACT

Background: Menopause is the permanent end of menstruation, marking the natural biological conclusion of a woman's reproductive years. In Nepal menopause is considered as a normal phenomenon, women themselves may not seek medical help and not use coping strategies to alleviate complication and issues associated with menopause. Therefore, this study aims to assess the coping strategies in postmenopausal women.

Methods: A descriptive cross-sectional research design was used to assess coping strategies in postmenopausal women of 45-60 years of Lalitpur Metropolitan city. One stage cluster sampling was used. Data were collected via face-to-face interviews using the standard tool Brief COPE scale. Descriptive and inferential statistical methods were used to analyze data.

Results: Out of 273 postmenopausal women, mean age was 53.4±3.8years. 29–33% postmenopausal women reported moderate to high use of problem based coping strategies. In contrast, several emotion-based coping strategies showed higher utilization, particularly learning to live with the situation (78.75%), accepting reality (70.33%), and engaging in distraction activities (69.96%).

Conclusion: It is concluded that post-menopausal women mainly used emotion based coping strategies, while problem-based approaches are less utilized. Coping was not significantly influenced by age, education and reproductive factors, but was positively associated with employment and physical activity.

Keywords: Coping strategies, menopause, postmenopausal women

INTRODUCTION

Menopause is the permanent end of menstruation, marking the natural biological conclusion of a woman's reproductive years. As a normal part of the aging process, menopause is confirmed when menstruation has completely stopped for 12 consecutive months following the final menstrual period.[1]

Menopause may lead to vaginal atrophy, causing vaginitis, itching, painful intercourse, and narrowing of the vaginal canal. It can also result in genitourinary changes such as urethritis, dysuria, urinary incontinence, frequent urination, and recurrent urinary tract infections.[2] Vasomotor symptoms, including hot flashes and night sweats, are frequent. Beyond estrogen-related gynecological changes, menopausal women may also face fatigue, weight gain, and emotional difficulties such as anxiety, low mood, fear of illness, increased sensitivity, and irritability.[3]

Coping involves the cognitive and behavioral strategies individuals use to deal with stress arising from internal or external sources. It includes both deliberate efforts and automatic adaptive responses aimed at managing, reducing, or tolerating stres.[4] Generally, people use one of three primary coping approaches when managing stress: appraisal-focused, problem-focused, or emotion-focused coping.[5] Postmenopausal women use different coping methods such as regular exercise, healthy diet and weight control, and creative activities to manage symptoms. The most suitable approach varies by individual and may change over time.[6] A study in Gwalior, Madhya Pradesh, India, among women aged 40–60 found that joint and muscle pain was most prevalent (70.6%), followed by physical and mental fatigue (61.3%). Yet, only 38% used self-calming practices such as yoga or exercise to manage menopausal symptoms.[7]

A mixed-method study conducted in Suryabinayak Municipality, Bhaktapur, Nepal (2023) among menopausal women found limited use of coping strategies. For positive coping, 26.6% did not engage in distracting activities, while 55.5% did so minimally. Regarding emotional coping, 40% made no effort to regulate emotions during symptoms, whereas 22% reported frequent use of this approach.[8] Even though menopause is a natural physiology, some of the symptoms may lead to other psychological issues for lifelong. Thus, there is a great need to adopt appropriate coping strategies to reduce menopausal related symptoms' suffering.[9] There is a need to introduce community-level education to raise awareness about managing menopausal symptoms. In Nepal, menopause is often seen as a normal life stage, with limited understanding of its challenges, leading many women to underuse coping strategies. Hence, this study examines how postmenopausal women manage menopausal symptoms.

METHODS

A descriptive cross-sectional study design was adopted to assess the coping strategies among postmenopausal women of the age group 45 - 60 years residing in Lalitpur Metropolitan city, Nepal, from June 2023 to July 2023. Approval letter for data collection from the selected wards was obtained, and written consent was obtained from respondents prior to data collection. One stage cluster sampling technique was adopted to select the required number of samples. The Lalitpur Metropolitan city was selected purposively. Two wards (7 and 21) were selected randomly by lottery method assuming each ward as a cluster among 29 wards. Sample size was 273 women, determined after calculation (infinite population (n) = Z^2 pq/e^2).[10]

Data was collected by using standard tool Brief COPE scale consists of 4-point Likert scale: 1 = I haven't been doing this at all; 2 = I've been doing this a little bit; 3 = I've been doing this a medium amount; 4 = I've been doing this a lot.[11] It consists of 28 items in 2 domains, problem-based coping strategies (6 items) and emotion-based coping strategies (22 items). Each item presents a coping thought or action that individuals may adopt under stress or in difficult situations. Nepali version of Brief COPE scale was developed and variable reliability test was done to see its internal consistency and it was at acceptable level of Cronbach's alpha 0.79.[12]Data were collected through face-to-face interviews using a structured Nepali questionnaire after obtaining written consent, conducted at participants' homes at their convenience.

Women aged 45–60 who had experienced at least 12 months of amenorrhea were identified through household inquiries in wards 7 and 21. Analysis was performed using SPSS version 16.0, applying descriptive (frequency, percentage, mean, standard deviation) and inferential (chi-square) statistics. This formed part of a broader study on menopausal symptoms and coping strategies among postmenopausal women in selected wards of Lalitpur Metropolitan City.

RESULTS

The study included a sample of 273 postmenopausal women with a mean age of 53.4 ± 3.8 years, and out of them, 124 (45.42%) were of the age between 50 to 55 years. More

than half, that is 145 (53.1%), experienced menopause between the ages of 46 and 50 years and 151 (55.31%) had less than five years of being menopause.Regarding education and employment, the highest number of women, 113 (41.4%), had completed primary education only; indeed, nearly two third (59.0%) were employed. Additionally, a significant portion of the women, 164 (60.1%), engaged in physical activity, nearly one-third, 82 (30.03%) were found with alcohol consumption habits, and around 4.0% with smoking habits as well.

Table 1: Respondents' Problem-based Coping Strategies (n=273)

Coping Strategies	Low or Never No. (%)	Moderate to High No. (%)
Focus on solving the problem	188 (68.86)	85 (31.14)
Take action to improve the situation	183 (67.03)	90 (32.97)
Get help/advice	141 (51.65)	132 (48.35)
Plan for what to do	192 (70.33)	81 (29.67)
Ask others for advice	137 (50.18)	136 (49.82)
Think of next steps	189 (69.23)	84 (30.77)

Table 1 presents the distribution of problem-based coping strategies used by post-menopausal women. Overall, the findings indicate that the majority of respondents demonstrated low or no utilization of problem-focused coping strategies.

A substantial number of women rarely used proactive coping strategies, including planning actions (70.33%), considering next steps (69.23%), focusing on solutions (68.86%), and taking steps to improve the situation (67.03%). Only around 29–33% reported moderate to high use of these approaches, indicating limited adoption of structured, action-focused coping methods for managing menopausal challenges.

Table 2: Respondents' Emotion-based Coping Strategies (n=273)

Coping Strategies	Low or Never No. (%)	Moderate to High No. (%)
Distract myself with work/activities	159 (58.24)	114 (41.76)
Tell myself it is not real	202 (73.99)	71 (26.01)
Use alcohol/drugs to feel better	263 (96.34)	10 (3.66)
Seek emotional support	165 (60.44)	108 (39.56)
Give up dealing with it	195 (71.43)	78 (28.57)
Refuse to believe it happened	202 (73.99)	71 (26.01)
Express unpleasant feelings	216 (79.12)	57 (20.88)
Use alcohol/drugs to cope	258 (94.51)	15 (5.49)
See it positively	166 (60.81)	107 (39.19)
Criticize myself	234 (85.71)	39 (14.29)
Get comfort/understanding	143 (52.38)	130 (47.62)
Give up coping	199 (72.89)	74 (27.11)
Look for something good in it	124 (45.42)	149 (54.58)
Make jokes about it.	244 (89.38)	29 (10.62)
Distract (movies/TV/reading/sleep/shopping)	82 (30.04)	191 (69.96)
Accept the reality	81 (29.67)	192 (70.33)

Express my negative feelings	221 (80.95)	52 (19.05)
Use religion/spirituality	145 (53.11)	128 (46.89)
Learn to live with it	58 (21.25)	215 (78.75)
Blame myself	251 (91.94)	22 (8.06)
Pray/meditate	118 (43.22)	155 (56.78)
Make fun of the situation	265 (97.07)	8 (2.93)

Table 2 illustrates that emotion-focused coping among postmenopausal women was largely adaptive. Most reported moderate to high use of acceptance-based strategies, including adjusting to the situation (78.75%), accepting reality (70.33%), and engaging in distractions (69.96%). Over half also practised prayer or meditation (56.78%) and positive reframing (54.58%), reflecting reliance on acceptance, spirituality, and constructive coping.

In contrast, maladaptive strategies were rarely used. Substance-related coping (94–96%), self-blame (91.94%), denial (73.99%), giving up (72.89%), negative emotional expression (79–81%), and making fun of the situation (97.07%) were predominantly low.

Table 3: Coping Score among Different Categories of Independent Variables (n=273)

Characteristics	Problem-based coping score (Mean ± SD)	Emotion-based coping score (Mean ± SD)	Total coping score (Mean ± SD)
Age (years)			
Below 50 (n=68)	13.3± 4.0	45.9 ± 6.9	59.2 ± 9.7
50-55 (n= 124)	13.0± 4.3	44.5 ± 8.0	57.6 ± 11.2
More than 55 (n=81)	12.9± 4.0	45.9 ± 9.5	58.8 ± 12.5
p-value	0.578	0.855	0.384
Education			
No education (n=57)	12.5 ± 3.8	44.5 ± 9.0	57.0 ± 12.2
Primary (n=113)	13.0 ± 4.2	46.2 ± 8.7	59.2 ± 12.0
Secondary and above (n=103)	13.5 ± 4.1	44.8 ± 7.1	58.2 ± 9.7
p-value	0.500	0.333	0.311
Employment			
Employed (n=161)	13.7 ± 4.2	46.3 ± 8.5	60.0 ± 11.6
Unemployed (n=112)	12.2 ± 3.8	43.8 ± 7.5	56.0 ± 10.2
p-value	0.004*	0.004*	0.012*
Physical activities			
Yes	14.0 ± 4.2	46.4 ± 8.7	60.4 ± 11.8
No	11.7 ± 3.6	43.7 ± 7.2	55.3 ± 9.7
p-value	<0.001*	<0.001*	0.005*
Alcohol consumption			
Yes (n=82)	13.0 ± 4.2	47.1 ± 9.2	60.1 ± 12.6
No (n=191)	13.1 ± 4.1	44.5 ± 7.6	57.6 ± 9.5
p-value	0.100	0.773	0.027*
Age at menopause (years)			

45 and below (n=55)	12.7 ± 3.5	44.2 ± 6.9	56.9 ± 9.5
46 to 50 (n=145)	13.1 ± 4.2	44.9 ± 7.8	58.0 ± 10.8
Above 50 (n=73)	13.3 ± 4.3	46.9 ± 9.7	60.2 ± 13.1
p-value	0.679	0.102	0.209
Duration of post menopause (years)			
< 5 (n=151)	13.1 ± 4.1	45.6 ± 8.1	58.7 ± 11.1
>= 5 (n=122)	13.0 ± 4.1	45.0 ± 8.4	57.9 ± 11.5
p-value	0.562	0.562	0.562

Table 3 shows coping scores of postmenopausal women across independent variables. A Employment status was significantly associated with coping. Employed women scored higher in problem-focused (13.7±4.2 vs 12.2±3.8), emotion-focused (46.3±8.5 vs 43.8±7.5), and total coping (60.0 ±11.6 vs 56.0 ± 10.2) (p = 0.004, 0.004, 0.012).

Physical activity also showed significant differences, with higher coping scores among active women in problem-focused (14.0±4.2 vs 11.7±3.6), emotion-focused (46.4±8.7 vs 43.7±7.2), and total coping (60.4±11.8 vs 55.3± 9.7) (p < 0.001, <0.001, 0.005). Alcohol use was not associated with problem- or emotion-based coping (p = 0.100, 0.773), but total coping differed significantly (p=0.027), with slightly higher scores among users. Age at menopause and postmenopausal duration showed no significant associations with any coping domain (p > 0.05).

DISCUSSION

The study assessed menopausal symptoms among 273 postmenopausal women (mean age 53.4 ± 3.8 years), with nearly half aged 50–55 years. Most participants had primary education (41.4%, n=113), and 59% were employed. The study found low use of problem-focused coping, with only 29.67%–32.97% of participants reporting moderate to high engagement in planning, problem-solving, and taking action, while 67.03%–70.33% showed low or no use. This indicates that most women rarely apply structured strategies to manage menopausal challenges. Similar findings have been reported in research conducted by Adhikari. D and Bhurtyal, A (2022) in Kavrepalanchok Nepal where only around one third (30 – 35%) of women sought formal health care or structured intervention, reflecting similarly low engagement in problem-based coping.[13]

However, interpersonal coping strategies such as seeking advice (48.35%) were relatively higher in present study. This aligns with findings from a Nepal based study of Bhatta N, and Khatri R (2022), where approximately 50% of women relied on family and community support systems, suggesting that informal support plays a significant role in coping despite low use of formal problem-based strategies.[14]

Emotion-focused coping strategies were the most commonly used in this study, with a large proportion of participants reporting acceptance (70.33%) and adapting to life with menopause (78.75%). Similar patterns were observed in an Indonesian study, where 65%–75% of women mainly used acceptance-based coping. This consistency suggests that menopause is widely normalized across many low- and middle-income settings.[15]Positive reframing (54.58%) and distraction (69.96%) were frequently used coping methods. Although these may offer short-term relief from psychological distress, they are generally considered avoidance strategies that do not resolve underlying health problems. Comparable results were found in a 2024 Bangladesh study, where 68%–72% of women reported using distraction and emotional coping techniques.[6]Encouragingly, maladaptive coping strategies such as alcohol and drug use were reported at very low levels (<6%), which aligns with sociocultural norms in Nepal that discourage substance use among women.

Emotional suppression was notably high, with 80.95% of participants reporting low expression

of negative emotions. This exceeds findings from a Nepalese study in Nagarjun Municipality (2022), where about 65%–70% of women showed limited emotional expression. The results indicate stronger emotional restraint in the current sample, likely shaped by sociocultural norms and gender expectation.[16] The study clearly shows that emotion based coping strategies (54%-79%) are more commonly used than problem-based strategies (29%-33%). This pattern is supported by literature, from Bhore, N. (2024), which indicates that about 60% - 70% of women in resources limited settings rely primarily on emotion focused coping compared to 30% - 40% using problem-focused strategy.[1] The study found no significant association between age or age at menopause and problem-based, emotion-based, or overall coping scores. This aligns with Paudel et al. (2025) in Nepal, who reported that coping is shaped more by cultural beliefs and social support than by age-related biological factors.[17]

Education level showed only slight differences in coping scores. Women with secondary or higher education had a marginally higher problem-focused coping score (13.5±4.1) than those with primary (13.0±4.2) or no education (12.5±3.8), but the difference was not significant ($p = 0.500$). Likewise, emotion-focused coping ($p = 0.333$) and overall coping scores ($p = 0.311$) showed no statistically meaningful variation. These findings are consistent with a randomized controlled trial, which found that baseline education level did not significantly influence menopausal adaptation scores despite variations in literacy ($p > 0.05$), suggesting that education alone may not determine coping ability.[18]

In contrast, employment status was significantly associated with all coping domains. This may be due to greater social interaction, financial independence, and access to supportive environments among employed women, which strengthen adaptive coping. This finding aligns with Lazarus and Folkman's Transactional Model of Stress and Coping (1984), which highlights the importance of available resources in effective coping. [19]The present study showed that women who engaged in physical activity reported significantly higher coping scores. This finding is strongly supported by a review by Itti and Natekar (2020) emphasized that regular physical activity improves coping capacity and reduces menopausal symptoms by approximately 20%–30%, highlighting its importance as a modifiable factor.[20]

Overall, the findings show that coping in post-menopausal women is multidimensional and mainly shaped by modifiable factors like employment and physical activity rather than fixed demographic or reproductive traits. In Nepal, where menopause is often under-discussed and normalized without sufficient support, integrating menopausal health education into primary healthcare could enhance women's coping ability. This study has certain limitations. Its cross-sectional design restricts causal interpretation, while self-reported data may be subject to reporting bias. Future studies should use longitudinal designs and include qualitative methods to better explore cultural and contextual aspects of coping.

CONCLUSION

It is concluded that post-menopausal women mainly used emotion based coping strategies, while problem-based approaches are less utilized. Coping was not significantly influenced by age, education and reproductive factors, but was positively associated with employment and physical activity. Promoting active lifestyles, employment, and awareness of effective coping strategies can help improve the overall well-being of post-menopausal women.

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CONFLICT OF INTEREST: **None**

REFERENCES

1. Bhore , N. (2024). Coping strategies in menopause women: A comprehensive review. Innovational: Journal of Nursing and Healthcare, 1(4), 244–253. Available from https://innovationaljournals.com/index.php/ijnh/article/view/652
2. Howkins J, Bourne G. Perimenopause, menopause, premature menopause and postmenopausal bleeding. Shaw's textbook of gynaecology. 14th ed. India: Elsevier; 2008. p. 37.
3. Awad Ibrahim TE, Tosson LA, Mohammed ER, Morsy YA. Coping strategies with menopausal symptoms among Palestinian women. Egypt. J. Health Care. 2022;13(4):697-710. doi:10.21608/ejhc.2022.265084
4. Budimir S, Probst, Pieh C. Coping strategies and mental health during COVID-19 lockdown. J Ment Health. 2021;30(2):156-163. doi:10.1080/09638237.2021.1875412
5. Potdar N, Shinde M. Psychological problems and coping strategies adopted by post-menopausal women. Int J Sci Res. 2014;3(2):293-300. Available from: https://www.ijsr.net/getabstract.php?paperid=2013961
6. Zahan A, Sharma NK, Islam MN, Sen S, Bhowmik KR. Menopausal symptoms and coping strategies among women of 40-60 years' age-group: A Tertiary care hospital experience from Bangladesh. Community Based Med. J. 2025;14(1):54-60. Doi: https://doi.org/10.3329/cbmj.v14i1.79301
7. Agarwal AK, Kiron N, Gupta R, Sengar A. A cross-sectional study for assessment of menopausal symptoms and coping strategies among the women of 40-60 years age group attending outpatient clinic of gynaecology. Int J Med Sci Public Health. 2019;9(1). doi:10.5530/ijmedph.2019.1.4
8. Paudel R. Perception and prevailing symptoms of menopause woman with their coping strategies [Doctoral dissertation]. 2023. Available from: https://hdl.handle.net/20.500.14540/25539
9. Simpson EE, Thompson W. Stressful life events, psychological appraisal and coping style in postmenopausal women. Maturitas. 2009;63(4):357- 64. Doi: https://doi.org/10.1016/j.maturitas.2009.05.003
10. Marahatta RK. Study of menopausal symptoms among peri and postmenopausal women attending NMCTH. Nepal Med Coll J. 2012;14(3):251-5 PMID: 28473671. Available from: https://europepmc.org/ /article/med/24047028
11. Carver CS. You want to measure coping but your protocol'too long: Consider the brief cope. Int. J Behav Med. 1997;4(1):92-100. doi:10.1207/s15327558ijbm0401_6
12. Adhikari Baral I, KC B. Post-traumatic stress disorder and coping strategies among adult survivors of earthquake, Nepal. BMC psychiatry. 2019;19(1):118. Doi :10.1186/s12888-019-2090-y
13. Adhikari D, Bhurtyal A. Menopausal symptoms among middle-aged women and care providers' readiness to deliver menopausal services: an observational study in Kavrepalanchok, Nepal. SRHM. 2022;29(2). https://doi.org/10.1080/26410397.2022.2141255
14. Bhatta N, Khatry R. Stress and Coping among Perimenopausal Women. Int J. of Res Rev. 2022;9(11):362-70. doi:10.52403/ijrr.20221149
15. Mamnuah M, Ramdani WF, Kartini F, Astuti D, Retnaningdiah D, Wantonoro W. Menopause: Mental Health, Health Issues, and Coping Strategies. A Qualitative Study. JKM. 2025;21(1):166-73. doi: https://doi.org/10.15294/kemas.v21i1.13733
16. Chalise GD, Shrestha S, Thapa S, Bharati M, Pradhan S, Adhikari B. Health problems experienced by peri-menopausal women and their perception towards menopause. J Nepal Health Res.Counc. 2022 ;20(1):102-107. doi:10.33314/jnhrc. v20i01.3891

17. Paudel P, Thapa S, Shrestha B, Shrestha S. Exploring perception of menopausal symptoms and social support seeking behaviour among post-menopausal women: A Qualitative Study. J Nepal Med Assoc. 2025 Nov 30;63(291):790-796. doi: 10.31729/jnma.v63i2091.9222

18. Khandehroo M, Salary M, Mahdizadeh M, Peyman N. Educational intervention and menopausal adapting: a randomized controlled trial. Health sci. rep. 2024;7(12). https://doi.org/10.1002/hsr2.70298

19. Richard S, Lazarus RS, Folkman S. Stress, Appraisal, and Coping. New York: Springer; 1984.

20. Itti JG, Natekar DS. Coping strategies in menopause women: A review. Indian J Public Health Res Dev. 2020;11(9):37-39. doi: https://doi.org/10.37506/ijphrd.v11i9.10982