

Psychosocial Adjustments of Women in the Premenopausal Transition in Selected Barangays of Urdaneta City

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Abstract- This study determined the level of psychosocial adjustments of women in the premenopausal transition in selected barangays of Urdaneta City, Pangasinan, specifically along physical, mental, emotional, and social dimensions. It also examined the significant differences and relationships between psychosocial adjustment and respondents' profile variables. The study employed a descriptive quantitative research design using a survey questionnaire as the primary data-gathering instrument. The questionnaire underwent content validation by experts from the Institute of Graduate and Advanced Studies. The respondents were 45 women undergoing premenopausal transition, selected through purposive referral (snowball) sampling from three barangays in Urdaneta City. Statistical tools used included frequency counts, percentages, weighted means, t-tests, one-way ANOVA, and Pearson's r correlation. Findings revealed that most respondents were aged 46–50 years, married, had more than 4 children, were baccalaureate degree holders, and had a monthly family income of Php 63,701 or more. The overall weighted mean for psychosocial adjustment was 4.35, interpreted as “Adjusted,” indicating that respondents generally demonstrated positive adaptation to the physical, mental, emotional, and social changes associated with the premenopausal transition. No significant differences and relationships were found in the physical, mental, and social dimensions across profile variables. However, the emotional aspect showed a significant difference and a relationship with the number of children the respondents had and their highest educational attainment. The study concluded that women in the premenopausal transition generally exhibit high levels of psychosocial adjustment, which may be attributed to awareness, resilience, and positive coping strategies. Nonetheless, emotional adjustment remains a significant concern that requires focused psychosocial support and intervention programs.

Key Terms: *Psychosocial Adjustment, Premenopausal Transition, Women's Health, Emotional Adjustment, Perimenopause, Descriptive Research, Psychosocial Well-Being.*

I. INTRODUCTION

Background of the Study

The premenopausal transition, also known as perimenopause, is a critical developmental stage in a woman's life characterized by the gradual decline of reproductive function before menopause. This period commonly occurs between the late 30s and early 50s and is associated with hormonal fluctuations, irregular menstrual cycles, and various physical, emotional, mental, and social changes (Santoro et al., 2021). While menopause itself is a natural biological process, the transition period often presents complex psychosocial challenges that may significantly affect women's quality of life, interpersonal relationships, productivity, and overall well-being.

Globally, studies have shown that women undergoing premenopausal transition commonly experience symptoms such as anxiety, mood swings, depression, sleep disturbances, irritability, fatigue, decreased sexual desire, and cognitive difficulties (Freeman, 2015; Soares, 2021). These manifestations are influenced not only by hormonal changes but also by environmental, cultural, social, and economic factors. Women who hold multiple social roles, including caregiving, employment, and family obligations, may experience greater psychosocial stress during this transitional phase (Thurston et al., 2023).

In the Philippine setting, menopause and premenopausal health concerns have gradually gained attention in nursing and public health research due to the increasing population of middle-aged women. According to the Philippine Statistics Authority (2023), women aged 35–54 years comprise a significant proportion of the female population, suggesting an increasing number of women are likely

to be experiencing premenopausal changes. Local studies have revealed that Filipino women commonly report vasomotor symptoms, emotional instability, sleep disturbances, and social stressors during the menopausal transition, which may affect family functioning and workplace productivity (Dysico & Evangelista, 2020). Furthermore, Filipino culture often encourages women to remain resilient and family-oriented despite personal discomfort, causing many symptoms and psychosocial concerns to remain underreported or untreated.

Within Pangasinan and neighboring provinces, limited community-based nursing studies have explored psychosocial adjustments among premenopausal women. Existing local health programs largely focus on maternal care, reproductive health, family planning, and elderly care, while transitional reproductive stages such as premenopause receive minimal attention in community nursing services. In many barangay health centers, healthcare interventions for women are often directed toward prenatal and postnatal care rather than psychosocial support for middle-aged women undergoing hormonal and emotional transitions. Consequently, many women rely on self-management, informal advice, or family support without adequate professional guidance regarding psychosocial adaptation during premenopause.

Epidemiological evidence suggests that psychosocial concerns among middle-aged Filipino women are increasingly becoming a public health issue. Studies conducted in local community settings reported that emotional distress, sleep problems, anxiety, and decreased self-esteem are common among women aged 40 years and above, particularly among those with limited social support and economic resources (Labrague et al., 2021). In rural and semi-urban communities such as those in Pangasinan, women may experience additional burdens related to financial instability, caregiving responsibilities, and limited access to specialized healthcare services, further affecting their psychosocial adjustment. Despite these realities, there remains inadequate localized data regarding how women in Pangasinan adapt physically, mentally, emotionally, and socially during the premenopausal transition.

From a nursing perspective, understanding psychosocial adjustment during premenopause is essential in developing responsive community health programs and nursing interventions. Nurses, particularly those assigned in barangay health centers and community settings, play a crucial role in health promotion, counseling, emotional support, and education among women undergoing life transitions. Community health nurses are in a strategic position to identify psychosocial concerns early, provide health teaching regarding symptom management, facilitate support systems, and promote coping strategies that may improve women's quality of life. However, the absence of localized evidence-based data limits the development of targeted nursing interventions and psychosocial support programs for premenopausal women in local communities.

Although international studies extensively discuss menopausal symptoms and psychological outcomes, there is still a scarcity of Philippine-based research focusing specifically on psychosocial adjustments during the premenopausal transition. More importantly, studies conducted in Pangasinan and similar community settings remain extremely limited. Existing local literature primarily emphasizes physiological symptoms of menopause rather than the broader psychosocial dimensions involving physical, mental, emotional, and social adaptation. Furthermore, few studies have examined the relationship between psychosocial adjustment and demographic variables, such as educational attainment, family income, civil status, and number of children, within the local context.

This significant gap in localized nursing and community-based research highlights the urgent need to investigate the psychosocial adjustments of women during the premenopausal transition in selected barangays of Urdaneta City, Pangasinan. Generating empirical evidence from the local setting is necessary to understand the unique experiences, coping mechanisms, and psychosocial needs of women in the community. The findings of this study may serve as a basis for designing culturally sensitive nursing interventions, psychosocial support programs, and community health initiatives that promote healthier adjustment and improved quality of life among premenopausal women.

Premenopausal or Perimenopausal Transition

The premenopausal or perimenopausal transition is a complex developmental stage marked by biological, psychological, and social changes that can significantly influence women's psychosocial adjustment. This period is often associated with increased vulnerability to emotional disturbances such as anxiety and depression, as well as changes in social roles and responsibilities (Kuck & Hogervorst, 2024). Several indirect variables—including stress level, coping mechanisms, social support, psychological resilience, and emotional intelligence have been identified as key determinants of psychosocial adjustment during this transition.

Psychosocial Adjustment

Psychosocial adjustment during the premenopausal transition is a complex process influenced by biological, psychological, emotional, and social factors. Women undergoing this stage often experience hormonal fluctuations that may affect emotional stability, coping capacity, interpersonal relationships, and overall quality of life. Beyond demographic characteristics, several psychosocial variables, such as stress, coping mechanisms, social support, emotional intelligence, and psychological resilience, significantly influence women's ability to adapt successfully during the premenopausal period. Stress is considered one of the major determinants of psychosocial adjustment among premenopausal women. Studies have shown that elevated stress levels are associated with increased severity of menopausal symptoms, anxiety, sleep disturbances, emotional distress, and poorer psychological outcomes (Monteleone et al., 2021). Likewise, women who experience persistent occupational, familial, and caregiving stressors are more vulnerable to emotional maladjustment during hormonal transition (Green & Graham, 2023). Chronic stress may impair coping abilities and negatively influence both physical and psychological well-being during premenopause.

Coping mechanisms also play a critical role in facilitating psychosocial adjustment. Adaptive coping strategies, including problem-solving, emotional regulation, relaxation techniques, and health-seeking behaviors, have been associated with better mental health outcomes and improved quality of life among

women undergoing menopausal transition (Woods & Mitchell, 2021). Women who actively engage in positive coping behaviors tend to demonstrate greater emotional control and improved adaptation despite physical and emotional discomfort. Conversely, maladaptive coping responses such as withdrawal, denial, and avoidance behaviors may contribute to psychological distress and reduced psychosocial functioning (Avis & Crawford, 2023).

Social support likewise serves as a protective factor that enhances women's psychosocial well-being during premenopause. Emotional, informational, and practical support from family members, spouses, peers, healthcare professionals, and community networks may reduce stress and improve emotional adjustment. Research has shown that women with strong support systems experience lower levels of anxiety and depressive symptoms and exhibit more positive attitudes toward menopausal changes (Hunter & Rendall, 2022). In community and healthcare settings, social connectedness contributes significantly to women's coping abilities and overall psychosocial adaptation.

Emotional intelligence has also been recognized as an important factor influencing psychosocial adjustment during the premenopausal transition. Emotional intelligence refers to the ability to recognize, understand, regulate, and appropriately express emotions. Women with higher emotional intelligence are generally better at managing stress, maintaining healthy interpersonal relationships, and responding constructively to emotional challenges associated with hormonal changes (Extremera et al., 2020). This psychological capacity contributes to healthier emotional functioning and improved adjustment during premenopause.

Furthermore, psychological resilience serves as a protective factor, promoting women's psychosocial health during this transitional stage. Resilience enables individuals to adapt positively to adversity, stress, and physiological changes. Recent studies indicate that resilient women are better able to manage menopausal symptoms, maintain emotional balance, and sustain social functioning despite hormonal and psychological challenges (Li et al., 2022). Resilience likewise strengthens self-efficacy

and supports women's ability to maintain overall well-being during the premenopausal transition.

Overall, psychosocial adjustment during premenopause is a dynamic, multidimensional process shaped by the interplay of stress, coping strategies, social support, emotional intelligence, and resilience. Understanding these psychosocial determinants is essential in developing evidence-based nursing interventions, health education programs, and community support initiatives that can help women achieve healthier adaptation and improved quality of life during the premenopausal transition.

Stress Level

Stress is widely recognized as a major factor influencing psychosocial adjustment among women in the premenopausal transition. Studies have shown that higher levels of stress are associated with increased psychological distress, including anxiety and depressive symptoms, as well as more severe menopausal complaints (Kuck & Hogervorst, 2024). The menopausal transition introduces multiple stressors such as hormonal fluctuations, health concerns, and changing social roles, which may negatively affect psychological well-being.

Furthermore, stress interacts with other psychosocial variables, including coping strategies, social support, and emotional intelligence, thereby influencing both mental and physical health outcomes. Women with higher perceived stress tend to exhibit poorer psychosocial adjustment, highlighting stress as a central risk factor.

Coping Mechanisms

Coping mechanisms are cognitive and behavioral efforts used to manage stress and its associated demands. According to Lazarus and Folkman's theoretical framework, coping strategies are categorized into problem-focused and emotion-focused approaches. Recent research supports the idea that emotional intelligence is significantly related to coping strategies, influencing how individuals manage stress (Zhang et al., 2024).

Adaptive coping strategies, such as problem-solving and seeking social support, are associated with better

psychological outcomes. In contrast, maladaptive coping strategies, including avoidance and withdrawal, are linked to increased psychological distress. Coping mechanisms, therefore, act as mediators and moderators in the relationship between stress and psychosocial adjustment.

Social Support

Social support is a crucial protective factor that enhances psychosocial adjustment among premenopausal women. It includes emotional, informational, and instrumental assistance obtained from family, friends, and social networks. Strong social support has been consistently associated with improved mental health outcomes, including reduced stress, anxiety, and depression.

Recent studies indicate that social support not only directly improves health behaviors but also indirectly affects psychosocial outcomes through psychological resilience. For instance, social support significantly predicts health-promoting lifestyles among perimenopausal women, with resilience acting as a mediating factor (Li et al., 2025).

Psychological Resilience

Psychological resilience refers to the ability to adapt effectively to stress, adversity, and life changes. It is a key factor in determining how women respond to the challenges associated with the premenopausal transition. Research shows that resilience is associated with lower perceived stress, fewer depressive symptoms, and better psychological well-being (Kuck & Hogervorst, 2024).

Additionally, resilience has been identified as a protective factor against mood and anxiety disorders during perimenopause. Women with higher resilience tend to experience fewer menopausal symptoms and demonstrate better psychosocial adjustment (Maturitas Review, 2024). Resilience also mediates the relationship between social support and psychological outcomes, reinforcing its central role in adaptation.

Emotional Intelligence

Emotional intelligence (EI) plays a significant role in psychosocial adjustment by influencing how individuals perceive, understand, and regulate

emotions. Higher emotional intelligence is associated with lower stress levels and better psychological health.

Research indicates that emotional intelligence is positively related to adaptive coping strategies and resilience, thereby enhancing an individual's ability to manage stress effectively (Duică et al., 2024). Women with higher EI are better able to regulate emotional responses, which contributes to improved adjustment during the menopausal transition.

Psychological Changes and Mental Health

Mood Disturbances and Emotional Variability

The premenopausal transition is widely recognized as a period associated with significant psychological and emotional changes among women. Contemporary research has consistently demonstrated that women undergoing perimenopause are more vulnerable to mood disturbances, including irritability, anxiety, emotional instability, and depressive symptoms, compared to women in the premenopausal and postmenopausal stages (Georgakis et al., 2022; Santoro et al., 2021). These psychological manifestations are primarily linked to fluctuations in reproductive hormones, particularly estrogen and progesterone, which influence neurotransmitter activity involved in mood regulation and emotional processing.

Recent evidence suggests that hormonal variability during perimenopause contributes substantially to emotional dysregulation and psychological distress. Gordon et al. (2023) reported that declining estrogen levels are associated with increased negative mood and emotional sensitivity among perimenopausal women. Likewise, women experiencing irregular hormonal patterns often report heightened emotional reactivity, sadness, irritability, and difficulty managing stress (Maki & Jaff, 2022). These emotional changes may negatively affect women's daily functioning, interpersonal relationships, and overall quality of life.

Sleep disturbances and vasomotor symptoms such as hot flashes and night sweats have also been identified as contributing factors to mood variability during the menopausal transition. Persistent sleep disruption may increase fatigue, emotional exhaustion, and

vulnerability to depressive symptoms (Santoro et al., 2021). Studies further indicate that the interaction between physical symptoms and emotional distress creates a cyclical pattern in which psychological symptoms intensify physical discomfort and vice versa (Green & Graham, 2023).

Although emotional fluctuations are common during the premenopausal stage, not all women develop clinical depression. However, women with previous histories of anxiety, depression, chronic stress, or traumatic experiences are considered at greater risk for severe psychological symptoms during hormonal transition (Bromberger & Kravitz, 2020). Longitudinal studies have identified several predictors of depressive symptoms during perimenopause, including sleep problems, stressful life events, poor social support, and severe vasomotor symptoms (Maki et al., 2021). These findings highlight the multidimensional nature of psychological vulnerability during premenopause, wherein biological changes interact with psychosocial and environmental stressors.

Furthermore, emotional variability during premenopause may influence women's coping abilities, self-esteem, and social functioning. Women who lack adequate emotional support and effective coping strategies may experience greater difficulty adjusting to the psychological demands of this life stage. Conversely, access to social support, stress management interventions, and mental health education may promote healthier emotional adaptation and reduce the risk of psychological distress (Hunter & Rendall, 2022).

Overall, current literature emphasizes that the psychological changes experienced during the premenopausal transition are complex and multifactorial. Understanding the emotional and mental health challenges associated with this stage is essential in developing evidence-based nursing interventions and psychosocial support programs aimed at improving women's psychological well-being and quality of life during premenopause.

Anxiety and Psychological Well-Being

Beyond depression, anxiety symptoms have emerged as a significant concern during the premenopausal

transition. Recent studies have reported increased rates of anxiety disorders and anxiety symptoms among perimenopausal women (Bryson et al., 2023). Research has shown that the menopausal transition is associated with increased worry, tension, and nervousness, with some women meeting criteria for generalized anxiety disorder (Green et al., 2021). The literature suggests that anxiety during perimenopause may be related to the uncertainty and unpredictability characteristic of this life stage, as well as to the hormonal changes affecting neurotransmitter systems involved in anxiety regulation (Albert et al., 2021).

Recent research has examined the prevalence and correlates of anxiety during the menopausal transition using data from large cohort studies. Findings indicate that anxiety symptoms are particularly common during the early and late perimenopausal stages, with prevalence rates ranging from 20 to 40 percent depending on the assessment criteria employed (Bromberger et al., 2020). Risk factors for anxiety during perimenopause include younger age at menopause onset, higher perceived stress, lower social support, and the presence of vasomotor symptoms (Li et al., 2022). Studies have also documented the comorbidity of anxiety and depression during the menopausal transition, with many women experiencing both symptom clusters simultaneously (Maki et al., 2021).

Social and Interpersonal Relationships

Cognitive Functioning and Memory Concerns

Cognitive functioning has become an important area of research during the premenopausal transition, particularly concerning memory problems and difficulties in concentration. Many women report experiencing forgetfulness, reduced attention span, word-finding difficulties, and short-term memory lapses during perimenopause, commonly referred to as “brain fog” (Maki & Jaff, 2022). These cognitive concerns are often associated with hormonal fluctuations, particularly changes in estrogen levels, which influence brain regions involved in memory and cognitive processing.

Recent neuroimaging studies have shown that hormonal changes during menopause may affect brain structure and neural connectivity, particularly in regions involved in learning and memory (Mosconi et

al., 2021). Longitudinal studies further indicate that women may experience mild declines in verbal memory and processing speed during the menopausal transition; however, these changes are generally temporary and tend to improve during the postmenopausal stage (Greendale et al., 2022).

Research also suggests that psychological and lifestyle factors contribute significantly to perceived cognitive difficulties. Sleep disturbances, stress, anxiety, and depressive symptoms commonly experienced during premenopause may negatively affect attention, memory, and mental clarity (Santoro et al., 2021). In some cases, subjective memory complaints may be more strongly associated with emotional distress than with actual cognitive impairment.

Moreover, studies have identified several protective factors that may help preserve cognitive functioning during the menopausal transition. Regular physical activity, healthy cardiovascular function, cognitive engagement, and stress management practices have been associated with better cognitive performance and improved mental well-being among middle-aged women (Epperson et al., 2022). These findings highlight the importance of addressing both physiological and psychosocial factors when evaluating cognitive concerns during premenopause.

Overall, existing evidence indicates that cognitive changes in the premenopausal transition are usually mild and manageable. Recognizing these experiences is crucial for healthcare providers and nurses to offer suitable education, emotional support, and interventions that enhance cognitive health and psychological well-being in premenopausal women.

Marital and Partner Relationships

The premenopausal transition occurs during a stage in life when many women are actively engaged in long-term marital or intimate relationships. Hormonal fluctuations and menopausal symptoms such as mood changes, sleep disturbances, fatigue, hot flashes, and decreased sexual desire may affect relationship dynamics and emotional intimacy between partners (Santoro et al., 2021). These physical and psychological changes can sometimes lead to misunderstandings, communication difficulties, and

reduced relationship satisfaction, particularly when partners lack awareness and understanding of the menopausal transition.

Recent studies indicate that partner support and effective communication play significant roles in promoting positive relationship outcomes during premenopause. Women who receive emotional understanding, empathy, and practical support from their spouses or partners tend to demonstrate better psychological adjustment and marital satisfaction (Hunter & Rendall, 2022). Shared coping strategies and open discussions regarding menopausal experiences may also strengthen emotional connection and mutual understanding between couples.

Sexual functioning is another important aspect of partner relationships during premenopause. Hormonal changes may contribute to vaginal dryness, discomfort during intercourse, reduced libido, and changes in sexual satisfaction (Naeem et al., 2021). These concerns may affect both partners and influence emotional closeness and intimacy within the relationship. However, studies suggest that healthy communication, positive body image, emotional support, and appropriate symptom management strategies can help maintain sexual well-being and relationship quality during this transition (Mernone et al., 2020).

Taken together, these findings suggest that the quality of marital and partner relationships during the premenopausal transition is largely influenced by emotional support, communication, mutual understanding, and adaptive coping strategies. This highlights the importance of involving partners in health education and psychosocial interventions designed to support women throughout the menopausal transition.

Work and Career Implications

Family Dynamics and Intergenerational Relationships

The premenopausal transition commonly occurs during a period when women are managing multiple family responsibilities, including caring for adolescent children and aging parents. These overlapping roles may increase emotional stress and

affect family functioning, particularly among women experiencing significant menopausal symptoms such as fatigue, sleep disturbances, irritability, and mood changes (Santoro et al., 2021). Balancing caregiving responsibilities while coping with physical and emotional changes may contribute to increased psychological burden and parenting stress during this transitional stage.

Recent studies suggest that menopausal symptoms may influence family relationships and parenting behaviors. Women experiencing severe vasomotor symptoms, emotional distress, and poor sleep quality often report greater difficulty managing household responsibilities and maintaining positive family interactions (Maki et al., 2021). Emotional instability and stress during premenopause may also affect communication and relationships with adolescent children, potentially influencing family harmony and emotional well-being within the household.

Intergenerational influences likewise play an important role in shaping women's perceptions and experiences of menopause. Research indicates that women's attitudes toward menopausal transition are often influenced by family beliefs, cultural expectations, and information received from older female relatives, particularly mothers (Hunter & Rendall, 2022). Women who receive adequate emotional support and accurate health information from family members tend to demonstrate better psychological preparation and healthier adjustment during premenopause.

These findings emphasize the importance of family support, open communication, and health education in promoting positive psychosocial adjustment among premenopausal women. Strengthening family understanding regarding menopausal changes may help reduce stress, improve interpersonal relationships, and support women's emotional well-being during this stage of life.

Occupational Functioning and Performance

The premenopausal transition occurs during an important stage in many women's professional lives, making occupational functioning and work performance significant areas of concern. Menopausal symptoms such as hot flashes, sleep

disturbances, fatigue, mood changes, and cognitive difficulties may negatively affect concentration, productivity, job satisfaction, and professional confidence (Hardy et al., 2021). Women experiencing severe symptoms may also report increased absenteeism, reduced work efficiency, and difficulties managing occupational responsibilities.

Recent studies emphasize that workplace environments greatly influence women's experiences during premenopause. Supportive work settings that provide flexible schedules, adequate rest areas, and understanding supervisors are associated with better work-related outcomes and lower stress levels among menopausal women (Jack et al., 2020). Conversely, unsupportive workplace climates and limited awareness of menopausal concerns may contribute to emotional distress, reduced job satisfaction, and reluctance to seek help due to stigma and fear of discrimination (Hunter & Rendall, 2022).

Research further highlights the importance of workplace interventions and occupational health policies that address the needs of women undergoing menopausal transition. Educational programs, organizational support, and simple workplace accommodations have been shown to improve work performance, emotional well-being, and overall quality of life among premenopausal women (Hardy et al., 2021). These findings underscore the need for greater awareness and supportive practices within occupational and healthcare settings to help women manage menopausal symptoms effectively while maintaining professional functioning.

Career Development and Professional Identity

The premenopausal transition may influence not only women's physical and emotional well-being but also their career development and professional identity. During midlife, many women simultaneously manage occupational responsibilities, family obligations, and physiological changes associated with hormonal transition. These experiences may lead some women to reassess career goals, work priorities, and long-term professional aspirations (Hunter & Rendall, 2022). For some, this stage becomes a period of personal reflection and growth, while others may experience challenges in balancing menopausal symptoms with workplace demands.

Recent studies indicate that menopausal symptoms such as fatigue, sleep disturbances, reduced concentration, and emotional variability may affect professional confidence and work engagement, particularly in highly demanding work environments (Hardy et al., 2021). In some cases, women may reduce working hours, delay career advancement opportunities, or reconsider professional roles to manage better physical and psychological stressors associated with premenopause.

Workplace culture and societal attitudes toward aging women also influence professional identity during this stage. Research has shown that some women encounter age-related stereotypes, gender bias, and menopause-related stigma in professional settings, which may negatively affect self-esteem, job satisfaction, and career progression (Jack et al., 2020). Women employed in male-dominated or performance-driven environments may be particularly vulnerable to feelings of reduced competence or fear of discrimination.

Despite these challenges, supportive workplace environments, positive coping strategies, and strong social support systems may help women maintain professional productivity and self-confidence during the menopausal transition. The current literature suggests that organizational awareness, inclusive workplace policies, and health education programs can significantly contribute to women's occupational well-being and professional growth during midlife (Hardy et al., 2021).

Taken together, these findings highlight that the premenopausal transition can be both a challenging and transformative period in women's professional lives. Understanding its impact on career development and professional identity is essential in promoting supportive workplace practices and improving women's overall psychosocial well-being.

Body Image and Self-Concept

Physical Changes and Body Satisfaction

The premenopausal transition is often accompanied by various physical changes that may influence women's body image, self-esteem, and overall self-concept. Hormonal fluctuations during this stage commonly contribute to weight gain, changes in body

fat distribution, skin dryness, hair thinning, and decreased muscle tone, which may alter women's perceptions of physical attractiveness and femininity (Lovejoy et al., 2021). These bodily changes can become sources of emotional distress, particularly among women who place a high value on physical appearance and body satisfaction.

Recent studies have shown that women experiencing severe menopausal symptoms, including vasomotor disturbances and sleep problems, are more likely to report negative body image, lower self-esteem, and dissatisfaction with physical appearance (Li et al., 2020). Changes in body composition and visible signs of aging may affect women's confidence, emotional well-being, and social interactions during the premenopausal period. In some cases, these experiences may contribute to increased anxiety, emotional sensitivity, and reduced quality of life.

Research further suggests that psychological and sociocultural factors significantly influence how women perceive physical changes during menopause. Internalized societal expectations regarding youthfulness, body shape, and attractiveness may intensify feelings of dissatisfaction and emotional distress among middle-aged women (Albury et al., 2020). Women who experience body image concerns may become more sensitive to physical symptoms and may perceive menopausal changes more negatively, thereby affecting psychosocial adjustment.

Despite these challenges, positive body image and self-acceptance have been identified as protective factors that promote healthier psychological adaptation during premenopause. Studies indicate that women who engage in healthy lifestyle practices, receive emotional support, and maintain positive coping strategies tend to demonstrate better body satisfaction and emotional well-being during the menopausal transition (Hunter & Rendall, 2022). Health education, psychosocial support, and wellness interventions may therefore help women develop healthier perceptions of bodily changes and improve self-confidence during this life stage.

These findings emphasize the significant relationship between physical changes and psychosocial well-

being during the premenopausal transition. Addressing body image concerns is essential in supporting women's emotional adjustment, self-esteem, and overall quality of life during this developmental stage.

Identity and Self-Concept Transformation

The premenopausal transition is a significant developmental stage that may influence women's identity, self-concept, and perception of aging. During this period, many women reflect on personal roles, reproductive capacity, family responsibilities, and future life goals. The gradual decline in fertility may evoke mixed emotional responses, including sadness, anxiety, acceptance, or relief, depending on individual experiences, cultural beliefs, and personal expectations regarding womanhood and motherhood (Liao et al., 2020).

Recent studies suggest that women who perceive menopause as a natural stage of growth and maturity tend to demonstrate healthier psychological adjustment and greater emotional well-being compared to those who associate it with loss, aging, or reduced femininity (Woods & Mitchell, 2021). Positive attitudes toward menopause are often linked with higher self-esteem, improved coping abilities, and stronger psychosocial adaptation during the premenopausal transition.

The menopausal transition may also influence other aspects of identity, including professional roles, family relationships, and social responsibilities. Women who successfully adapt to these changing roles while maintaining a positive sense of self are more likely to experience emotional stability and life satisfaction during midlife (Hunter & Rendall, 2022). Engaging in meaningful activities, maintaining supportive relationships, and developing positive coping strategies may further strengthen self-confidence and psychological resilience.

These findings indicate that the premenopausal transition extends beyond biological changes and involves important psychological and social adjustments. Understanding women's experiences of identity and self-concept is essential to promoting emotional well-being and supporting positive adaptation during this stage of life.

Cultural Perspectives and Diversity

Cross-Cultural Variations in Menopausal Experience
Cultural background significantly influences how women perceive, experience, and respond to the menopausal transition. Recent studies have shown considerable differences in symptom reporting, emotional responses, coping behaviors, and attitudes toward menopause across various cultural groups (Sievert et al., 2021). In many non-Western cultures, menopause is often viewed as a natural stage of aging and personal maturity, which may contribute to lower levels of psychological distress and more positive adjustment among women (Kim et al., 2020).

Research further indicates that women from Asian cultures generally report fewer vasomotor and psychological symptoms compared to women from Western countries, possibly due to differences in diet, cultural beliefs, social expectations, and family support systems (Cheng et al., 2022). Cultural attitudes toward aging and femininity also influence women's emotional experiences during premenopause. Women who perceive menopause positively are more likely to demonstrate healthier coping strategies and better psychosocial well-being. Studies involving diverse ethnic groups have likewise identified variations in symptom experiences and coping mechanisms. For instance, some cultural groups emphasize family-centered support and acceptance of menopausal changes, while others may experience greater stigma and anxiety related to aging and reproductive decline (Brown et al., 2020). Additionally, immigrant women who adopt Western perspectives on menopause have been found to report higher levels of emotional distress compared to those who maintain traditional cultural beliefs (Cheng et al., 2021).

These findings highlight the importance of culturally sensitive healthcare approaches in addressing the psychosocial needs of premenopausal women. Understanding cultural beliefs, values, and social practices can help healthcare professionals provide more appropriate education, emotional support, and nursing interventions during the menopausal transition.

Socioeconomic Factors and Health Disparities

Socioeconomic status plays a significant role in shaping women's experiences during the premenopausal transition. Recent studies have shown that women from lower socioeconomic backgrounds are more likely to experience severe menopausal symptoms, emotional distress, and limited access to healthcare services compared to women with higher socioeconomic status (Cheng et al., 2022). Financial difficulties, occupational stress, inadequate healthcare access, and limited health education may negatively affect women's ability to manage physical and psychosocial symptoms during this stage.

Women engaged in physically demanding occupations or low-income work environments often encounter additional challenges during premenopause. Research indicates that limited workplace flexibility, inadequate rest periods, and poor occupational support may worsen fatigue, stress, and discomfort associated with menopausal symptoms (Hardy et al., 2021). Economic pressures may also prevent women from seeking medical consultation, accessing treatment, or participating in health-promoting activities that could improve their well-being.

Socioeconomic disparities likewise influence women's knowledge and awareness regarding menopausal health. Women with limited educational opportunities and restricted access to reliable health information may have a lower understanding of symptom management and available support services (Hunter & Rendall, 2022). This lack of awareness may contribute to delayed health-seeking behavior and poorer psychosocial adjustment during the menopausal transition.

Recent literature further emphasizes that women from marginalized and underserved communities may face additional psychosocial burdens related to healthcare inequality, limited social support, and cultural stigma (Minkin et al., 2021). These findings underscore the importance of accessible healthcare services, community-based education programs, and supportive nursing interventions tailored to the socioeconomic and psychosocial needs of premenopausal women.

Understanding the influence of socioeconomic factors on menopausal experiences is essential for developing equitable, culturally responsive healthcare programs that promote positive psychosocial adjustment and improve women's quality of life during the premenopausal transition.

Biological and Biosocial Models

The psychosocial adjustments experienced during the premenopausal transition have been explained through both biological and biosocial perspectives. Biological models primarily emphasize the role of hormonal fluctuations, particularly the decline and variability of estrogen levels, in influencing physical symptoms, emotional changes, and cognitive functioning during perimenopause (Santoro et al., 2021). Research suggests that hormonal changes may affect neurotransmitter activity in the brain, contributing to symptoms such as mood disturbances, anxiety, irritability, sleep problems, and memory difficulties among premenopausal women (Maki & Jaff, 2022).

Although biological models provide important explanations for the physiological mechanisms underlying menopausal symptoms, contemporary literature recognizes that women's experiences cannot be fully understood through hormonal changes alone. Recent studies emphasize that psychological, social, cultural, and environmental factors also significantly influence how women perceive and respond to menopausal changes (Hunter & Rendall, 2022). Individual coping abilities, stress levels, family relationships, cultural beliefs, and access to healthcare may shape women's psychosocial adjustment during this transitional stage.

Biosocial models integrate biological and psychosocial perspectives to provide a more comprehensive understanding of the menopausal transition. These models propose that women's experiences are shaped by the interaction between hormonal changes and social-psychological factors, including emotional support, personal beliefs, social roles, and cultural expectations (Cheng et al., 2022). Women who perceive menopause positively and receive adequate social support are more likely to

demonstrate healthier emotional adaptation and better quality of life despite physical symptoms.

Recent research further supports the biosocial perspective by highlighting the interconnected influence of hormonal changes, mental health, lifestyle, and social environment on women's overall well-being during premenopause (Green & Graham, 2023). This holistic approach is particularly relevant in nursing and community healthcare because it recognizes that psychosocial adjustment involves not only biological processes but also emotional, social, and cultural dimensions.

Understanding both biological and biosocial models is essential in developing comprehensive nursing interventions and support programs that address the multifaceted needs of women undergoing the premenopausal transition.

Psychosocial Development and Life-Course Perspectives

Life-course and psychosocial development perspectives provide important insights into women's experiences during the premenopausal transition. Contemporary literature views menopause not merely as a biological event but as a developmental stage that occurs alongside major life changes, including family responsibilities, career roles, aging, and social relationships (Cheng et al., 2022). During midlife, women often experience multiple transitions simultaneously, which may influence their emotional well-being, coping abilities, and psychosocial adjustment.

Recent studies emphasize that women's responses to premenopause are shaped by personal experiences, cultural beliefs, social support, and the timing of menopausal changes within their life course (Hunter & Rendall, 2022). Women who perceive menopause as a normal stage of growth and maturity are more likely to demonstrate positive emotional adaptation and better psychological well-being compared to those who associate it with aging, loss, or decline.

Current research also highlights the importance of resilience, self-efficacy, and meaningful social engagement in promoting successful adjustment during premenopause (Green & Graham, 2023). Participation in family, work, and community

activities, together with strong interpersonal relationships, may enhance women's sense of purpose, emotional stability, and life satisfaction during this transitional period.

Furthermore, psychosocial development perspectives recognize that premenopause presents both challenges and opportunities for personal growth. Women who develop adaptive coping strategies and maintain positive attitudes toward aging tend to experience healthier psychosocial outcomes and improved quality of life (Santoro et al., 2021).

These perspectives support a holistic understanding of the premenopausal transition by emphasizing the interaction of biological, psychological, social, and developmental factors in shaping women's experiences and psychosocial adjustment.

Coping Strategies and Interventions

Adaptive Coping Mechanisms

Research has examined the coping strategies that women employ to manage the challenges of the premenopausal transition and the factors that predict successful adaptation (Krasnic et al., 2020). Studies have documented a range of adaptive coping strategies, including seeking information about menopause, maintaining a healthy lifestyle, engaging in stress-reduction practices, and cultivating social support networks (Krasnic et al., 2020). Women who employ problem-focused coping strategies, such as seeking medical treatment for severe symptoms or making lifestyle changes to improve well-being, tend to report better adjustment than those who rely primarily on emotion-focused coping or denial (Krasnic et al., 2020). However, the literature also indicates that the effectiveness of different coping strategies depends on the specific challenges faced and the resources available to individual women.

The role of social support in coping with menopausal transitions has been a consistent focus of research (Krasnic et al., 2020). Studies indicate that women with strong social support networks, including partners, family members, friends, and peer support groups, report lower levels of psychological distress and better overall adjustment to menopause (Krasnic et al., 2020). Support from partners appears to be particularly important, with research suggesting that partner support is associated with better relationship

satisfaction and sexual functioning during the menopausal transition (Mernone et al., 2020). The literature also highlights the value of peer support, with many women finding it helpful to connect with others who are going through similar experiences (Krasnic et al., 2020).

Recent research has examined the role of specific coping strategies in managing different types of menopausal symptoms. Studies have found that cognitive-behavioral strategies, including cognitive restructuring and relaxation techniques, are particularly effective for managing vasomotor symptoms and psychological distress (Krasnic et al., 2020). Acceptance-based coping strategies, including mindfulness and values-based action, have been associated with better psychological adjustment among women who experience persistent symptoms (Krasnic et al., 2020). The literature suggests that effective coping during the menopausal transition involves a flexible repertoire of strategies that can be adapted to different challenges and contexts.

Psychological and Medical Interventions

Various psychological and medical interventions have been developed to support women during the premenopausal transition. Current evidence indicates that hormone therapy remains one of the most effective treatments for managing vasomotor symptoms such as hot flashes, night sweats, sleep disturbances, and mood changes (Santoro et al., 2021). However, recent guidelines emphasize that treatment decisions should be individualized based on symptom severity, medical history, personal preferences, and potential health risks (The North American Menopause Society [NAMS], 2023).

In addition to hormonal management, non-hormonal treatments such as antidepressants, lifestyle modifications, and stress reduction strategies have shown positive outcomes in improving emotional well-being and reducing menopausal discomfort (Green & Graham, 2023). These interventions are particularly beneficial for women who cannot undergo hormone therapy or prefer alternative approaches to symptom management.

Psychological interventions have likewise demonstrated effectiveness in improving

psychosocial adjustment during premenopause. Cognitive-behavioral therapy (CBT), counseling, mindfulness-based stress reduction, and psychoeducation programs have been associated with decreased anxiety, emotional distress, sleep problems, and depressive symptoms among menopausal women (Hunter & Rendall, 2022). Mindfulness practices and stress management techniques may also help women develop healthier coping mechanisms and improve emotional regulation during hormonal transition.

Recent studies further support the effectiveness of community-based programs, support groups, and digital health interventions in increasing women's access to psychosocial support and health education (NAMS, 2023). These approaches provide emotional support, symptom awareness, and practical coping strategies that contribute to improved quality of life and psychological well-being.

The current literature strongly advocates a holistic, patient-centered approach to menopausal care that integrates medical treatment, psychological support, health education, and lifestyle interventions (Santoro et al., 2021). Healthcare professionals, particularly nurses, play an essential role in providing education, counseling, emotional support, and individualized care to help women achieve healthier psychosocial adjustment during the premenopausal transition.

Conceptual/Theoretical Framework

This study is anchored on Afaf Meleis' Transitions Theory, which explains how individuals experience, respond to, and adapt to significant life changes and developmental processes. The theory emphasizes that transitions involve changes in roles, behaviors, relationships, identities, and patterns of daily living, requiring individuals to develop adaptive coping mechanisms to maintain health and well-being (Meleis, 2020). In the context of this study, the premenopausal transition is considered a developmental and health-related transition that affects women physically, mentally, emotionally, and socially.

The premenopausal transition is characterized by hormonal fluctuations and physiological changes that may influence women's psychosocial functioning and

quality of life. Recent studies indicate that women undergoing premenopause commonly experience emotional distress, sleep disturbances, cognitive concerns, mood variability, and changes in interpersonal and occupational functioning (Santoro et al., 2021). These changes often occur simultaneously with family responsibilities, career demands, and social role adjustments, making psychosocial adaptation an important aspect of women's overall well-being during this stage (Hunter & Rendall, 2022).

Meleis' Transitions Theory identifies several conditions that influence how individuals adapt during life transitions. These include personal, community, and societal factors that may either facilitate or hinder successful adjustment. In this study, the respondents' profile variables, such as age, civil status, number of children, educational attainment, monthly family income, age of first menstruation, and duration of premenopausal changes, serve as personal conditions that may influence psychosocial adjustment. These variables are important because women's experiences during premenopause may vary according to socioeconomic status, educational background, family responsibilities, and reproductive history (Cheng et al., 2022).

The study's dependent variables focus on the level of psychosocial adjustment of women in the premenopausal transition across physical, mental, emotional, and social dimensions. These dimensions reflect the major components of psychosocial functioning emphasized in Transitions Theory. Physical adjustment includes women's adaptation to bodily and physiological changes associated with hormonal fluctuations. Mental adjustment pertains to cognitive functioning, stress management, and psychological well-being. Emotional adjustment involves women's ability to regulate emotions and cope with mood-related changes, while social adjustment refers to interpersonal relationships, family interactions, occupational functioning, and community participation.

The theory further explains that successful transitions are influenced by awareness, engagement, coping strategies, social support, and access to healthcare

resources (Meleis, 2020). Women who possess adequate knowledge, emotional support, resilience, and positive coping mechanisms are more likely to demonstrate healthier psychosocial adjustment during premenopause (Green & Graham, 2023). Conversely, limited support systems, financial difficulties, workplace stress, and negative perceptions regarding menopause may contribute to psychological distress and maladjustment.

The application of Meleis' Transitions Theory in this study provides a comprehensive framework for understanding how women adapt to the multidimensional challenges of premenopause. It supports the examination of the relationship between respondents' profile variables and their psychosocial adjustments, thereby allowing the identification of factors that may influence women's adaptation during this transitional stage. The theory likewise highlights the significant role of nursing interventions in promoting healthy transitions through health education, counseling, emotional support, stress management, and community-based programs.

Furthermore, the framework underscores the relevance of psychosocial adjustment as an essential component of women's health during premenopause. Understanding women's psychosocial experiences may help nurses and healthcare professionals develop evidence-based interventions and support programs that address not only physical symptoms but also emotional, mental, and social concerns associated with the menopausal transition.

Guided by Meleis' Transitions Theory, this study aims to determine the psychosocial adjustments of women in the premenopausal transition and examine their relationship with selected profile variables. Findings from the study may serve as a basis for developing programs and nursing interventions that will strengthen psychosocial adjustment and promote the overall well-being of premenopausal women.

The research paradigm presented on the following page illustrates the relationships among the three major components of the study: the independent variables, the dependent variables, and the output. The paradigm served as a conceptual guide in determining how respondents' profile variables

influenced their psychosocial adjustment during the premenopausal transition.

The independent variables in the study included respondents' age, civil status, number of children, highest educational attainment, monthly family income, age at first menstruation (menarche), and duration of premenopausal changes. These variables were considered important factors that may influence women's experiences and adjustment during the premenopausal stage.

The dependent variables focused on the level of psychosocial adjustments of women in the premenopausal transition along physical, mental, emotional, and social dimensions. These dimensions reflected the respondents' ability to adapt to the various physiological, psychological, and social changes associated with premenopause.

The study employed a descriptive research design utilizing a survey questionnaire as the primary data-gathering instrument. Statistical tools were used to analyze the data and identify relationships and differences between respondents' profile variables and their psychosocial adjustments.

The study's findings served as the basis for developing a proposed program of activities to strengthen the psychosocial adjustment of women undergoing the premenopausal transition.

Statement of the Problem

This study determined the psychosocial adjustments of selected women in the premenopausal transition in Urdaneta City, Pangasinan.

Specifically, it sought to answer the following problems;

1. What is the profile of the respondents in terms of;
 - a. present age;
 - b. civil status;
 - c. number of children;
 - d. highest educational attainment;
 - e. monthly family income;
 - f. age of first menstruation (menarche); and,
 - g. duration of premenopausal changes?

2. What is the level of psychosocial adjustment of women in the premenopausal transition?
 - a. physical;
 - b. mental;
 - c. emotional; and,
 - d. social?
3. Is there a significant difference in the level of psychosocial adjustment among women in the premenopausal transition across their selected profile variables?
4. Is there a significant relationship between the level of psychosocial adjustments of women in the premenopausal transition and their selected profile variables?
5. Based on findings, what program of activities could be proposed to strengthen the psychosocial adjustments of women in the premenopausal transitions?

Research Hypotheses

1. There is a significant difference in the level of psychosocial adjustments of women in the premenopausal transition across the profile variables.
2. There is a significant relationship between the level of psychosocial adjustments of women in the premenopausal transition and their profile variables.

II. METHODOLOGY

Research Design and Strategy

The primary purpose of this study was to determine the psychosocial adjustments of women undergoing the premenopausal transition. To achieve the study's objectives, a descriptive research design was employed. Descriptive research is appropriate for studies that aim to systematically describe characteristics, conditions, behaviors, or phenomena as they naturally occur, without manipulating variables. According to Susan L. LoBiondo-Wood and Judith Haber (2021), descriptive research is commonly utilized in nursing and health-related studies to obtain accurate information regarding existing conditions and relationships among variables.

In this study, a descriptive research design was used to examine respondents' profiles regarding age, civil status, highest educational attainment, number of children, monthly family income, age at first menstruation (menarche), and duration of premenopausal changes. The study likewise assessed the level of psychosocial adjustments of women in the premenopausal transition along physical, mental, emotional, and social dimensions.

The descriptive approach enabled the researcher to systematically gather, analyze, and interpret data on the psychosocial experiences of premenopausal women. Through this method, the study identified patterns and areas affecting women's psychosocial adjustment during the premenopausal transition. Furthermore, the findings served as the basis for developing a proposed program of activities to strengthen psychosocial adjustment and overall well-being among women in premenopause.

Population and Locale of the Study

The study examined the psychosocial adjustments of women undergoing the premenopausal transition. The respondents consisted of 45 women selected through purposive referral (snowball) sampling from three barangays in Urdaneta City, Pangasinan. The identities of the barangays were intentionally withheld to protect the anonymity and confidentiality of the participants and communities involved in the study.

The selected barangays were chosen based on accessibility, feasibility, and the availability of women who met the inclusion criteria. Purposive sampling was used to ensure that respondents possessed characteristics relevant to the study's objectives, while snowball sampling facilitated the identification of additional qualified participants through referrals from initial respondents and community informants (Campbell et al., 2020; Parker et al., 2021).

The sample size of 45 respondents was considered adequate for the descriptive nature of the study, as it allowed the researcher to obtain meaningful data regarding the psychosocial adjustments of premenopausal women. Participants included women aged 35 years and above who were experiencing

premenopausal transition characterized by menstrual irregularities and related physical, mental, emotional, and social changes. Women who were already postmenopausal or diagnosed with severe medical or psychiatric conditions were excluded to minimize confounding variables.

The study examined the respondents' profile variables, including age, civil status, highest educational attainment, number of children, monthly family income, age of first menstruation (menarche), and duration of premenopausal changes. The dependent variables focused on the level of psychosocial adjustments along physical, mental, emotional, and social dimensions.

Before data collection, coordination was conducted with barangay officials and health workers to facilitate participant recruitment. The objectives and procedures of the study were clearly explained, and informed consent was obtained to ensure voluntary participation and ethical compliance. Data collection was conducted during the second semester of the 2024–2025 academic year, using survey questionnaires administered by the researcher.

Data Gathering Tools

A questionnaire was developed based on readings on psychosocial adjustment among women during the premenopausal transition. The study comprises four parts. Part I of the questionnaire addressed the respondents' profiles. Part II of the questionnaire assessed women's psychosocial adjustment during the premenopausal transition across physical, mental, emotional, and social domains. Part III examined the differences between the respondents' psychosocial adjustments during the premenopausal transition and their profile variables. Moreover, based on the findings, part IV will propose a program of activities to strengthen women's psychosocial adjustment during the premenopausal transition.

Content validation was established by submitting the questionnaires to a panel of experts at the University, particularly at the Institute of Graduate and Advanced Studies, who were selected for their expertise. Their suggestions and recommendations will be considered and integrated for the objectivity of the questionnaires.

Data Gathering Procedure

After the research proposal and survey questionnaire were approved, a formal letter requesting permission to conduct the study was submitted to the Dean of the Institute of Graduate and Advanced Studies. Upon approval, coordination was made with barangay officials and health workers to facilitate the recruitment of qualified respondents. Informed consent was secured from all participants before the distribution of the questionnaires.

The study adhered to ethical principles in conducting research involving human participants. The purpose and objectives of the study were clearly explained to the respondents, and participation was entirely voluntary. The respondents were assured of confidentiality, anonymity, and their right to withdraw from the study at any time without penalty. The researcher also ensured that the data gathered were used solely for academic purposes and that respondents were treated with respect and fairness, without coercion, throughout the study.

Treatment of Data

The data were subjected to appropriate statistical analyses to obtain valid and reliable information for the study.

For problem number 1, the data of the respondents' profiles were treated by determining the frequency (f) counts and the computation of the percentage (P) equivalent of each category.

For problem number 2, the level of psychosocial adjustment of women in the premenopausal transition, physical, mental, emotional, and social, the weighted mean will be used.

For problem number 3, on the significant difference in the level of psychosocial adjustment of women in the premenopausal transition across profile variables, a t -test and a One-Way ANOVA will be used.

A five-point Likert Scale was used in the analysis.

Mean Range	Point Value X	Descriptive Equivalent	Transmuted Value (TV)
4.50-5.00	A	Strongly Agree (SA)	Highly Adjusted (HP)
3.50-4.49	B	Agree (A)	Adjusted (A)
2.50-3.49	C	Somewhat Agree (SoA)	Moderately Adjusted (MA)
1.50-2.49	D	Slightly Disagree (SIA)	Slightly Not Adjusted (SNA)
1.00-1.49	E	Disagree (DA)	Not Adjusted (NA)

For problem number 4, the Pearson-r formula was used to assess the significant relationship between the level of adjustment of women in the premenopausal transition and their profile variables.

Lastly, problem five will be addressed with a proposed program of activities to strengthen women's psychosocial adjustment during the premenopausal transition.

III. RESULTS AND DISCUSSIONS

This chapter presents the interpretation and analysis of the data.

Respondents' Profile

The respondents' profile provides background information on the study's subjects. Such profile variables were likewise used to describe and analyze the relationship between women's levels of psychological adjustment during the premenopausal transition and their profile variables.

Age. It is reflected in the table that most of the respondents belong to the age bracket 46-50 years old that is 18 or 40 percent, 16 or 35.6 percent are in the age bracket of 51 years old and above, 10 or 22.2 percent belong to the age bracket 41-45 years old while 1 or 2.2 percent belong to age bracket 35-40 which is the youngest of the profile variables. This could be interpreted to mean that most respondents are at the peak of their maturity.

Civil Status. The same table shows that the majority of the respondents, that is 41 or 91.1 percent, are married, while 2 or 4.4 percent are single, the same percentage for the category widower/er. Such a

finding could indicate that married respondents have significant family responsibilities.

Number of Children. As to the number of children, the majority of the respondents have more than 4 children, that is 34 or 75.6 percent, while 2 or 4.4 percent have 1 or 2 children. On the other hand, 6% or 13.3% have 3-4 children. This could mean that respondents are generally perceived as having large families, characterized by a lively, collaborative, and often chaotic environment in which significant logistical, financial, and emotional adjustments are made, such as increased spacing needs, higher food expenses, and greater efforts to foster independence.

Table 1 Profile of the Respondents n = 45

Profile Variables	Frequency	Percentage
Age (in years)		
35 – 40	1	2.2
41 – 45	10	22.2
46 – 50	18	40.0
51 – above	16	35.6
Civil Status		
Single	2	4.4
Married	41	91.1
Widow/er	2	4.4
Number of Children		
1 – 2	2	4.4
3 – 4	6	13.3
More than 4	34	75.6
4	3	6.7
Highest Educational Attainment		
Bachelor's Degree	29	64.4
With Bachelor's units	7	15.6
Master's Degree	6	13.3
With Master's units	2	4.4
Doctorate Degree	1	2.2
Monthly Family Income		
63,701 – 109,200	28	62.2
36,401 – 63,700	15	33.3
18,201 – 36,400	2	4.4
Age of First Menstruation		
11 – 14	45	100
Duration of Premenopausal Changes		
7 – 12 months	11	24.4

Highest Educational Attainment. As shown in the table, the majority of the respondents are baccalaureate graduates, that is, 29 or 64.4 percent, while 7 or 15.6 percent have earned their bachelor's degree. On the other hand, 6 or 13.3 percent are

master's degree graduates, or 2 or 4.4 percent are with master's units. Further, it is interesting to note that 1 respondent holds a doctorate degree. This could be interpreted to mean that respondents are educated and professionals, given that they have obtained degrees and some have pursued higher education, such as postgraduate studies.

Monthly Family Income. It can be seen in the table that most of the respondents have a monthly family income of 63,701 and above, which is 28 or 62.2 percent, 15 or 33.3 percent have a monthly family income that ranges from 36,401 to 63,700, while 2 or 4.4 percent have a family income that ranges from 18,201 to 36,400. Generally, respondents have higher monthly incomes, as most are professionals with higher-paying jobs.

Age of First Menstruation. As shown in the table, all forty-five (45) respondents, or 100 percent, have started menstruating at the age of 11-14 years old, as this is when puberty triggers hormones that mature the ovaries and thicken the uterine lining. This timing is influenced by genetics, nutrition, a healthy body mass index and environmental factors.

Duration of Premenopausal Changes. The data show that 34 respondents, or 75.6 percent, have had premenopausal changes for more than 12 months. This is the typical average of premenopausal changes, as it is a gradual multi-year process of hormonal decline rather than a sudden event. During this time, the ovaries slowly reduce their production of estrogen and progesterone, which causes irregular, erratic, and fluctuating hormonal levels leading to prolonged symptoms.

Level of Psychosocial adjustments of women in the premenopausal transition

The main purpose of this study is to determine the level of psychosocial adjustments of women in the premenopausal transition in terms of physical, mental, emotional and social.

Table 2 presents the level of psychosocial adjustment of women in the premenopausal transition along physical dimensions.

Table 2 Level of Psychosocial Adjustments of Women in the Premenopausal Transition along Physical

Indicators	WM	TR
I typically feel the need to adjust to the physical changes that come with my premenopausal transition, including:		
1. hot flashes and night sweats	4.51	HA
2. weight gain, particularly around my abdomen	3.93	A
3. changes in muscle and bone density	4.51	HA
4. difficulty falling sleep or staying asleep	4.22	A
5. thinning of hair, dry skin, and changes in skin texture	4.38	A
6. vaginal dryness, pain during intercourse and urinary incontinence	4.56	HA
7. fatigue, feeling of tiredness and mood swing	4.22	A
8. joint pains, stiffness and muscle swelling	4.51	HA
9. fluctuating sexual desire	4.27	A
10. worse migraine and headache	4.27	A
Overall Weighted Mean	4.34	A

Legend: 4.50-5.00 – Strongly Agree (Highly Adjusted-HA); 3.50-4.49 – Agree (Adjusted-A); 2.50-3.49 – Somewhat Agree (Moderately Adjusted-MA); 1.50-2.49 – Slightly Disagree (Slightly Adjusted-SA); 1.00-1.49 – Disagree (Not Adjusted-NA)

The table shows that the respondents have an “Adjusted” level of transmuted rating for psychosocial adjustment during the premenopausal transition, with an overall weighted mean of 4.34. This could mean that the respondents' signified rating is very considerable, given that they can easily adjust their premenopausal transition in different ways.

The table also shows that four (4) indicators received a “Highly Adjusted” transmuted rating. These are the following indicators: 1) hot flashes and night sweats; 3) changes in muscle and bone density; 6) vaginal dryness, pain during intercourse, and urinary incontinence; and 8) joint pains, stiffness, and muscle swelling. These indicators yielded weighted means ranging from 4.51 to 4.56. This would imply that the respondents are easily adjusted to the physical changes they experience during their premenopausal transition, given a relatively smooth adjustment driven by a combination of gradual hormonal shifts, proactive lifestyle choices, and individual resilience

factors. For some, the transition is mild or even asymptomatic. Moreover, women who maintain a healthy lifestyle often experience fewer symptoms. As such, these women have a strong social support and sense of control.

On the other hand, six (6) indicators received a transmuted rating of “Adjusted,” with weighted means ranging from 3.93 to 4.27. In this case, the respondents can experience changes in their physical feelings, such as weight gain, particularly around the abdomen; thinning of hair; dry skin; changes in skin texture; fatigue; feeling of tiredness; mood swings; fluctuating sexual desire; and worsening migraine and headache. Their adjustments to these changes can be attributed to their well-being practices that can be translated into a healthy lifestyle.

Nappi, R.E., and Cucinella (2020) stressed that a healthy lifestyle is essential for positive psychosocial adjustment during the premenopausal transition, especially in physical aspects. This serves as a non-pharmacological, high-impact method to manage the emotional, cognitive, and social change that often accompanies this or a phase. The decline in estrogen and rise in cortisol during the period can trigger anxiety, depression, brain fog, and irritability. Lifestyle modifications, including regular exercise, nutrition, sleep hygiene, and stress management, can help stabilize mood, boost self-esteem, and build resilience. Further incorporating mindfulness meditation, yoga, or relaxation techniques helps manage stress levels, which are often higher during early premenopause. These practices help women cope with unpredictable emotional shifts.

Table 3 shows the level of psychosocial adjustments of women in the premenopausal transition along mental.

Table 3 Level of Psychosocial Adjustments of Women in the Premenopausal Transition along Mental

Indicators	WM	TR
I typically feel the need to adjust to the mental changes that come with my premenopausal transition, including:		
1. difficulty concentrating or remembering things	4.51	HA

2. memory problem or difficulty focusing	4.22	A
3. feeling of anxiety	4.51	HA
4. difficulty of making decisions	4.42	A
5. memory lapses	4.18	A
6. difficulty recalling information	4.56	HA
7. problems with multitasking	4.22	A
8. feeling easily distracted	4.51	HA
9. difficulty of finding the right words when communicating	4.27	A
10. difficulty remembering names and recent events	4.20	A
Overall Weighted Mean	4.36	A

Legend: 4.50-5.00 – Strongly Agree (Highly Adjusted-HA); 3.50-4.49 – Agree (Adjusted-A); 2.50-3.49 – Somewhat Agree (Moderately Adjusted-MA); 1.50-2.49 – Slightly Disagree (Slightly Adjusted-SA); 1.00-1.49 – Disagree (Not Adjusted-NA)

As shown in Table 3, the respondents reported an “Adjusted” transmuted rating for their level of psychosocial adjustment during the premenopausal transition, with an OWM of 4.36. This would imply that respondents are capable of mentally adjusting to their premenopausal transition, as they look for positive aspects of a situation and see its greater purpose or meaning. Through this, they could adjust themselves when changes come, particularly in difficulty concentrating or remembering things, memory problems, difficulty making decisions, memory lapses, difficulty recalling information, problems with multitasking, feeling easily distracted, difficulty finding the right words when communicating, and difficulty remembering names and recent events.

According to Im, E.O. (2020), adjusting mentally during the menopausal transition is crucial for maintaining quality of life as this period involves significant hormonal shifts that can lead to, or exacerbate, emotional and cognitive challenges such as anxiety, depression, irritability, and brain fog. Proactively managing mental health helps women navigate these changes, reducing the risk of developing major depressive disorder, especially for those with a history of depression, and minimizing the impact of symptoms on work relationships and daily functioning.

In the same vein, Kwok C. et al (2021) expressed that menopausal symptoms often intersect with life stressors like career changes, caring for aging parents, or empty nest syndrome. Mental adjustment techniques like Cognitive Behavioral Therapy (CBT), mindfulness, and meditation can help manage stress and improve overall well-being.

Table 4 reflects the level of psychosocial adjustments of women in the premenopausal transition along the emotional aspect.

Table 4 Level of Psychosocial Adjustments of Women in the Premenopausal Transition along Emotional

Indicators	WM	TR
I typically feel the need to adjust to the emotional changes that come with my premenopausal transition, including:		
1. irritability and unpredictable mood swing	4.18	A
2. excessive worrying	4.51	HA
3. feeling on edge or jittery	4.13	A
4. moments of tearfulness	4.82	HA
5. diminished interest	4.56	HA
6. unreasonable feeling of sadness	4.22	A
7. lack of motivation	4.51	HA
8. feeling tearful and moody	4.27	A
9. persistent feeling of sadness and hopelessness	4.07	A
10. thoughts of sadness and grief	4.16	A
Overall Weighted Mean	4.34	A

Legend: 4.50-5.00 – Strongly Agree (Highly Adjusted-HA); 3.50-4.49 – Agree (Adjusted-A); 2.50-3.49 – Somewhat Agree (Moderately Adjusted-MA); 1.50-2.49 – Slightly Disagree (Slightly Adjusted-SA); 1.00-1.49 – Disagree (Not Adjusted-NA)

As gleaned in the table that the respondent women obtained an “Adjusted” transmuted rating in their level of psychosocial adjustments of women in the premenopausal transition along emotional aspect with an overall weighted mean of 4.34 where four (4) indicators were rated “Highly Adjusted” indicating weighted means that range from 4.51 to 4.82 while six (6) indicators reflect and ‘Adjusted’ transmuted rating with weighted means that range from 4.07 to 4.27. This could be interpreted to mean that women during their premenopausal transition are aware of the signs and symptoms mentally, so their

adjustments to their emotions are effortless. They are calm in the face of irritability and unpredictable mood swings, excessive worrying, feeling on edge or jittery, moments of tearfulness, diminished interest, unreasonable feelings of sadness, lack of motivation, persistent feelings of sadness and hopelessness, and thoughts of sadness and grief.

In connection to this, Avis N. E. et al (2021) pointed out that interventions for addressing emotional challenges during the premenopausal transition for perimenopause are multifaceted, focusing on balancing fluctuating hormones, managing psychological symptoms like anxiety and depression, and implementing lifestyle changes. Key approaches include Hormone Replacement Therapy (HRT), Cognitive Behavioral Therapy (CBT) and targeted modifications.

Further Thurston R.C. et al (2020) pointed out that addressing emotions during perimenopause is crucial because this transitional phase often lasting up to 10 years before menopause acts as a window of vulnerability for significant mental challenges due to erratic hormonal fluctuations. Estrogen and progesterone which decline during this time directly impact neurotransmitters that regulate mood such as serotonin, dopamine and norepinephrine. Failing to address these emotional shifts can result in severe anxiety, depression, rage and a diminished quality of life. As such support networks are also important to reduce feelings of isolation.

Table 5 manifests the level of psychosocial adjustments of women in the premenopausal transition along social aspects

Table 5 Level of Psychosocial Adjustments of Women in the Premenopausal Transition Along Social

Indicators	WM	TR
I typically feel the need to adjust to the social changes that come with my premenopausal transition, including:		
sense of loss of identity cause by weakening fertility	4.51	HA
strain relationship with partner, family and friends	4.40	A
feeling of not being understood and	4.51	HA

supported		
less self-engagement or withdrawal from social activities	4.27	A
less work performance and interaction at the workplace	4.27	A
unable to express feelings affecting relationships	4.56	HA
challenges in meeting work deadlines or in managing complex task	4.27	A
feeling uncomfortable in discussing premenopausal due to social stigma	4.51	HA
withdrawal from social activities	4.27	A
concern about aging, appearance and impacting self-esteem	4.04	A
Overall Weighted Mean	4.36	A

Legend: 4.50-5.00 – Strongly Agree (Highly Adjusted-HA); 3.50-4.49 – Agree (Adjusted-A); 2.50-3.49 – Somewhat Agree (Moderately Adjusted-MA); 1.50-2.49 – Slightly Disagree (Slightly Adjusted-SA); 1.00-1.49 – Disagree (Not Adjusted-NA)

As exhibited in the table, the respondents' women responded that they have an "Adjusted" transmuted rating in their level of psychosocial adjustments in their premenopausal transition having an overall weighted mean of 4.36 where four (4) indicators obtained a "Highly Adjusted" transmuted rating having weighted means that range from 4.51 to 4.56 while six (6) indicators obtained a transmuted rating of 'Adjusted' exhibiting weighted means that range from 4.04 to 4.40. this could be interpreted to mean that the respondent women are aware of adjusting themselves socially during the premenopausal transition considering that they are mindful of addressing their sense of low of identity cause by weakening fertility, strain relationship with partners, family and friends, feeling of not being understood and supported, less self-engagement or withdrawal from social activities, less work performance and interaction at the workplace, unable to express feelings affecting relationships, challenges in meeting work deadlines or in managing complex task, feeling uncomfortable in discussing premenopausal due to social stigma, withdrawal from social activities and concern about aging, appearance and impacting self-esteem.

According to Weber M.T. et al (2022) managing social challenges of the menopausal transition focus

on reducing isolation, combating stigma, fostering community, and providing education to empower women during this life stage. Key interventions include establishing support groups, implementing workplace policies, promoting social engagement and providing psychological support. On the other hand, open communication in understanding social changes of menopause can increase support and reduce relational conflict.

Relatively Reynolds, F. (2019) pointed out that being mindful of the social changes during menopausal transition is essential because this phase is not merely biological event, but a profound life shift that impacts relationships, career and personal identity. Failing to adapt can lead to social isolation, decreased quality of life and increased mental health struggles.

Table 6 illustrates the summary of the level of psychosocial adjustments of women in the premenopausal transition.

Table 6 Summary of the Level of Psychosocial Adjustments of Women in the Premenopausal Transition

Indicators	W	T
Summary of the Level of Psychosocial Adjustments of Women in the Premenopausal Transition	M	R
. Physical	4.34	A
. Mental	4.36	A
. Emotional	4.34	A
. Social	4.36	A
Grand Overall Weighted Mean	4.35	A

Legend: 4.50-5.00 – Strongly Agree (Highly Adjusted-HA); 3.50-4.49 – Agree (Adjusted-A); 2.50-3.49 – Somewhat Agree (Moderately Adjusted-MA); 1.50-2.49 – Slightly Disagree (Slightly Adjusted-SA); 1.00-1.49 – Disagree (Not Adjusted-NA)

As shown in the table, the overall level of psychosocial adjustment for women in the premenopausal transition was 4.35, indicating a transformed rating of "Adjusted," with indicators of

mental and social functioning ranking highest at 4.36, while physical and emotional functioning received the same rating of 4.34. This would imply that the respondent women value their mental and social well-being during their menopausal transition, as those who are mentally and socially stable can more easily cope with the physical and emotional aspects of the transition.

Indeed, Greendale et al. (2019) highlighted that maintaining physical, mental, emotional, and social aspects of well-being during the premenopausal transition is crucial for managing life as each aspect significantly impacts the others and contributes to overall happiness and quality of life, a healthy body allows for a sharp mood, strong social connections, provide emotional support and spiritual connections can provide purpose and meaning in life.

Summary for Mean Difference in the Level of Psychosocial Adjustments of Women in the Premenopausal Transition

Relative to the problems of this study, which sought to determine the level of psychosocial adjustment of women in the premenopausal transition across their profile variables, the Analysis of Variance (ANOVA) was computed, and the results are presented as F-values with their corresponding significance levels. This was done to provide a more in-depth analysis of the data gathered in this study, in which the respondents' profiles were compared with their levels of psychosocial adjustment during the premenopausal transition.

Table 7 presents the ANOVA and its corresponding significance values.

Table 7 Mean Difference in the Level of Psychosocial Adjustments of Women in the Premenopausal Transition

Profile Variable	Physical		Psychological		Social		Spiritual	
	F-value	Sig	F-value	Sig	F-value	Sig	F-value	Sig
Age	1.216	.316	.846	.477	.806	.48	.594	.622
Civil	.58	.5	.55	.5	11.7	.00	.23	.7

Status	4	62	7	77	24	0*	2	94
Number of Children	.04	.9	.06	.9	7.58	.00	.13	.9
Highest Educational Attainment	2.091	.100	1.371	.261	1.827	.143	1.300	.286
Monthly Family Income	.79	.4	2.4	.1	1.44	.24	1.1	.3
	2	60	29	00	6	7	11	39

The ANOVA summary table shows the mean differences in psychosocial adjustment among women during the premenopausal transition. Generally, most of the data do not indicate a significant difference in the level of psychosocial adjustment, especially across age, civil status, number of children, highest educational attainment, monthly family income, and duration of premenopausal changes, in their physical, mental, and social aspects. Therefore, the research hypothesis, which states that there is a significant difference in the level of psychosocial adjustments of women in the premenopausal transition, is rejected at the .05 level of significance. These ANOVA results indicate that their variation differs.

On the other hand, there is a significant difference in the level of psychosocial adjustments of women in the premenopausal transition across the profile variables, civil status, and number of children, when compared to the emotional aspects at .000 level of significance. Therefore, the research hypothesis is accepted at .05 level of significance. This indicates a statistically significant difference among the groups being compared. This would imply that the aforesaid variables are highly significant when it comes to the emotional adjustment of women during their premenopausal transition. It could be said that children and family are sources that help women effortlessly adjust their emotions during the aforesaid period of transition.

Table 8 presents the Pearson correlation between the level of psychosocial adjustment of women in the premenopausal transition.

Table 8 Relationship Between the Level of Psychosocial Adjustments of Women in the Premenopausal Transition and their Profile Variables

Profile Variable	Physical		Mental		Emotional		Social	
	r-value	sig	r-value	sig	r-value	sig	r-value	sig
Age	.229	.130	.158	.300	.215	.156	.129	.398
Civil Status	.133	.385	.116	.449	-.399**	.007	.096	.529
Number of Children	.009	.955	-.044	.774	-.412**	.005	-.022	.887
Highest educational Attainment	-.078	.612	-.057	.709	.204	.180	-.024	.875
Monthly Family Income	.176	.248	.306*	.041	.224	.139	.219	.148
Duration of Premenopausal Changes	-.071	.644	-.055	.722	-.280	.063	-.057	.711

It can be observed in the table that the Pearson-r values of all the independent variables, such as age, civil status, number of children, highest education attainment, monthly family income, and duration of premenopausal changes, do not have significant relationships to the respondents' level of psychosocial adjustments of women in the premenopausal transition along physical, mental, and social aspects. In this regard, the research hypothesis, which states that there is a significant relationship between the level of psychosocial adjustments of women in the premenopausal transition, is rejected at .05 level of significance. In other words, the respondents' level of psychosocial adjustment during the premenopausal transition can't be affected by the aforesaid variables. However, the dependent variable, the emotional aspect, is significantly related to civil status and number of children, with p-values of .007 and .005, respectively, supporting the research hypothesis that there is a significant relationship between the level of psychosocial adjustment of women in the premenopausal transition and the emotional aspect. This could mean that the aforesaid independent variables are reflected in women's emotions during their premenopausal transition. As such, the number of children and the civil status of women are sources of psychosocial adjustments of women in their premenopausal transition.

Premenopause is a community-based psychosocial support and wellness program developed to help women better manage the physical, mental, emotional, and social changes associated with the

premenopausal transition. The program was conceptualized based on the study's findings, which showed that although women generally demonstrated psychosocial adjustment during premenopause, challenges persisted, particularly in physical and emotional adjustment. These findings highlighted the need for continuous support, health education, and coping interventions that would help women adapt more positively during this stage of life.

Anchored on Afaf Meleis' Transitions Theory, the program recognizes premenopause as a major developmental and health-related transition that affects various aspects of a woman's well-being. As women experience hormonal, emotional, and social changes, adequate awareness, emotional support, and adaptive coping strategies become essential in promoting healthy psychosocial adjustment. Through the collaborative efforts of healthcare professionals, barangay health workers, family members, and peer support groups, the program aims to create a supportive environment where women feel informed, understood, and empowered.

Proposed Program for Psychosocial Adjustments of Women in the Premenopausal Transition

The primary goal of the program is to promote awareness and strengthen psychosocial adjustment among women in premenopause through community-based health education, emotional support activities, wellness programs, and adaptive coping interventions. Specifically, the program seeks to help women better understand premenopausal changes,

Title of the Program: BABAe: Building Awareness and Better Adjustment among Women Experiencing Premenopause

improve stress management and emotional regulation, encourage healthy lifestyle practices, and strengthen social and family support systems.

The program is intended for women aged 35 years and above who are experiencing premenopausal transition within selected barangays or community settings. It may be implemented over a six-month period through monthly and bi-weekly activities facilitated by nurses, community health workers, and other healthcare professionals.

Project BABAe focuses on four major dimensions of psychosocial adjustment. The physical component promotes healthy lifestyle practices, symptom management, nutrition, sleep hygiene, and physical wellness activities. The mental component emphasizes stress management, cognitive wellness, and increased health awareness through educational discussions and counseling sessions. The emotional

component aims to strengthen emotional resilience, self-esteem, and coping mechanisms while providing emotional support to participants. Lastly, the social component encourages stronger interpersonal relationships, family involvement, peer support, and active community participation among premenopausal women.

At the end of the program, participants are expected to demonstrate improved awareness regarding premenopausal changes and symptom management, healthier coping strategies, enhanced emotional regulation, and stronger psychosocial adjustment across physical, mental, emotional, and social dimensions. The program also aims to foster stronger family and peer support systems and ultimately improve the overall well-being and quality of life of women undergoing the premenopausal transition.

Program Component	Study Finding Addressed	Objectives	Key Activities	Persons Involved	Time Frame	Expected Output
1. Premenopause Health Education	Respondents were generally adjusted but still needed continued awareness on premenopausal changes.	Increase knowledge on physical, mental, emotional, and social changes during premenopause	Health teaching on hormonal changes, common symptoms, self-care, and myths about menopause.	Community health nurse, midwife, barangay health workers	Month 1	Improved awareness and reduced misconceptions about premenopause
2. Physical Wellness and Symptom Management	Physical adjustment obtained one of the lower ratings among the dimensions.	Help women manage hot flashes, fatigue, sleep problems, body changes, and other physical symptoms	Sessions on nutrition, exercise, sleep hygiene, hydration, weight management, and relaxation techniques.	Nurse, nutritionist, fitness instructor, BHWs	Months 1-3	Improved physical coping and symptom management
3. Emotional Coping and Mental Health Support	Emotional adjustment showed significant difference and relationship with profile variables.	Strengthen emotional regulation, stress management, and coping skills.	Small-group counseling, stress management sessions, journaling, breathing exercises, and mental health screening.	Nurse, guidance counselor/mental health professional	Months 2-4	Reduced stress and improved emotional adjustment
4. Family and Partner Involvement	The number of children was associated with emotional	Encourage family understanding and support for	Family orientation, partner support session,	Nurse, barangay officials, family members	Month 4	Improved family support and reduced emotional

	adjustment.	women undergoing premenopause.	discussion on empathy, communication, and shared household responsibilities.			burden
5. Peer Support Group: “Menopause Café”	Social adjustment was generally positive and should be sustained.	Maintain social connectedness and reduce feelings of isolation.	Monthly sharing sessions, peer mentoring, group discussion, and experience sharing.	Premenopausal women, BHWs, nurse facilitator	Months 2–6	Stronger peer support network
6. Livelihood and Self-Empowerment Session	Socioeconomic status may influence women’s ability to cope with health concerns.	Promote confidence, productivity, and economic empowerment.	Skills training orientation, livelihood referral, financial wellness talk, and linkages with LGU programs.	LGU, barangay officials, livelihood coordinator	Month 5	Increased awareness of livelihood and support opportunities
7. Sustainability and Self-Care Planning	High psychosocial adjustment should be maintained	Help women sustain learned coping strategies beyond the program.	Creation of personal self-care plans, peer buddy system, follow-up monitoring, and program evaluation.	Nurse, BHWs, respondents	Month 6	Sustainable self-care practices and continuing support group

Dimension of Coping	Objectives	Proposed Activities	Persons Involved	Time Frame	Expected Outcomes
Social Coping	To strengthen communication and emotional support among family members.	Family Sharing and Reflection Sessions	Bereaved family members, counselor, and community nurse	Weekly family sessions	Participants will improve family communication, emotional connection, and mutual support
	To reduce feelings of loneliness and emotional isolation.	Bereavement Support Group Participation	Bereaved individuals, peer facilitators, and mental health professionals	Twice a month	Participants will feel emotionally supported and understood through shared experiences.
	To strengthen family relationships and collective healing.	Family Bonding Activities such as shared meals, memorial gatherings, or recreational activities	Bereaved family members	Monthly	Participants will develop stronger family relationships and engage in more positive social interaction.
Dimension of Coping	Objectives	Proposed Activities	Persons Involved	Time Frame	Expected Outcomes

Spiritual Coping	To strengthen spiritual well-being and emotional acceptance during grief.	Prayer and Spiritual Reflection	Bereaved family members, spiritual adviser, religious leader	Weekly or as needed	Participants will experience emotional comfort, hope, and spiritual reassurance.
	To help families honor and remember their loved ones meaningfully.	Memorial and Remembrance Rituals	Bereaved family members, religious leaders	During anniversaries or special occasions	Participants will achieve emotional healing and maintain meaningful connection with the deceased.
	To provide spiritual guidance and emotional support during bereavement.	Spiritual Counseling or Guidance	Religious leaders, spiritual counselors, bereaved individuals	As needed	Participants will improve spiritual coping, acceptance, and emotional resilience during grief.

The implementation of the proposed program followed several phases to ensure its organization, effectiveness, and sustainability within the community setting. During the preparation phase, coordination was first established with barangay officials, barangay health workers, and local health personnel to secure support for the program implementation. Potential participants were identified, activity schedules were prepared, and the necessary materials and resources for the sessions were organized. This phase ensured that the program activities were properly planned and responsive to the needs of premenopausal women in the community. The implementation phase involved the actual conduct of the planned activities and intervention sessions. These included health education discussions, wellness activities, counseling sessions, stress management activities, family involvement programs, and peer support meetings. The activities focused on strengthening women's psychosocial adjustment across physical, mental, emotional, and social dimensions. Sessions were facilitated by healthcare professionals and community health workers to ensure participants received proper guidance and support.

During the monitoring phase, the researcher and barangay health personnel regularly monitored respondents' participation and involvement throughout the program. Attendance, feedback, and concerns raised by the participants were documented to assess their responses to the activities. Follow-up support and assistance were also provided when

necessary to address individual concerns and encourage continuous participation.

The evaluation phase focused on assessing the program's effectiveness in improving participants' psychosocial adjustment. Evaluation activities

included assessing respondents' knowledge of premenopausal changes, coping strategies, emotional

well-being, and satisfaction with the implemented activities. Pre-test and post-test assessments, self-report checklists, feedback forms, and counseling notes were utilized to measure improvements in physical adjustment, emotional regulation, stress management, social participation, and overall well-being.

To ensure program continuity, a sustainability plan was also proposed. The activities may be integrated into existing women's health services and community health programs facilitated by barangay health workers and community health nurses. Peer support groups may continue through regular meetings and follow-up activities to maintain emotional and social support among participants. Coordination with local government units and healthcare providers may also strengthen access to wellness, mental health, and livelihood services for women undergoing premenopausal transition. Continuous monitoring and periodic evaluation of the program are recommended to ensure that the interventions remain relevant, responsive, and beneficial to the psychosocial needs of premenopausal women.

IV. FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Salient Findings

The study found that most respondents were in the 46–50 age bracket, comprising 18% of the total respondents. The majority were married (41, 91.1 percent), and most had more than 4 children (34, 75.6 percent). In terms of educational attainment, 29 or 64.4 percent were holders of a baccalaureate degree. Most respondents also reported a monthly family income of Php 63,700 or more, comprising 28 respondents (62.2 percent). Additionally, the majority of the women experienced menarche between 11 and 14 years old and had been experiencing premenopausal changes for more than 12 months, both of which were represented by 34 or 75.6 percent of the respondents.

The overall level of psychosocial adjustment of women in the premenopausal transition was 4.35, interpreted as “Adjusted.” This finding indicates that the respondents generally coped positively with the physical, mental, emotional, and social changes associated with the premenopausal transition.

The study further revealed that there was no significant difference in psychosocial adjustment among women in the premenopausal transition across the physical, mental, and social dimensions, regardless of profile variables. However, a significant difference was observed in the emotional domain, suggesting that emotional adjustment varied across certain respondent characteristics.

Similarly, no significant relationships were found between the respondents’ profile variables and their psychosocial adjustments across the physical, mental, and social dimensions. Nevertheless, a significant relationship was identified in the emotional domain, indicating that selected profile variables were associated with women's emotional adjustment during the premenopausal transition.

Conclusions

Based on the study's findings, the respondents differed in demographic, socioeconomic, and reproductive characteristics, indicating diversity in

their personal backgrounds and experiences during the premenopausal transition.

The study further concluded that women undergoing premenopause generally demonstrated a positive level of psychosocial adjustment across physical, mental, emotional, and social dimensions. This suggests that the respondents were able to adapt effectively to the changes associated with premenopause, possibly due to adequate awareness, positive coping mechanisms, and supportive life experiences.

Moreover, the findings revealed that the respondents exhibited comparable levels of psychosocial adjustment in the physical, mental, and social aspects regardless of their profile variables. However, emotional adjustment varied significantly, indicating that individual circumstances and personal experiences may influence emotional responses during premenopause.

Lastly, the study concluded that selected profile variables, particularly the number of children and the highest educational attainment, were significantly associated with the emotional aspect of psychosocial adjustment. This implies that family responsibilities and educational background may influence how women emotionally cope with the challenges and transitions experienced during premenopause.

Recommendations

Based on the study's findings and conclusions, it is recommended that greater emphasis be placed on strengthening women's physical and emotional psychosocial adjustment during the premenopausal transition, as these dimensions showed the lowest levels of adjustment among the respondents. Healthcare professionals, particularly nurses, may develop and conduct health education seminars, counseling sessions, stress management activities, and wellness programs to equip women with the knowledge, coping strategies, and self-care practices to better manage the physical and emotional changes associated with premenopause.

Given that respondents generally demonstrated positive psychosocial adjustment across physical, mental, emotional, and social dimensions, sustainability programs and ongoing support

activities are likewise recommended to maintain and further enhance women's confidence, resilience, and overall well-being during the premenopausal transition. Community-based interventions, such as peer support groups, wellness activities, and psychosocial counseling programs, may be regularly implemented through barangay health centers and women's health programs.

Local Government Units (LGUs), healthcare institutions, and community leaders are also encouraged to strengthen women's health initiatives by integrating premenopausal care and psychosocial support services into existing community health programs. Collaboration among nurses, barangay health workers, mental health professionals, and women's organizations may help improve access to health information, emotional support, and community resources for premenopausal women.

Considering that socioeconomic conditions may influence women's ability to cope with psychosocial challenges during premenopause, livelihood assistance programs, economic empowerment activities, and community support services for low-income families are likewise recommended. Such interventions may help reduce stress and improve women's quality of life and psychosocial well-being. Furthermore, nurses and healthcare providers should continue to promote holistic and patient-centered care by addressing not only the physical symptoms of premenopause but also the mental, emotional, and social concerns experienced by women during this stage. Health promotion activities focusing on awareness, early intervention, and family involvement may contribute to healthier psychosocial adjustment among premenopausal women.

Lastly, future researchers are encouraged to conduct related studies with larger sample sizes, broader geographical coverage, and additional variables to explore further the psychosocial experiences and adjustment patterns of women undergoing the premenopausal transition. Further research may also focus on developing evidence-based nursing interventions and community programs that specifically address the psychosocial needs of premenopausal women.

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