Journal of Midwifery & Reproductive Health

JMRH.mums.ac.ir

Menopause and Marital Challenges: Physical, Psychological and Economic Challenges to Couples' Quality of Life

Leila Bozorgian (MSc)[1], Parvin Esfandiarinezhad (MSc)[1], Ali Hasan Rahmani (PhD)[2], Mina Iravani (PhD)[3,4*]

[1] PhD Student in Midwifery, Student Research Committee, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran
[2] Associate Professor, Toxicology and Forensic Medicine Specialist, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran
[3] Assistant Professor, Department of Midwifery, School of Nursing and Midwifery, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran
[4] Menopause Andropause Research Center, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran

ARTICLE INFO

Article Type:
Original article

Article History:
Received: 26-May-2024
Accepted: 11-Dec-2024

Key words:
Menopause
Quality of Life
Spouses
Qualitative Research
Iran

ABSTRACT

Background & aim: Menopause is a natural biological process; however, it is often accompanied by challenges that can significantly affect the quality of life of both women and their partners. This study aimed to explore the experiences of couples regarding challenges to their quality of life during menopause.

Methods: This qualitative study employed a conventional content analysis approach. A total of 30 participants (15 postmenopausal women and their spouses) were selected using purposive sampling from [health centers] in Ahvaz, southwestern Iran. Data collection was conducted through in-depth, semi-structured interviews until data saturation was reached. The data were analyzed using the conventional content analysis method proposed by Graneheim and Lundman.

Results: The experiences of menopausal women and their husbands about challenges to quality of life were classified into one main theme of "Confronting multifaceted challenges," and four categories: a) Psycho-emotional toll, b) Struggles with physical changes and pain, c) Sexual health challenges, and d) Socio-economic obstacles.

Conclusion: This study highlights the multifaceted nature of menopausal challenges that affect couples' quality of life. The findings underscore the necessity of addressing not only physical and mental health needs but also sexual dynamics and economic factors. A holistic, couple-centered approach in healthcare emphasizing education, support, and targeted interventions is recommended to improve quality of life.

▶ *Please cite this Paper as*:
Bozorgian L, Esfandiarinezhad P, Hasan Rahmani A, Iravani M. Menopause and Marital Challenges: Physical, Psychological and Economic Challenges to Couples' Quality of Life. Journal of Midwifery and Reproductive Health. 2026; 14(3): 1-12. DOI: 10.22038/jmrh.2024.80171.2401

Introduction

Menopause is a physiological and age-related change that may occur between the ages of 40 and 58 years, with a mean age of incidence around 51 years worldwide (1). Women's experience of menopause may be affected by psychological, social, and cultural factors (2). These symptoms can be related to decreased hormone levels in menopausal women and their aging process (3-4). In recent years, given global population aging, menopause has increasingly become a significant health issue affecting millions of women worldwide, and it has become a major health issue (5). Menopause is a normal physiological process in women's lives, but the lives of many Menopause is a normal physiological process in women's lives; however, many women undergo various changes and challenges during the menopausal period (6). These changes may be due to mood and psychological changes, restlessness, flushing, menstrual disorders, joint pain,

* *Corresponding author*: Mina Iravani, Assistant Professor, Department of Midwifery, School of Nursing and Midwifery, Ahvaz Jundishapur University of Medical Sciences, Ahvaz, Iran. Tel; 00989163222899; Email: minairvani2004@yahoo.com

headaches, memory disorders, irritability, and depression, which can affect the quality of life of women and their family members (7-8).

Quality of life (QoL) is a standard measure of expectations for a good life. A person can explore different areas of his or her life through QoL (9). It can be affected by several factors, including age, education level, work, and support from the spouse (10). The challenges faced by women during menopause affect the QoL of both them and their spouses. (11). Sharon et al. (2019), in a cross-sectional study, emphasized the important role that menopause plays in couples' lives. Researchers believe that when husbands are aware of menopausal changes, this awareness can influence their decisions in dealing with their wives (12). Several studies indicated that changes and challenges of menopause affect the sexual function of couples (13), which can play a major role in the health and QoL of the couples (14).

Individual and social factors associated with the severity of symptoms during menopause could affect the partner's QoL (15). Based on the review study by Hosni et al (2018), negative reaction from spouse can adversely affect menopause (symptoms) (11).To date, several qualitative studies have explored menopause-related experiences. A qualitative study by Isabel de Salis et al. (2018) found that women report feelings of loss, aging anxiety, and a need for spousal understanding (16). Another qualitative study by Dillaway (2008) revealed that women often feel that their husbands do not fully grasp the severity of menopausal symptoms (17). However, these studies predominantly focused on the experiences of menopausal women alone. They failed to explain how QoL challenges are mutually navigated by couples, nor did they explore the dyadic perspective of both spouses simultaneously. Most importantly, to our knowledge, no study has specifically examined the challenges to quality of life from the perspective of both postmenopausal women and their spouses simultaneously using a qualitative content analysis approach. Given the increasing elderly population and the urgent need to understand the physical and mental challenges of this demographic, it is therefore crucial to examine couples' experiences more closely. The existing knowledge gap regarding the dyadic perspective of couples—particularly how postmenopausal women and their spouses mutually experience challenges to their quality of life—justifies the need for the present study. This study aimed to illuminate the perspectives of couples regarding the challenges and changes in the QoL of postmenopausal women, highlighting an area that deserves more attention and exploration.

Materials and Methods

This study was conducted in Ahvaz during 2023, using a qualitative content analysis approach.

In this study, at first, 15 married postmenopausal women were recruited based on the inclusion criteria, and then their husbands were invited to participate. The participants were couples who received health services covered by healthcare centers. Participants were selected using purposive sampling. To achieve the maximum variety, couples with different ages and different educational levels were selected from various healthcare centers. The study inclusion criteria for women were as follows: cessation of menstruation for at least 12 months, lack of chronic medical conditions, ability to communicate with the researcher, and willingness to participate in the study. Also, the inclusion criteria for their spouses were: (a) willingness to participate in the study, (b) ability to communicate with the researcher, (c) no history of chronic medical conditions (including psychiatric disorders, cardiovascular disease, diabetes, or other conditions that could affect quality of life). Sampling continued until data saturation was reached, which occurred after interviewing 15 couples (30 individuals). The demographic characteristics of the participants are provided in Table 1.

Data were collected through in-depth, semi-structured interviews. After obtaining both official and ethical approval, the researcher referred to the selected healthcare centers with an introduction letter. The researcher identified potential participants through the integrated health system (SIB) (sib.mums.ac.ir). The participants were contacted and invited to take part in the study. The location and time of the interviews were chosen by the participants. The interviews were conducted in a quiet

environment. To ensure privacy and comfort of the couples, interviews were conducted separately with each individual. Before beginning the interviews, the purpose of the study was explained to the couples, and they were assured that the interview contents would remain confidential and anonymous.

Table 1. Demographic characteristics of the participating couples

Id	Participants	Age (years)	Education level	Job status	Ethnicity	Number of children	Duration of marriage (years)
1	Woman	52	Bachelor and above	Employed	Persian	Two children	25
	Mean	58	Bachelor and above	Employed	Lur		
2	Woman	60	Bachelor and above	Housewives	Lur	Three children and more	30
	Man	62	Diploma	Unemployed	Lur		
3	Woman	55	Diploma	Housewives	Arab	No children	18
	Man	55	Diploma	Unemployed	Lur		
4	Woman	48	Diploma	Housewives	Persian	The only child	22
	Man	60	Diploma	Unemployed	Arab		
5	Woman	65	High school and less	Housewives	Persian	Three children and more	35
	Man	70	High school and less	Unemployed	Lur		
6	Woman	55	High school and less	Housewives	Lur	Three children and more	35
	Man	65	High school and less	Unemployed	Arab		
7	Woman	50	Bachelor and above	Employed	Persian	Two children	24
	Man	65	Bachelor and above	Employed	Persian		
8	Woman	58	High school and less	Housewives	Persian	Three children and more	32
	Man	62	Diploma	Unemployed	Persian		
9	Woman	56	Diploma	Housewives	Arab	The only child	26
	Man	68	High school and less	Unemployed	Lur		
10	Woman	49	Diploma	Employed	Arab	No children	20
	Man	56	Bachelor and above	Employed	Arab		
11	Woman	66	High school and less	Housewives	Persian	Three children and more	38
	Man	65	High school and less	Unemployed	Persian		
12	Woman	53	Bachelor and above	Housewives	Persian	Two children	27
	Man	60	Bachelor and above	Employed	Persian		
13	Woman	59	High school and less	Housewives	Arab	Three children and more	31
	Man	65	High school and less	Unemployed	Arab		
14	Woman	51	Diploma	Employed	Lur	The only child	23
	Man	59	Diploma	Employed	Persian		
15	Woman	60	High school and less	Housewives	Lur	Two children	34
	Man	64	High school and less	Unemployed	Lur		

The participants provided written informed consent for the interviews to be conducted and recorded. The interviews were conducted by a doctoral student of midwifery (L.B) who was interested in qualitative research in the field of women's health, under the supervision of an associate professor of reproductive health (M.I.). Each interview lasted between 45 and 50 minutes. The interview guide was developed based on the literature review and research objectives. The questions were organized as follows:1- Please tell me about yourself and your family. 2- How long have you beenmarried? 3-Please describe your experience of menopause for yourself and your partner. 4- What challenges have you experienced since this period began in your life? 5-Have either of you noticed significant changes in health since experiencing menopause? If so, can you elaborate? 6- How has menopause affected your emotional well-being as a couple? And the closing question includes: 1- Is there anything else you would like to add about your experiences as a couple during menopause? Probing questions included: 1-"What do you mean by this sentence?"2- "Could you please

explain more about that?"3- "Can you give me an example?"

All interviews were recorded and transcribed verbatim. They were also read, coded, and classified, and themes were extracted by the first and second researchers separately. The resulting codes, categories, and themes were shared among the researchers. Finally, categories and themes emerged by sharing the codes of the two researchers. Disputes were resolved with the help of the supervisor.

The data were analyzed by a seven-step content analysis method proposed by Graneheim and Lundman (18). This approach includes the following steps:

Step 1: Transcription and familiarization – All interviews were recorded and transcribed verbatim immediately after each interview. The first researcher (L.B.) read each transcript multiple times to gain a sense of the whole.

Step 2: Meaning unit identification – The transcribed text was divided into meaning units (words, sentences, or paragraphs that related to the same central meaning).

Step 3: Condensation and abstraction – Each meaning unit was condensed while preserving the core content. The condensed meaning units were then abstracted and assigned a code.

Step 4: Coding – The first researcher (L.B.) and the second researcher (M.I.) independently coded the transcripts. This independent coding process was performed separately to enhance the trustworthiness of the analysis.

Step 5: Category and theme development – The codes were compared based on similarities and differences and then grouped into subcategories, categories, and finally one main theme.

Step 6: Consensus – The resulting codes, categories, and themes were shared among all research team members. Any disagreements or disputes were resolved through discussion with the supervisor until consensus was reached.

Step 7: Review and refinement – The final themes and categories were reviewed against the original transcripts to ensure they accurately reflected the participants' experiences.

The four main criteria, namely credibility, confirmability, reliability, and transferability of Lincoln and Guba were used to ensure the accuracy and reliability of the data (19). To ensure the validity of the data, the obtained results were confirmed by the participants. Also, the data were evaluated by an external researcher. To achieve verifiability, all stages of the study, from the idea of the study to the writing of the results, especially the data analysis, were carried out under the supervision of the supervisor (M.A.). To ensure reliability, the results were recorded in detail so that if another researcher wanted to continue researching in this area, they could follow up. The transferability of the findings was achieved by providing a rich description of the research report in this field. The members of the research team held several meetings to review the findings, and the results were also reviewed and then approved by the supervisor.

Results

The study participants considered their overall experience of menopause as a main theme of "Confronting multifaceted challenges" and four categories: a) Psycho-emotional toll, b) Struggles with physical changes and pain, c) Sexual health challenges, and d) Socio-economic obstacles (Table 2). This reflected the couples' unpleasant experiences of the challenges that women and men encountered in their lives after menopause.

The concept of "Confronting multifaceted challenges" refers to a difficult period in married life when couples face a simultaneous increase in various challenges (physical, psychological, sexual, and economic) that collectively diminish the quality of their shared life experiences. Importantly, "confronting multifaceted challenges" does not simply mean facing difficulties; rather, these challenges lead to the gradual erosion of previously enjoyed aspects of married life such as intimacy, emotional connection, physical comfort, and financial stability. There are different dimensions to the challenges associated with this period in the marriages of postmenopausal women and their husbands, with classes and quotes below to illustrate the range of experiences and challenges reported by different couples.

Category 1- Psycho-emotional toll

This category reflects the psychological and social difficulties that couples experienced

during the postmenopausal period, which negatively affected their quality of life. Couples reported changes in mood, emotional well-being, social interactions, and daily functioning. These challenges often created tension in the marital relationship and reduced the couples' ability to enjoy their shared life.

Table 2. Challenges of Postmenopausal Women and Their Husbands

Sub-categories	categories	theme
-Irritability and bad temper -Feeling depressed -Lack of sleep and insomnia -Feeling lonely and abandoned. -Feeling unwell	Psycho-emotional toll	
-Physical pain and limitations - Flushing (hot flashes) - Body-shaming due to weight gain - Cognitive impairment -Problems caused by urinary incontinence -Constipation and defecation problems.	Struggles with physical changes and pain	Confronting multifaceted challenges
-Sexual Discontent -Sexual dysfunction	Sexual health challenges	
-Social avoidance -Increased medical and pharmaceutical costs -Increased care and welfare costs	Socio-economic obstacles	

The five subcategories that emerged under "Psycho-emotional toll" are;1-Irritability and bad temper, 2- Feeling depressed, 3-Lack of sleep and insomnia, 4-Feeling lonely and abandoned, and 5-Feeling unwell. Below, each subcategory is described with supporting quotations from the participants.

1.1- Irritability and bad temper

Participants frequently reported increased irritability and mood swings in postmenopausal women, which affected communication and harmony within the couple relationship. Husbands described feeling confused and frustrated by sudden emotional changes, while women reported feeling out of control and guilty afterward.

"Ever since my wife went through menopause, she has become impatient, and she gets angry and yells at me and my kids for every little thing. I don't feel like yelling at him either ", (69-year-old man).

"Since I went through menopause, I've become impatient and get upset and get cranky, and I feel like my husband is not the same as he used to be. Life is not as beautiful as it used to be", (55-year-old woman).

1.2-Feeling depressed

Many postmenopausal women described persistent sadness, loss of interest in daily activities, and a sense of hopelessness. Husbands also reported feeling helpless and sad witnessing their wives' suffering, and some husbands experienced depressive symptoms themselves.

"I wake up in the morning, and nothing makes me happy anymore. Not cooking, not seeing the grandkids, not even watching TV. My husband says, 'Why are you always so sad?' But I can't explain it. I just feel like something heavy is sitting on my chest all day." (62-year-old woman)

"She would get upset with the slightest criticism and would sulk and cry", (69-year-old man).

1-3- Lack of sleep and insomnia

Sleep disturbances during the postmenopausal period affect not only women

themselves but also their spouses. Participants in this study, both women and men reported insufficient and poor-quality sleep as one of the main challenges in their daily lives. On the one hand, postmenopausal women complained of difficulties such as trouble falling asleep, frequent night awakenings (often due to hot flashes and night sweats), and early morning awakening. These sleep problems led to daytime fatigue, reduced concentration, and increased irritability in women, which in turn negatively affected the daily interactions of couples. On the other hand, male spouses were also indirectly affected by their wives' sleep disturbances. The wife's restlessness during the night, sounds of discomfort, and sometimes turning on the light or getting out of bed all disrupted the husband's sleep pattern.

"Sometimes we sit with my friends on a park bench and talk about life, I yawn, and I am embarrassed about it, I can't sleep at night from the sigh sound of my wife", (70-year-old man).

1-4- Feeling lonely and abandoned

Some participants described a sense of emotional distance and disconnection within the marital relationship. Women reported feeling that their husbands did not understand what they were going through, leading to feelings of loneliness despite living together. They described a lack of emotional safety and belonging in what was once a warm and secure relationship.

"My wife doesn't go anywhere with me. She's always in the kitchen; I don't know what she's doing. The kids are looking for their lives. Our house is like a haunted house, and nothing is the same", (68-year-old man)."Nothing is like before. Even when I go to the market, no one comes with me. I guess no one is in the mood for me, so I'm always alone". (63-year-old woman).

1-5- Feeling unwell

Postmenopausal women reported various physical complaints that were not easily attributed to a specific medical condition, including general weakness, body aches, headaches, and a persistent feeling of being "unwell." These somatic symptoms contributed to reduced daily functioning and increased dependency on spouses

"She complains of back and leg pain day and night. Either she has back pain or leg pain. She always moans in pain. (66-year-old man)

Category 2- Struggles with physical changes and pain

This category encompasses the physical symptoms and bodily changes that postmenopausal women experienced, which directly affected their daily functioning, mobility, and overall quality of life. These physical challenges also had a significant impact on their spouses, who often assumed additional caregiving responsibilities or felt helpless watching their wives suffer. Couples reported that physical health challenges were often the most visible and disruptive aspect of the postmenopausal period. The five subcategories that emerged under "Struggles with physical changes and pain" are: 1-physical pain and limitations, 2- Flushing (hot flashes), 3- Body-shaming due to weight gain, 4- Cognitive impairment, 5- Problems caused by urinary incontinence, 6- Constipation and defecation problems.

2-1- Physical pain and limitations

Postmenopausal women frequently reported chronic pain in their joints, bones, and muscles, particularly in the knees, lower back, and hands. This pain limited their ability to perform household chores, engage in physical activities, and participate in social events. Husbands reported observing their wives' physical limitations and often took on additional household responsibilities.

"She complains of bone pain every night. Either she has a backache, or she has a leg. "I haven't had a good day because of my wife's pain for years", (70-year-old man).

"I've been in constant pain since my menstruation stopped. I went to the doctor a lot. He says I should exercise and eat well. My husband is upset with me and thinks I'm lazy", (59-year-old woman)

2-2- Flushing (hot flashes)

Hot flashes were described as one of the most distressing physical symptoms by postmenopausal women. These sudden episodes of intense heat, often accompanied by sweating and palpitations, occurred unpredictably during the day and night. Nighttime hot flashes

disrupted sleep, while daytime hot flashes caused embarrassment and social withdrawal.

"Every minute she says I burned; she could not sleep at night from the heat. I don't know what to do with her. It's hot in the winter. She made life hell for us", a 70-year-old man says.

"Before my period stopped ,I was hot for a while, and I woke up most nights from the heat. It's a lot more, and the family has been annoyed by me ", (63-year-old woman).

2-3- Body-shaming due to weight-gain

Many postmenopausal women reported unexpected weight gain, particularly around the abdomen, despite no significant changes in their diet or physical activity. This weight gain affected their body image, self-esteem, and comfort in social situations. Husbands' reactions varied, but some women perceived their husbands as less attracted to them.

" She hasn't been working for years. She's been sitting at home all day, eating and sleeping. She's so fat. She doesn't think about her health at all, so she will suffer from more diseases", (65-year-old man).

"If we don't exercise, we will get sick sooner, but no matter what I do, my wife won't come with me. No matter how much I tell her that you are getting fat, she doesn't care", (67-year-old man says)

2-4- Cognitive impairment

Cognitive changes, particularly forgetfulness and difficulty concentrating, were commonly reported by postmenopausal women. They described misplacing items, forgetting appointments, and struggling to focus on conversations or tasks. Some women feared these symptoms indicated a more serious condition like dementia. Husbands reported having to remind their wives of daily tasks and appointments.

"She's forgetful and loses everything in the house. No one picks things up; my wife puts things away, and then forgets where she put them. We always fight over this problem (laughing a lot)." ", (69-year-old man)

"I forget where I put things. I got medication from the local doctor for amnesia, but it doesn't work. My husband says you're getting old. Sometimes I feel like the good days of life are over", (63-year-old woman)

2-5- Problems caused by urinary incontinence

Urinary incontinence was a sensitive but significant challenge reported by many postmenopausal women. They experienced urine leakage during coughing, sneezing, laughing, or physical activity, which led to embarrassment, social avoidance, and reduced quality of life. Some women limited their outings and avoided social gatherings. Husbands reported being understanding but acknowledged the impact on shared activities.

"I often pee before I get to the bathroom, and I have to change or shower or change my underwear a few times a day. That's why I prefer to be home more often than go somewhere, and I don't even travel much", (65-year-old woman).

2-6- Constipation and defecation problems

Another physical problem reported by participants was difficulty excreting feces. They believed that after menopause they were more constipated, and suffered from hemorrhoids.

" I always get constipation, and it gets so severe that sometimes I have bleeding. The doctor said you had hemorrhoids and the medicine didn't heal; I had to operate", (62-year-old woman).

Category 3- Sexual Health Challenges

Entering the menopause has created another fundamental change in the life of couples that can be directly related to the decrease in their QoL. Couples reported that menopause problems caused them to increase sexual dissatisfaction due to various reasons. Although cultural barriers, shame, and modesty prevented the explicit expression of marital and gender issues, most couples pointed to this problem to some extent.

The two subcategories that emerged under "Sexual health challenges" are: sexual discontent and Sexual dysfunction.

3.1- Sexual discontent

Sexual discontent referred to couples' feelings of dissatisfaction, frustration, and loss regarding their sexual relationship. Postmenopausal women reported decreased interest in sexual activity, while husbands reported feeling rejected or undesired. Both partners expressed a sense of loss for the intimacy they once shared.

"We've been separated from our beds for a long time. My wife says I'm old and tired and I can't. She says I'm in pain, and I'm hurting", (68-year-old man).

"I'm not young anymore. My husband sometimes complains and doesn't think of me. I'm not the same as before, and when I have sex, it hurts, and I can't enjoy it", (a 65-year-old woman).

3.2- Sexual dysfunction

Sexual dysfunction included specific physical difficulties such as vaginal dryness, pain during intercourse (dyspareunia), and difficulty achieving arousal or orgasm. These problems made sexual activity painful or impossible for some women, leading to complete avoidance of sexual contact. Husbands reported frustration and concern, but many were unsure how to address these problems.

"Intercourse is so painful now. It feels like tearing. I try to tolerate it for my husband, but sometimes I just cannot", (woman, 55 years old)

"I can see that she is in pain, so I stopped initiating. But I don't know what to do. Is this the end of our sexual life? I am only 58", (man, 58 years old).

Category 4- Socio-economic obstacles

Financial problems were among the other spouses' complaints. Increasing medical costs due to the increased need to see a physician and high costs related to it were among the other challenges faced by couples. Postmenopausal women required more medical consultations, diagnostic tests, and medications. Additionally, when women were unable to perform their usual household duties due to physical or psychological symptoms, families incurred additional costs for help, or husbands reduced work hours to provide care. These economic strains added another layer of stress to the couple's lives.

The three subcategories that emerged under "Socio-economic obstacles" are: Increased medical and pharmaceutical costs and Increased care and welfare costs.

4.1-Social avoidance

Couples reported declining invitations to family events, religious ceremonies, or outings with friends because they could not afford transportation, appropriate clothing, gifts, or the shared costs of dining out. They also avoided social gatherings due to shame and/or pain and discomfort caused by menopausal changes. These led to feelings of isolation and a weakened support network, compounding the psychological burden already associated with the postmenopausal period.

“My friends keep inviting us to weddings and birthday parties, but I keep making excuses. How can I go when my wife keeps nagging and saying she doesn’t want to go anywhere because she’s old? I always feel embarrassed for my friends.” (64-year-old man)**.**

4.2-Increased medical and pharmaceutical costs

Couples reported that the postmenopausal period brought frequent visits to doctors (gynecologists, general practitioners, and sometimes specialists), diagnostic tests (bone density scans, blood tests, ultrasounds), and various medications (hormone therapy, pain relievers, antidepressants, supplements). These costs placed a significant financial burden on families, particularly those with limited or fixed incomes.

"It hurts every day. Our lives are doctors and medicines. One day, the doctor, the next doctor. How much money do I have to spend on medicine, and every day the doctor changes? I don't know what the problem is", (69-year-old man).

"My husband can't work like he used to. Our living costs are high, and I get sick often. People ask me, 'Why don't you go to the doctor?' My husband sadly says, 'I don't know whether to spend money on your food, your clothes, or your doctor.'"

4.3-Increased care and welfare costs

As postmenopausal women experienced physical limitations (pain, fatigue, incontinence) and psychological difficulties (depression, irritability), they became less able to perform household tasks such as cooking, cleaning, shopping, and childcare. Families either had to pay for outside help (maids, delivery services) or husbands had to reduce work hours to provide care themselves. Both scenarios created financial pressure.

"I always thought we'd be better off after retirement, but since my wife started going

through the postmenopausal period, I've had to cut back on my part-time work just to stay home and take care of her. That's lost income we never planned for.", (67-year-old man).

Discussion

The results of the present study revealed that postmenopausal women and their husbands perceive menopause as a process of "Confronting Multifaceted Challenges" that profoundly alters their quality of life (QoL). This main theme captures the complex, interrelated, and simultaneous nature of challenges psychological, emotional, physical, social, and financial that couples face during the postmenopausal period.

According to our findings, one main category of challenges faced by postmenopausal couples is the psycho-emotional toll of this period. In a qualitative study by Chen and Tsai (2026), it was reported that menopause was experienced not as a single biological event but as a multidimensional life transition that simultaneously challenged couples' physical health, emotional intimacy, and financial stability in Chinese couples (20). De Salis, Owens, and Ayers (2018), in their qualitative study of British women, found that participants narrated menopause as a period of "distress" in which feelings of anger, loneliness, and bad behavior increased significantly. These women reported that their emotional changes were often misunderstood by their husbands, leading to marital tension (16). A qualitative study by Winters et al. (2022) directly examined the perspective of male spouses. They found that husbands of menopausal women frequently reported feeling confused, helpless, and sometimes resentful when confronted with their wives' unpredictable mood swings. The men described a sense of "walking on eggshells" at home, which aligns with our finding that menopause-related mental health challenges significantly affect the QoL of both partners (21). Our study corroborated these findings, suggesting that the mental health challenges associated with menopause could significantly affect the QoL of couples. Many women experience mental disorders during the menopause, including sleep disturbances, fatigue, and symptoms of anxiety and depression. These changes, which are often exacerbated by hormonal fluctuations, contribute to mood instability and increased health-related anxieties (22-23). Women have menopausal signs and symptoms, such as HFs, night sweats, and osteoporosis. They also experience a decline in sleeping hours, leading to anger and irritation. Menopause also affects the QoL of their spouses, and these cases can also make the husband feel sick (24). Therefore, changes related to menopause can directly alter the quality of mental health of couples and cause many problems in them.

With entering the menopause, couples have new experiences of physical health problems. Qualitative studies provide rich insight into how these physical problems are experienced by couples. In a qualitative study by Mahon and McAuley (2018), postmenopausal women described hot flashes as not merely a physical nuisance but a source of social embarrassment and marital frustration. Women reported that hot flashes disrupted shared activities such as sleeping, dining out, and sexual intimacy, leading to resentment from their husbands. Similarly, a qualitative study by Jackson et al. (2023) found that women with urinary incontinence during menopause often avoided social gatherings and limited their time away from home, which in turn restricted their husbands' social lives and created feelings of guilt and isolation in both partners (25). Our findings echo this pattern, with many husbands expressing concern regarding their partners' perceived inactivity during menopause, attributing weight gain to a lack of exercise, which exacerbated musculoskeletal pain and compounded challenges. HFs, which are common and annoying symptoms of menopause, were the reason for the complaints of many participants. They are considered a subjective sensation of a sudden increase in temperature among postmenopausal women that could be associated with several factors, including an increase in body mass (26). Priya et al. (2025) in a qualitative study identified constipation, urinary and fecal problems, weight gain, and musculoskeletal pain as factors that reduce couples' quality of life (27). Other studies reflect similar conclusions, asserting that HFs can adversely affect the emotional well-being and relational health of both partners (28). Such

reticence can exacerbate feelings of isolation and embarrassment, further contributing to the diminished QoL experienced by postmenopausal women and their partners. In conclusion, the challenges associated with physical health during the menopausal transition are multifaceted and impactful. From weight gain and musculoskeletal pain to hot flashes and urinary incontinence, these issues profoundly affect the QoL of both postmenopausal women and their spouses.

The physiological changes accompanied by the menopause often lead to an array of sexual health issues, including increased sexual dysfunction. These changes, primarily driven by hormonal fluctuations, can hinder sexual arousal, lubrication, and satisfaction (28). Fernández Rísquez et al. (2023), sexual problems were found to be very common during menopause, and in most cases, these were linked to anatomical problems in menopausal women, including pelvic organ prolapses (29). In the present study, couples made a brief reference to their sexual health problems, and cultural factors and feelings of shame and modesty seemed to cause men and women to not speak clearly about the sexual challenges associated with menopause that affected their QoL. However, several couples reported their sexual changes. The participants reported that men's dissatisfaction with women's menopausal changes led to a decrease in the quality of their sexual relations. Bulut et al. 2025 conducted a meta-synthesis and stated that sexual problems experienced by women during menopause negatively affect the quality of couple relationships (30). Shahrahmani et al. (2025) conducted a qualitative study and stated that sexual satisfaction during menopause is a subjective, dynamic, and interactive concept that is significantly influenced by an individual's perception of their sexual experiences and marital life. Physiological changes during menopause can lead to feelings of sexual helplessness that affect sexual satisfaction. Menopausal women may find that emotional intimacy and closeness with their sexual partner have a greater impact on sexual satisfaction than physical acts (31).

With the onset of menopause due to physiological changes caused by hormones and incorrect lifestyles, many women might experience menopausal symptoms more severely, resulting in an increased need to refer to a doctor. Many couples pointed to the economic problems and medical costs created during menopause and reported that this caused them to be dissatisfied with life. Studies show that menopausal symptoms are one of the most common reasons why menopausal women go to the doctor (32). The current economic context in countries like Iran adds another layer of complexity, as increased medical expenses can further diminish the QoL of both postmenopausal women and their partners. The financial implications of managing menopausal health issues underscore the need for accessible healthcare services and support systems designed to alleviate the economic burden on couples during this transitional phase.

Our results, like other qualitative studies, are influenced by the sociocultural context of Iran, which may affect the transferability of the findings. However, sampling was done with maximum diversity. Another limitation of this study is that all study participants were selected from southwestern Iran, in Khuzestan Province, and with different ethnicities; the results may not be generalized. It is therefore recommended that more studies be conducted to investigate the components and dimensions of the experiences of menopausal couples in other regions of Iran. Despite these limitations, the study provides a deep, contextually grounded understanding of the lived experiences of menopausal couples and an insight that quantitative methods cannot capture. Furthermore, maximum diversity sampling (including different ethnicities within Khuzestan) significantly enhanced the richness of the data and the internal credibility of the findings.

Conclusion

This study underscored the intricate and multifaceted challenges associated with menopause, highlighting the necessity for a comprehensive approach to improve the quality of life for both menopausal women and their spouses. The findings revealed that addressing the health needs of postmenopausal women alone was insufficient; the well-being of their husbands must also be prioritized. Furthermore,

it is imperative to consider the dynamics of couples' sexual relationships alongside the economic pressures they face. Research and healthcare strategies should adopt a holistic perspective on menopause, incorporating education, emotional support, and diverse treatment options. By doing so, we can better cater to the varied experiences of women and their spouses, ultimately fostering an environment that enhances their overall quality of life during this significant period. It is through this comprehensive understanding that we can pave the way for healthier, more fulfilling partnerships in the context of menopause.

Declerations

Acknowledgments

We would like to thank all the couples who participated in this study, and we also thank the Student Research Committee of Ahvaz University of Medical Sciences.

Conflicts of interest

The authors declared no conflicts of interest.

Ethical considerations

Participation in this study was voluntary. The interviews were conducted in a quiet environment in the health center room. Permission was obtained from the participants to record the interviews, and they were assured that their information would remain confidential.

Code of Ethics

This study was approved by the Ethics Committee of Ahvaz Jundishapur University of Medical Sciences (IR. AJUMS. REC.1402.177) on April 11, 2023.

Use of Artificial Intelligence (AI)

During the preparation of this work, the authors used Grammarly for language editing and grammar checking. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the scientific content, accuracy, and final version of this manuscript.

Funding

Not applicable.

Authors' contribution

LB designed the study and collected and analysed the data. PE collected the data and participated in the interpretation of the results AHR collaborated in manuscript editing MI participated in both the interpretation of the results and drafting the manuscript, and supervised the study conduction.

References

1. Nappi RE, Siddiqui E, Todorova L, Rea C, Gemmen E, Schultz NM. Prevalence and quality-of-life burden of vasomotor symptoms associated with menopause: A European cross-sectional survey. Maturitas. 2023; 167: 66-74.
2. Schach E, Kothari J, Perkiss E, Hutchinson-Colas J, Turock H, McGreevey J, et al. Symptomatic menopause: Additional challenges for incarcerated women. Maturitas. 2021; 150: 37-41.
3. Fallahzadeh H. Quality of life after the menopause in Iran: a population study. Quality of Life Research. 2010; 19: 813-819.
4. Mohamed H, Lamadah SM, Zamil LGA. Quality of life among menopausal women. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2014; 3(3): 552-561.
5. Simbar M, Nazarpour S, KhodaKarami N, Nasiri Z, Rashidi Fakari F, Kiani Z, et al. A situation analysis on postmenopausal women's self-care needs and priorities in Tehran: a population-based study. BMC Public Health. 2023; 23(1): 1-13.
6. Rathnayake N, Lenora J, Alwis G, Lekamwasam S. Prevalence and severity of menopausal symptoms and the quality of life in middle-aged women: a study from Sri Lanka. Nursing Research and Practice. 2019; 2019.
7. Okhai H, Dragomir L, Pool ER, Sabin CA, Miners A, Sherr L, et al. Association between health-related quality of life and menopausal status and symptoms in women living with HIV aged 45–60 years in England: An analysis of the PRIME study. Women's Health. 2022; 18: 17455065211068722.
8. Moilanen J, Aalto A-M, Hemminki E, Aro AR, Raitanen J, Luoto R. Prevalence of menopause symptoms and their association with lifestyle among Finnish middle-aged women. Maturitas. 2010; 67(4): 368-374.
9. Adefila Kb, Ajao Eo, Ajao Ff. Influence of Menopausal-Related Health Symptoms On Quality of Life Among Women in Irepodun Local Government, Osun State, Nigeria. International Journal of Academic Research. 2020; 2(3): 195-199.

10. Irawan E, Ningrum TP, Indah N. Relationship between husband's support and quality of life among menopausal women in Bandung City. KnE Medicine. 2022: 57-68.
11. Hassan II, Hussain NHN, Sulaiman Z, Nor MZM, AA. K. A Review of Spouse's Reactions to Menopausal-Related Changes. International. Journal of Academic Research in Business and Social Sciences. 2018; 8(6).
12. Parish SJ, Faubion SS, Weinberg M, Bernick B, Mirkin S. The MATE survey: men's perceptions and attitudes towards menopause and their role in partners' menopausal transition. Menopause (New York, NY). 2019; 26(10): 1110.
13. Wellings K, Gibson L, Lewis R, Datta J, Macdowall W, Mitchell K. "We're just tired": influences on sexual activity among male-partnered women in midlife; a mixed method study. The Journal of Sex Research. 2023; 60(9): 1304-1317.
14. Allendorf K, Ghimire DJ. Determinants of marital quality in an arranged marriage society. Social Science Research. 2013; 42(1): 59-70.
15. Nazarpour S, Simbar M, Ramezani Tehrani F, Alavi Majd H. Factors associated with quality of life of postmenopausal women living in Iran. BMC Women's Health. 2020; 20(1): 1-9.
16. de Salis I, Owen-Smith A, Donovan JL, Lawlor DA. Experiencing menopause in the UK: The interrelated narratives of normality, distress, and transformation. Journal Women Aging. 2018; 30(6): 520-540.
17. Dillaway HE. "Why can't you control this?" How women's interactions with intimate partners define menopause and family. Journal of Women & Aging. 2008; 20(1-2): 47-64.
18. K K. Content analysis. An introduction to its methodology: Thousand Oaks, CA: Sage Publications Inc; 2013.
19. Squires A, Dorsen C. Qualitative research in nursing and health professions regulation. Journal of Nursing Regulation. 2018; 9(3): 15-26.
20. Chen J-H, Tsai Y-F. Menopausal experiences and couple interactions among Chinese women and their partners: A qualitative study. Maturitas. 2026; 209: 108969.
21. Winter N, Green A, Jongebloed H, Ralph N, Chambers S, Livingston P. Designing supportive e-Interventions for partners of men with prostate Cancer using female partners' experiences: qualitative exploration study. JMIR Cancer. 2022; 8(1): e31218.
22. Salari N, Hasheminezhad R, Hosseinian-Far A, Rasoulpoor S, Assefi M, Nankali S, et al. Global prevalence of sleep disorders during menopause: a meta-analysis. Sleep and Breathing. 2023: 1-15.
23. Adji A, Rhead R, McManus S, Shoham N. Associations between common mental disorders and menopause: cross-sectional analysis of the 2014 Adult Psychiatric Morbidity Survey. BJPsych Open. 2023; 9(4): e103.
24. Olufunke AM, Kayode OS, Funmilayo OE. Menopause Transition: an Emerging Public Health Concern and the Role of Nurses. NursRxiv. 2023(2).
25. Fu Y, Jackson C, Nelson A, Iles-Smith H, McGowan L. Exploring support, experiences and needs of older women and health professionals to inform a self-management package for urinary incontinence: a qualitative study. BMJ Open. 2023; 13(7): e071831.
26. Kazama M, Terauchi M, Odai T, Kato K, Miyasaka N. Associations of fat mass index with hot flashes and lean mass index with insomnia in middle-aged women. Climacteric. 2023; 26(2): 161-166.
27. Priya P, Sagetha J, Stalin R. Male Perception and Attitude Towards Menopause—A Qualitative Study. Recent Developments in Microbiology, Biotechnology and Pharmaceutical Sciences: CRC Press; 2025; 116-122.
28. Kaur M, Kaur M. Assessment of menopausal symptoms with changing hormone milieus in different menopausal transitional stages. Health Care for Women International. 2022: 1-16.
29. Fernández Rísquez AC, Carballo García A, Hijona Elósegui JJ, Mendoza Ladrón de Guevara N, Presa Lorite JC. Sexuality in postmenopausal women with Genital prolapse. Journal of Clinical Medicine. 2023; 12(19): 6290.
30. Bulut H, Hinchliff S, Ali P, Piercy H. Women's experiences of intimate and sexual relationships during menopause: a qualitative synthesis. Journal of Clinical Nursing. 2025; 34(5): 1543-1554.
31. Shahrahmani N, Babazadeh R, Ebadi A. Iranian postmenopausal women's perspectives on sexual satisfaction: A qualitative study. PLoS One. 2025; 20(7): e0326188.
32. İkiişik H, Turan G, Kutay F, Karamanli Dc, Gülen E, Özdemir E, et al. Awareness of menopause and strategies to cope with menopausal symptoms of the women aged between 40 and 65 who consulted to a tertiary care hospital. ESTÜDAM Halk Sağlığı Dergisi. 2020; 5(1): 10-21.