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RESEARCH ARTICLE

Intersectionality Between the Experiences and Perceptions of Middle-aged Female Government Employees on Pre-menopausal Symptoms and Societal-workplace Discrimination

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Abstract. The pre-menopausal stage involves natural hormonal and physical changes in middle-aged women, affecting both their physical and mental health. Despite its medical basis, misconceptions often fuel discrimination. This bias can appear in healthcare, workplaces, and society, varying by culture and region. Employing a qualitative research method with a narrative analysis design, this study aims to attain the following: (i) explore how middle-aged female government employees see the impact of pre-menopausal symptoms on their daily lives, well-being, and work performance; and (ii) explore how the narratives of middle-aged female government employees reveal the intersectionality of societal and workplace factors in shaping experiences of discrimination during the pre-menopausal stage. The study concludes that middle-aged female government employees face challenges that severely impact their daily functioning and career sustainability, underscoring the urgent need for comprehensive workplace policies, cultural change, legal protections, and supportive programs. In response, recommendations include establishing flexible work accommodations, launching education and training initiatives to reduce stigma, and piloting comprehensive wellness programs through an extension project tailored to this population to improve health outcomes and workplace inclusion.

Keywords: middle-aged women, government employees, pre-menopausal, Discrimination, Societal-workplace, mental health

INTRODUCTION

Pre-menopause and menopause are natural stages in women's lives that involve hormonal, physical, psychological, and social changes. The Hormonal Theory explains that symptoms such as hot flashes, night sweats, mood swings, and irregular menstruation are linked to hormonal fluctuations and declining estrogen and progesterone levels (Santoro & Randolph, 2011). Meanwhile, the Psychosocial Theory emphasizes that stress, cultural beliefs, emotions, and social support influence how women experience and cope with these changes (Freeman et al., 2011). The Symptom Perception and Attribution Theory also explains that women's interpretation of their symptoms is shaped by personal expectations, cultural beliefs, and individual experiences (Rossouw et al., 2013). Together, these theories show that pre-menopause and menopause should be understood not only as biological processes but also as experiences affected by psychological, social, and cultural factors.

Pre-menopause is described as the transitional stage before menopause, marked by hormonal changes and irregular menstrual cycles (Harlow & Paramsothy, 2011). Awareness of symptoms helps women prepare for and manage these changes, reducing anxiety and encouraging proactive health behaviors such as lifestyle changes and medical consultation (Guthrie et al., 2004; Woods & Mitchell, 2005). Common symptoms include hot flashes, sleep disturbance, fatigue, poor concentration, memory problems, anxiety, mood changes, reduced confidence, and decreased productivity (Ciptaningtyas & Lubis, 2026; Noori, 2024). Since many women continue working during midlife, menopause has become an important issue in occupational health, workplace inclusion, and employee well-being (Brewis et al., 2017; Griffiths et al., 2013; Jack et al., 2016; Kausto, 2025; Stuart, 2025), but no concrete evidence linking pre-menopause status with workplace burnout (Terzic et al., 2024).

Studies show that menopausal symptoms may affect work performance, attendance, and career decisions. Fatigue, poor sleep, poor concentration, and memory problems have been linked to reduced performance and sick leave among hospital workers (O'Neill et al., 2023). Higher symptom severity also increases the possibility of negative work outcomes (Faubion et al., 2023), while some women report moderate to severe difficulty coping at work (D'Angelo et al., 2023). Earlier studies also found that tiredness, low mood, hot flushes, and reduced confidence can affect women's work experiences (Griffiths et al., 2013; Jack et al., 2016). However, the impact is not the

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same for all women because it may depend on symptom severity, job demands, workplace flexibility, financial security, and psychosocial conditions (Elias, 2022; Walker-Bone & Davis, 2025).

Discrimination, stigma, and lack of awareness further worsen the experiences of women during pre-menopause and menopause. Discrimination may lead to shame, invalidation, low self-esteem, and reluctance to seek support (Collins et al., 2024; Crawford et al., 2022; Dillaway et al., 2018; Yoshitake et al., 2026). In the workplace, middle-aged women, especially those in lower-ranking or insecure positions, may experience ageism, gender stereotypes, overlooked promotions, and judgments about productivity (Holden et al., 2026; O′Neill et al., 2023). Women in low-paid, casual, blue-collar, and insecure jobs may also have less access to treatment, flexibility, and workplace protection (Ahuja, 2025; Orgad, 2025; Yoeli et al., 2021). These findings show that menopause-related challenges are also shaped by workplace culture and social inequality.

Knowledge and support are important in helping women manage menopausal changes. Female employees with higher knowledge of menopause tend to show more positive attitudes and practices (Trozo et al., 2023), while low knowledge among women shows the need for better health education and access to information (Shifera et al., 2025). In addition, studies recommend workplace support such as manager awareness, flexible schedules, access to information, improved temperature and ventilation, risk assessment, and supportive policies (Cronin et al., 2024; Elias, 2022; Griffiths et al., 2013; Jack et al., 2016; O′Neill et al., 2023). However, policies should be carefully designed so they do not reinforce stereotypes about older women′s ability to work (Beck et al., 2021; Carter et al., 2021).

Pre-menopausal and menopausal symptoms may also affect family and marital relationships. Decreased libido, emotional instability, and mood changes may contribute to marital dissatisfaction and relationship strain (Shrout et al., 2023; Yildirim et al., 2023). Open communication, emotional intimacy, and family support are therefore important in helping women cope with this transition. In the Philippine context, cultural expectations about women′s health, aging, and gender roles may influence how Filipino women experience pre-menopause and menopause. Studies emphasize that gender stereotypes, ageism, and workplace dynamics create unique challenges for Filipino women, highlighting the need for inclusive organizational policies and stronger support systems (Whelan et al., 2026; de Castro et al., 2008).

Overall, the literature shows that pre-menopause and menopause can affect women′s health, work performance, confidence, relationships, and career decisions. These experiences are shaped by hormonal changes, symptom perception, knowledge, stigma, workplace conditions, social support, and cultural expectations. Existing studies call for more inclusive workplaces, better health education, manager training, flexible work arrangements, and evidence-based policies. More longitudinal, intersectional, and intervention-based studies are also needed to understand how workplaces and communities can support women without increasing stigma or discrimination (Kausto, 2025; Twamley et al., 2025; Walker-Bone & Davis, 2025).

An intersectional approach is crucial for understanding how pre-menopausal discrimination intersects with other forms of inequality, such as socioeconomic status and ethnicity. By examining these overlapping identities, future research can inform more inclusive interventions and policies that address the diverse needs of middle-aged women in the Philippines.

This study addresses the limited understanding of how middle-aged female government employees experience pre-menopausal symptoms, particularly in relation to their daily lives, well-being, work performance, and experiences of societal and workplace discrimination. While previous studies have examined menopause and women′s health, there remains a lack of Philippine-based studies focusing on the lived experiences of female employees during the pre-menopausal stage.

To address this gap, the study explores the narratives of middle-aged female government employees as a basis for proposing more inclusive and supportive workplace systems aligned with United Nations Sustainable Development Goal No. 10 on Reduced Inequalities. The expected contribution of the study is the documentation of women′s experiences and challenges, which may help improve emotional, organizational, and financial support systems in the workplace.

MATERIALS AND METHODS

Participant characteristics and research design

This study adopted a qualitative research approach, which is designed to explore real-life issues and provide deeper understanding through detailed examination (Asper & Corte, 2019). By focusing on personal stories and experiences, qualitative research helps uncover meaningful insights that numbers alone cannot capture.

The research specifically used narrative analysis and narratology to (i) explore how middle-aged female government employees see the impact of pre-menopausal symptoms on their daily lives, well-being, and work performance; and (ii) explore how the narratives of middle-aged female government employees reveal the intersectionality of societal and workplace factors in shaping experiences of discrimination during the pre-menopausal stage. Narrative analysis interprets personal stories to reveal individual experiences within their social and cultural context (Bamberg, 2012), while narratology examines the structure and themes of these stories (Herman, 2000). Grounded in constructivism, the study recognizes that knowledge is shaped by personal and social experiences (Dudovskiy, 2021). This approach allowed the research to highlight how women construct their identities and navigate the impacts of the challenges they faced through their own narratives, offering a richer understanding of their lived realities.

Sampling procedures

To ensure a deep and focused exploration of experiences, the study used homogeneous sampling, a nonprobability technique that selects participants with shared characteristics relevant to the research (Guest et al., 2006). This approach aligned with the qualitative nature of the study, allowing for an in-depth examination of the experiences and perceptions of this specific group (Patton, 2015). The sample size could expand until data saturation–the point at which no new insights emerge–was reached.

Informed consent was obtained from all participants, ensuring they understood the study′s purpose, procedures, and their rights before voluntarily joining. Anonymity and confidentiality were strictly upheld–

participants' identities and responses were protected and used only for research.

The study was structured to minimize risks, including psychological or professional discomfort, with clear protocols for support if needed. While no monetary compensation was offered, participants contributed to a deeper understanding of pre-menopausal challenges, which could inform future workplace policies. They were also free to withdraw at any time without consequences. Contact details for follow-up questions or support were provided, reinforcing the study's commitment to ethical integrity and the well-being of all involved.

Sample size, power, and precision

The researchers initially selected 10 middle-aged female government employees aged 40–46, based on the age range identified in studies by Santoro (2016) and Nagaraj et al. (2021). This age group was chosen to focus on a specific stage of pre-menopause, though it does not represent the experiences of women who may enter pre-menopause before age 40 or those facing different forms of societal or workplace discrimination. Additionally, participants were excluded from nonteaching or higher professional job categories to maintain consistency in the study's focus.

Data Collection

The study used open-ended interview guide questions as the primary tool for gathering data. Unlike structured surveys, open-ended questions allowed participants to express their thoughts and experiences in their own words, providing richer and more nuanced insights (Creswell dan Poth, 2018). This approach is especially valuable in qualitative research, as it helps capture the depth and complexity of participants' perspectives.

Interviews were conducted face-to-face with selected participants from various government offices. The researchers employed a semi-structured technique, asking follow-up questions to explore responses related to the study's objectives. Both individual interviews and Focus Group Discussions (FGDs) were used to collect data. With the participants' consent, all responses were recorded, transcribed, and analyzed using narrative analysis to derive meaningful findings for the results and discussion sections. This method ensured a natural and interactive dialogue, enabling a deeper understanding of the participants' experiences.

Data analysis

The collected data were transcribed and analyzed using narrative analysis, following Riessman's (2008) narrative analysis model. This approach focused on identifying recurring themes, experiences, and patterns in the participants' stories, ensuring a thorough and unbiased interpretation (Caulfield, 2022). By organizing the data, the researchers developed core themes and sub-themes to capture the nuances of each narrative.

To maintain accuracy, the researchers cross-validated the findings with participants, ensuring their responses were faithfully represented. The final narrative themes not only provided insights into the participants' experiences but also served as a foundation for potential research outputs or actionable recommendations. The data was presented in tables, including verbatim participant statements alongside English translations for clarity.

RESULT

Part I. Perceptions of Middle-Aged Female Government Employees on the Impact of Pre-Menopausal Symptoms on Their Daily Lives, Well-Being, and Work Performance

The narrative analysis on this sub-section explores how the pre-menopausal symptoms affect physical health, emotional state, cognitive abilities, social interactions, and productivity.

Theme 1. Physical Fatigue and Weakness

Participants frequently reported feeling physically weaker, experiencing decreased stamina and an overall reduction in energy. P1 conveyed, "*My body feels weaker, immune system is not like before*," alongside difficulties waking up punctually and increased tiredness. P8 echoed this fatigue with, "*I get tired easily and have trouble waking up on time*," emphasizing how these physical limitations permeate both work and home environments, leading to challenges in fulfilling responsibilities effectively.

Theme 2. Sleep Disturbance

Sleep difficulties emerged as a significant factor impacting daily life and work. P3 described waking up at night and being "*unable to go back to sleep*," which disrupts restorative rest. P8 shared that despite attempts to relax, she would "*sometimes only sleep a few hours*," while P4 highlighted how this sleep problems detrimentally affect work performance the following day. These disruptions compound fatigue and impair cognitive functioning.

Theme 3. Mood and Emotional Changes

Emotional fluctuations including irritability, mood swings, and sensitivity were commonly articulated. P1 noted, "*I'm quick to get upset and sensitive*," and also expressed feelings of sadness that occasionally led to tears. P5 described a "*hot and irritable*" mood, while P7 linked these emotional changes explicitly to impacts on mental health. These mood variations affect interpersonal relationships and overall psychological wellbeing.

Theme 4. Cognitive Challenges

Cognitive symptoms such as poor concentration, memory lapses, and brain fog were frequently reported, hindering work productivity. P9 remarked on difficulties in understanding reading materials and forgetting words during lectures. These challenges undermine confidence and the ability to perform complex work tasks, compounding stress.

Theme 5. Menstrual and Physical Symptoms

Participants detailed changes in menstruation, including shortened duration and altered flow. P2 stated, "*My menstruation changed from 5 days to 2 days with less flow*," while P3 described accompanying hot flashes and headaches during menstruation. P9 spoke of reduced menstrual pain but ongoing effects on sleep. These symptoms physically challenge participants and affect daily energy levels.

Theme 6. Impact on Work Performance

The combination of symptoms led to reduced productivity, with participants noting slower task initiation and diminished multitasking ability. P1 explained needing "*momentum to start tasks*" and experiencing productivity decline. P3 indicated headaches sometimes hinder work,

and P7 noted multitasking difficulties. The symptoms manifest as tangible barriers to efficient work output.

Theme 7. Social and Family Impact

Symptoms also influenced social interactions and family life. P1 noted that her "*husband absorbs my irritability but work requires professionalism*," balancing emotional expression at home and composure at work. P7 acknowledged emotional changes impacting family satisfaction, and P9 highlighted that family understanding provides crucial emotional support. The interconnectedness of professional and personal domains shapes overall wellbeing.

Part II. The Narratives of Middle-Aged Female Government Employees Reveal the Intersectionality of Societal and Workplace Factors in Shaping Experiences of Discrimination During the Pre-Menopausal Stage

The narrative analysis on this sub-section illustrates growing awareness of menopause-related discrimination. Participants highlighted how aging and menopausal symptoms influence workplace perceptions and treatment, with emotional distress from misunderstanding and stigma acknowledged even without direct confrontation.

Theme 1. Workplace Discrimination Awareness

The narratives of middle-aged female government employees reveal a growing awareness of menopause-related discrimination at work. Participant 1 expressed, "*Maybe I have a moment because I know that I'm getting old. Sometimes, when we used to always work, but now we feel like we're not that functional anymore*," which reflects a conscious recognition of how aging intersects with workplace expectations. Participant 3 highlighted emotional distress caused by misunderstanding: "*Because they don't understand you, they say you're just an inarticulate person. That's why I'm really depressed.*" Participant 7, although not experiencing direct discrimination, acknowledged the stigma, stating, "*I haven't experienced discrimination, but I know the stigma is real, especially among working women my age.*" These stories underscore a lived understanding that menopause-related symptoms increasingly shape perceptions and treatment in the workplace.

Theme 2. Stigma and Societal Beliefs

The intersection of societal stigma and workplace culture compels many women to hide or downplay their symptoms. Participant 2 candidly admitted, "*I don't tell my colleagues about my symptoms because I feel they won't understand or might judge me*," while Participant 5 explained, "*Sometimes I hide my mood swings and hot flashes so as not to be seen as weak or emotional.*" Participant 8 described the trivialization of symptoms among co-workers: "*Colleagues often joke if I'm tired or have a bad expression, asking if I'm 'puyat' (sleep-deprived), not realizing it's more than that.*" These accounts illustrate how societal beliefs about age and femininity contribute to silencing and isolation, as women navigate maintaining professionalism and dignity at work.

Theme 3. Impact on Career Progression

Menopausal symptoms are tied to fears and experiences of career setbacks. Participant 1 shared, "*My performance declined because of the symptoms, and I feel that it affected how opportunities are given to me*," candidly revealing how physical and cognitive changes impact professional advancement. Participant 7 echoed this concern: "*I've noticed it's harder to concentrate and finish tasks, which makes me worry about my career growth.*" These insights highlight the intersection of gender, age, and health status as critical factors influencing workplace equity and women's long-term career trajectories.

Theme 4. Workplace Support and Accommodations

Mixed experiences characterize access to support and accommodations. Participant 3 noted, "*I can access sick leave when symptoms are severe, but often I feel there's little understanding from supervisors*," signaling ongoing gaps in workplace empathy and flexibility. Participant 1 described personal strategies to manage symptoms, "I bought a headset to manage distractions and take mental breaks at work; it helps, but not everyone understands," underscoring a need for broader organizational awareness. Participant 7 indicated that peer support exists but formal accommodation is scarce: "*Support from colleagues who understand helps me cope, but formal accommodations are rare.*" These testimonies affirm that while some support is available, significant improvements are necessary to adequately address menopausal challenges.

DISCUSSION

The narrative analysis in Part I reveals the pervasive and multifaceted impact of pre-menopausal symptoms on middle-aged female government employees' daily lives and work performance. Physical fatigue and weakness severely reduce stamina and energy, complicating routine tasks both at home and in the workplace, as evidenced by P1's and P8's accounts of diminished physical resilience and punctuality challenges. Sleep disturbances emerge as a significant factor exacerbating fatigue and cognitive difficulties, with participants like P3 and P8 reporting poor sleep quality that undermines daytime functioning. Emotional fluctuations such as irritability, mood swings, and heightened sensitivity, described vividly by P1 and P5, affect psychological well-being and interpersonal relations across both personal and professional domains. Cognitive challenges, including poor concentration and memory lapses, further impair employees' confidence and ability to manage complex tasks, as noted by P9. Menstrual and associated physical symptoms contribute to fluctuating energy levels, reinforcing the physical toll of pre-menopause. Collectively, these symptoms culminate in reduced work productivity, slowed task initiation, and impaired multitasking, leading to tangible barriers to professional efficacy reported by participants like P1, P3, and P7. Additionally, the social and family impacts reveal a delicate balancing act between managing irritability and maintaining professionalism at work, with family support playing a crucial role in coping, as indicated by P1 and P9. This analysis underscores the intertwined nature of physical, emotional, cognitive, and social challenges posed by pre-menopausal symptoms, highlighting the critical need for workplace policies and practices that address and accommodate these complex realities to sustain women's well-being and career longevity.

The said results highlight the pervasive physical fatigue, sleep disturbances, emotional fluctuations, cognitive impairments, and their cumulative impact on work productivity and wellbeing among middle-aged female government employees, aligns with current literature. Harlow and Paramsothy (2011) explain that pre-menopause and perimenopause are marked by hormonal

changes that underlie these symptom patterns. Woods and Mitchell (2005) emphasize that awareness of pre-menopausal symptoms helps women anticipate changes and seek support, which the participants' narratives underscore as critical to managing work and family roles. Guthrie et al. (2004) advocate for proactive health management through lifestyle adaptations, supporting participants' coping efforts. Dillaway et al. (2018) highlight how discrimination exacerbates psychological distress, paralleling participant concerns about workplace stigma. The empirical findings from Nagaraj et al. (2021) and Kang et al. (2021), which documented the prevalence of somatic and psychological menopausal symptoms and their effect on quality of life, reinforce the analysis. Taken together, these studies emphasize the interconnectedness of physical, cognitive, emotional, and social dimensions of pre-menopause, reinforcing the urgent need for workplace policies that adequately support women's holistic wellbeing and career sustainability.

The narrative analysis in Part II captures the different experiences of middle-aged female government employees regarding pre-menopausal symptoms and the complex intersectionality of societal and workplace factors influencing discrimination perceptions and well-being. Participants vividly describe disruptive physical symptoms such as hot flashes, menstrual irregularities, headaches, and sleep disturbances, which are compounded by emotional and cognitive challenges, adversely impacting their productivity and social relationships. Workplace discrimination awareness reveals how aging and menopausal symptoms intersect with workplace expectations, resulting in subtle biases, stigmatization, and sometimes explicit misunderstandings or isolation. Many women conceal symptoms to avoid judgment, reflecting how societal beliefs about age and femininity enforce silence and hinder support. Fears of career setbacks linked to symptom-related productivity declines underscore the gendered and age-related challenges women face professionally. Access to accommodation varies, with participants noting limited formal support despite some peer empathy, highlighting gaps in workplace policies and cultural sensitivity. Emotional tolls from stigma and misunderstanding emphasize the importance of resilience and recognition of menopause as a significant workplace issue. These findings align with evolving legal frameworks addressing menopause discrimination as intertwined with protections for sex, age, and disability, underscoring the urgent need for comprehensive workplace reforms that foster understanding, reasonable accommodations, and equitable treatment to support women navigating this life stage.

Indeed, the narrative analysis highlights further the complex intersectionality of physical pre-menopausal symptoms and societal and workplace challenges experienced by middle-aged female government employees, aligning with substantial recent research on menopause-related workplace discrimination and its multifaceted impact. Harlow and Paramsothy (2011) contextualize these experiences within the biological transition of pre-menopause, characterized by hormonal fluctuations and symptom onset years before menopause proper. Woods and Mitchell (2005) emphasize that awareness and understanding of symptoms enhance women's capacity to prepare for and manage physical and emotional changes, which the study participants similarly highlighted as essential for coping and maintaining work efficacy. Guthrie et al. (2004) further explain that such awareness facilitates proactive health behaviors, mitigating adverse symptom impacts. Consistent with Dillaway et al. (2018), the psychological well-being of women may be undermined by societal and workplace discrimination manifested as marginalization and stigma. Empirical evidence from Roshini et al. (2025) and Kang et al. (2021) demonstrates the prevalence and quality-of-life impact of menopausal symptoms, reinforcing the profound effects described by participants. In line with Marnocha et al. (2011), as well as Holden et al. (2026) and O'Neill et al. (2023), these findings reflect how hierarchies and gendered ageism intersect to exacerbate discrimination and hinder career progression. Specifically, the literature by Whelan et al. (2026) and de Castro et al. (2008) situates these experiences within the Filipino cultural context, were norms around gender and aging shape menopause discourse and workplace treatment. Collectively, the literature substantiates the participants' narratives and highlights the critical need for inclusive workplace policies, comprehensive support systems, and cultural change to affirm women's health needs and career equity during pre-menopause.

CONCLUSION

The results reveal that the pre-menopausal symptoms significantly impair middle-aged female government employees' daily functioning, work productivity, and relationships, highlighting the critical need for supportive workplace policies to sustain their well-being and career longevity, emphasizing the urgent need for workplace policies that acknowledge and accommodate these interconnected challenges to support their well-being and career sustainability. Also, the middle-aged female government employees experience compounded discrimination shaped by the intersection of pre-menopausal symptoms, age, gender, and workplace expectations, resulting in subtle biases, stigma, concealment of symptoms, and fears of career setbacks, which underscores the urgent need for comprehensive workplace reforms, inclusive policies, and cultural shifts to ensure equitable treatment, support, and accommodations during this critical life stage.

Responding to the aforementioned findings, the government and attached agencies may introduce reasonable accommodations tailored to pre-menopausal symptoms, such as flexible scheduling, rest breaks, adjusted workloads, and options for remote work to sustain productivity and well-being. Also, the government may launch education campaigns and training for all employees and management to increase awareness of menopause-related challenges, reduce stigma, and foster a culture of empathy and inclusion. Moreover, an extension project may be developed and piloted by the extensionists of the University for a comprehensive workplace wellness program tailored for middle-aged female government employees that includes education, symptom management resources, flexible work accommodations, and anti-discrimination training to improve health outcomes and workplace inclusion.

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DECLARATION

Ethics approval and consent to participate

The study obtained an ethical clearance from the Peninsulares Research Ethics Committee (PREC) from the researcher's university.

Consent for publication

The researcher gives consent for the publication of this research work.

Availability of data and materials

The materials and data pertaining to the results of the study are stored and archived at the Research and Development Office (RDO) of the researcher's university.

Conflicts of interest Statement

The researcher declares no conflict of interest in conducting the study.

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Artificial Intelligence-Assisted Technology

AI tools (Mistral AI and AI-assisted tools (Grammarly) were used as support in grammar and formatting-checking.

Author' contributions

The author did all the planning, data collection, analysis, and report writing.

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