

Stress Management in Women: Challenges and Solutions

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Abstract

Stress has quietly become one of the biggest health concerns for women today, and it does not come from just one place. Between managing careers, raising children, caring for ageing parents, and keeping up with household responsibilities, many women are stretched thin without realising how much it is affecting their bodies and minds. Add to this the hormonal changes that come with menstruation, pregnancy, childbirth, and menopause, and it becomes clear why women often experience stress differently, and sometimes more intensely, than men. Unfortunately, this kind of stress is frequently brushed aside as “just part of life,” which means it often goes untreated until it turns into anxiety, depression, or even physical illness like heart problems or chronic fatigue. This paper looks closely at why women experience stress the way they do, taking into account not just biology but also the social pressures and expectations placed on them. It also explores what actually helps: practising mindfulness, staying physically active, building a solid support system of friends or family, and making use of therapy or counselling when needed. Beyond individual coping strategies, the paper also touches on the bigger picture: how workplaces and healthcare systems need to do a better job of recognising and supporting women’s mental health needs, rather than treating stress as something women should simply push through on their own. The goal here is not just to point out the problem but to offer real, usable solutions for women themselves, for the people who care about them, and for the systems meant to support them. Because managing stress well is not a luxury; it is necessary for women to live fuller, healthier lives.

Keywords: *women's stress, mental health, work-life balance, hormonal changes, anxiety and depression, coping strategies, mindfulness, social support, workplace wellness, caregiving*

1. Introduction

Stress is a universal human experience, but it is not distributed evenly across the population. A growing body of research shows that women, on average, report higher levels of perceived stress than men and are more likely to describe that stress as chronic rather than occasional (American Psychological Association [APA], 2023). Part of this gap is biological: the hormonal fluctuations associated with the menstrual cycle, pregnancy, childbirth, and menopause interact with the body's stress-response systems in ways that differ from male physiology (Hodes et al., 2024). But a large part of the gap is also social. Women continue to carry a disproportionate share of unpaid domestic labour and caregiving responsibilities even as their participation in paid employment has grown, creating a form of “role overload” that is rarely acknowledged in the design of workplaces or health systems (Deloitte, 2024).

This paper takes the position that women's stress cannot be fully understood or effectively managed through a single lens. A purely biomedical account risks reducing a complex, socially embedded experience to a hormone panel; a purely social account risks ignoring genuine physiological differences in stress reactivity. The sections that follow therefore examine both dimensions in turn: the biological and hormonal contributors to stress in women, the psychosocial and structural pressures that compound them, and the life-stage transitions (pregnancy, the postpartum period, and menopause) during which the two interact most visibly. The paper then reviews the evidence behind commonly recommended coping strategies, mindfulness practice, physical activity, social support, and professional therapy, before turning to the responsibilities of workplaces and healthcare systems in supporting women's mental health rather than treating stress as an individual failing.

Figure 1 summarises the conceptual model that organises the rest of the paper: biological and psychosocial factors converge to produce a stress response that, left unaddressed, contributes to poor mental and physical health outcomes, but which can be redirected toward improved wellbeing through evidence-based coping strategies, provided workplaces and healthcare systems enable that redirection.

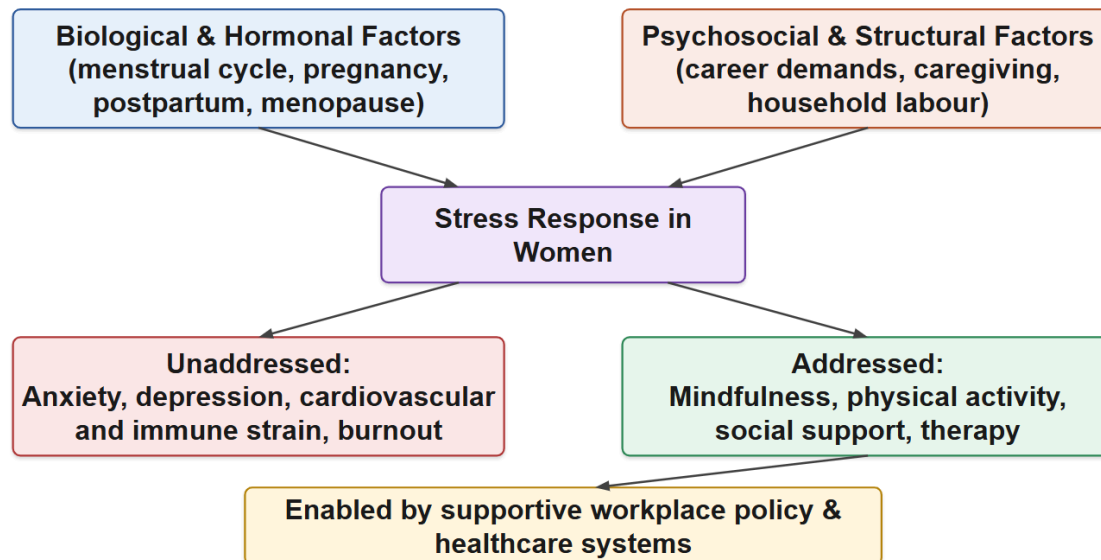


Figure 1. Conceptual model of stress in women: biological and psychosocial pathways

2. Biological and Hormonal Dimensions of Stress in Women

At the physiological level, stress is regulated by the hypothalamic-pituitary-adrenal (HPA) axis, which governs the release of cortisol and other glucocorticoids in response to perceived threat. Sex differences in this system are well documented but nuanced. Reviews of the clinical literature have generally found that resting or baseline cortisol levels do not differ consistently by sex, but that reactivity to specific types of stressors does (Teo et al., 2023). Laboratory studies have found that women tend to show heightened cortisol responses to stressors involving social rejection or relational conflict, whereas men tend to show larger responses to achievement-orientated or performance stressors, a pattern that may help explain why interpersonal and caregiving stress weighs so heavily on women's mental health (Hodes et al., 2024).

Population-level health data reinforce this picture. Recent biomarker surveillance found that women were substantially more likely than men to present with abnormal cortisol levels, and the gap has been attributed in part to the cumulative burden of chronic, rather than acute, stress exposure (Medichecks, 2025). Chronic HPA-axis activation of this kind has downstream effects on immune function; research linking cortisol to complete blood count markers has shown that sustained elevation is associated with reduced lymphocyte activity, a pattern consistent with the

well-established relationship between chronic stress and lowered immune resilience (Alblooshi et al., 2023).

Hormonal transitions across the female reproductive lifespan add another layer of complexity. Oestrogen and progesterone both interact directly with serotonergic and GABAergic neurotransmission, which means that any life stage marked by rapid hormonal change, puberty, the luteal phase of the menstrual cycle, pregnancy, the postpartum period, and the menopausal transition, carries a heightened risk of mood disturbance (Hodes et al., 2024). Table 1 summarises the principal hormonal transitions and the stress-related symptoms most commonly associated with each.

Table 1

Hormonal Life Stages and Associated Stress-Related Symptoms in Women

Life Stage	Primary Hormonal Changes	Commonly Reported Stress-Related Symptoms
Menstrual cycle (luteal phase)	Decline in progesterone and oestrogen before menstruation	Irritability, low mood, fatigue, anxiety
Pregnancy	Sustained rise in oestrogen, progesterone, and cortisol	Anxiety, sleep disruption, mood lability
Postpartum period	Rapid withdrawal of oestrogen and progesterone after delivery	Overload, low mood, irritability, isolation (Walker et al., 2025)
Perimenopause	Erratic fluctuation of oestrogen and follicle-stimulating hormone	Elevated anxiety and depressive symptoms, the highest of any menopausal stage (Kuck & Hogervorst, 2024)
Postmenopause	Sustained low oestrogen	Vasomotor symptoms, sleep disturbance, residual anxiety (Alblooshi et al., 2023)

3. Psychosocial and Structural Drivers of Stress

Biology alone cannot account for the scale of the gender gap in stress. A large share of the difference is structural: women are more likely than men to occupy multiple demanding roles simultaneously, as employees, mothers, partners, and caregivers, with comparatively little redistribution of unpaid labour despite decades of change in labour-force participation. Deloitte's 2024 global survey of working women found that a growing share reported rising workplace stress and felt unsupported by employers in balancing work and home commitments, with women working from an office reporting the sharpest declines in mental health and productivity (Deloitte, 2024). A separate UK survey found that the overwhelming majority of working women had experienced some form of mental ill-health as a direct result of poor work-life balance, with a large minority reporting resulting anxiety or burnout (Makari, 2024).

Career-stage research adds a further dimension: qualitative work on women's mindset and coping style suggests that women who approach career setbacks with a growth-oriented mindset report significantly better work-life balance and lower occupational stress than those who do not, pointing to psychological framing as one lever among several, though not a substitute for structural change (Impact of Mindset on Women's Work-Life Balance and Mental Health, 2025). Gallup's analysis of women's workplace wellbeing similarly found that a meaningfully higher share of women than men reported that their job had negatively affected their mental health in the preceding six months, and that women reporting high daily stress were substantially more likely to be actively job-searching, a sign that unaddressed stress translates directly into workforce attrition (Gallup, 2025).

Caregiving responsibility is a second major structural driver. Middle-aged women are disproportionately represented among the so-called “sandwich generation”, adults simultaneously caring for dependent children and ageing parents, and they consistently report higher rates of extreme stress and depressive symptoms than their male counterparts in the same role (EBSCO Research Starters, 2024). A large United States study found that sandwich-generation caregivers were roughly twice as likely as single-generation caregivers to report significant financial and emotional difficulty (Michigan Medicine, 2024), while qualitative interviews with sandwich-generation caregivers describe chronic role conflict, guilt, and exhaustion as near-universal experiences (Coping Strategies of the Sandwich Generation, 2024).

Brief clinical reports have found that sandwich-generation caregivers report significantly higher informal caregiving burnout than caregivers of children alone (Burnout and Depression Among Sandwich Generation Caregivers, 2023).

Table 2 summarises the principal domains of psychosocial stress identified in the literature, together with representative findings.

Table 2

Domains of Psychosocial Stress Commonly Reported by Women

Domain	Representative Finding	Source
Paid employment	Nearly half of surveyed working women reported higher stress than the previous year, driven partly by return-to-office demands	Deloitte (2024)
Work-life balance	The large majority of surveyed working women linked poor work-life balance directly to mental ill-health	Makari (2024)
Caregiving (children and elderly parents)	Sandwich-generation caregivers report roughly double the emotional and financial difficulty of single-role caregivers	Michigan Medicine (2024)
Household and unpaid labour	Persistent gender gap in daily hours spent on care duties in the home	Deloitte (2024)
Workplace mental health support	Women are more likely than men to report difficulty accessing employer-sponsored mental health care	NAMI (2024)

4. Life-Stage Transitions: Pregnancy, the Postpartum Period, and Menopause

Certain periods of a woman's life combine hormonal upheaval with intensified social demands, and these transitions deserve separate attention because they are also the points at which stress is most often dismissed as “normal” rather than treated as clinically significant.

During pregnancy, elevated stress has been linked to poorer maternal wellbeing and, in vulnerable groups, to worse birth outcomes; this has prompted clinical trials of adapted mindfulness-based programmes specifically for psychosocially vulnerable pregnant women, with

early findings suggesting improved mental wellbeing and reduced anxiety when mindfulness training is added to standard antenatal care (Skovbjerg et al., 2023).

The postpartum period is frequently treated as a purely joyful transition, yet longitudinal survey data show that mothers between two and twenty-two months after birth report substantial and sustained stress, with “overload”, the sheer volume of competing demands, emerging as the single most frequently cited stressor, ahead of concerns specific to infant care (Walker et al., 2025). Full-time employment and having more than one child were the social factors most strongly associated with elevated postpartum stress, and the same research group has called for improved workplace lactation facilities and greater scheduling flexibility for employed mothers as concrete, low-cost interventions (Walker et al., 2024).

Menopause represents the third major transition. A 2024 study following women across the menopausal stages found that women in early perimenopause, not postmenopause, reported the highest levels of stress and the most severe depressive and anxious symptoms, alongside the poorest overall quality of life, a finding that runs counter to the common assumption that menopause-related distress simply increases over time (Kuck & Hogervorst, 2024). Global burden-of-disease modelling projects that the disability burden attributable to anxiety disorders during perimenopause will rise by more than forty percent between 2021 and 2035, underscoring that this is not a marginal concern but a growing public health issue (Zhang et al., 2025). A systematic review found that social support was one of the few consistently protective factors against perimenopausal mood and anxiety symptoms, while a family history of depression, prior mental health history, and chronic stress were the most consistent risk factors (Alblooshi et al., 2023).

Figure 2 illustrates this pattern across the five major life-stage transitions discussed above, showing the relative psychological stress burden reported in the literature at each stage.

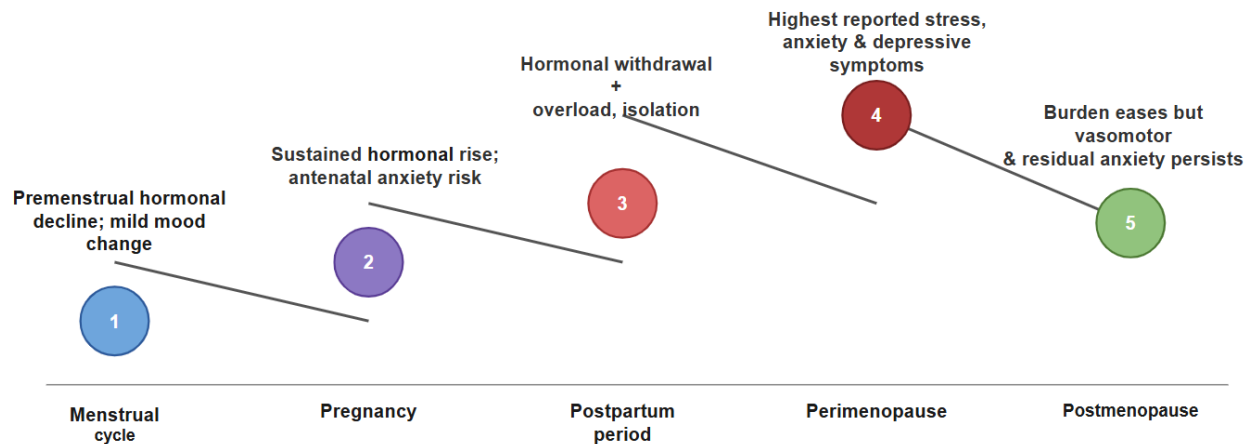


Figure 2. Relative psychological stress burden across female life-stage transitions, based on findings

5. Consequences of Unaddressed Stress

When chronic stress goes unrecognised or untreated, its effects rarely stay confined to mood. The same HPA-axis dysregulation associated with chronic stress has been linked to elevated cardiovascular risk, disrupted sleep architecture, and lowered immune function, effects that compound over years rather than resolving on their own (Alblooshi et al., 2023). At the mental health level, prolonged, unaddressed stress is a well-established precursor to clinical anxiety and depressive disorders, and women already carry a higher lifetime prevalence of both conditions than men, a gap that researchers increasingly attribute to the interaction of hormonal vulnerability with chronic social stressors rather than either factor alone (Teo et al., 2023). Workplace data illustrate the practical cost of this pattern: burnout and unaddressed stress are directly associated with higher rates of job-seeking behaviour and attrition among women, meaning organisations that fail to address stress lose not only wellbeing but also institutional knowledge and talent (Gallup, 2025).

6. Coping Strategies and Evidence-Based Interventions

The good news is that a substantial evidence base now supports several accessible, non-pharmacological strategies for managing stress in women, though the strength of evidence varies by intervention and by population. Figure 3 summarises the four strategies reviewed below and the outcomes most consistently associated with each in the literature.

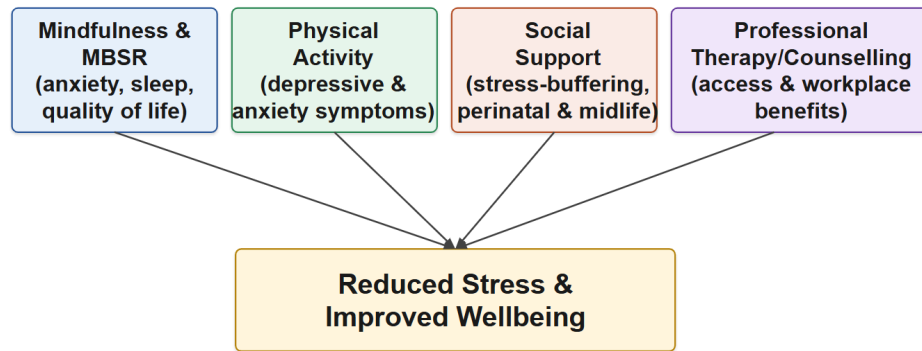


Figure 3. Evidence-based coping strategies and their principal contribution to reduced stress.

6.1 Mindfulness and Mindfulness-Based Stress Reduction

Mindfulness-based stress reduction (MBSR), an eight-week structured programme combining meditation, body-scan practice, and gentle movement, has one of the strongest evidence bases among psychological interventions for stress. A randomised controlled trial of MBSR in menopausal women found a large improvement in quality of life, life satisfaction, sleep quality, and overall mental wellbeing relative to a control group (Effect of MBSR on Quality of Life in Menopausal Women, 2025). Similar programmes adapted for pregnant women have shown promise for reducing antenatal anxiety and improving maternal bonding (Skovbjerg et al., 2023), and MBSR delivered to informal caregivers of cancer patients, a population whose stress profile closely resembles that of sandwich-generation caregivers, produced measurable reductions in anxiety and improvements in sleep quality after only eight sessions (Safavi et al., 2025).

6.2 Physical Activity

Exercise remains one of the most consistently supported interventions for stress and anxiety across age groups. An umbrella review of ninety-seven systematic reviews covering more than one hundred thousand participants concluded that physical activity interventions reliably reduce depression, anxiety, and psychological distress across healthy and clinical populations alike (Singh et al., 2023). Findings specific to women in the menopausal transition are similarly encouraging: a meta-analysis of twenty-one randomised trials found that physical activity produced a statistically significant reduction in both depressive and anxiety symptoms, with postmenopausal women showing the largest treatment effect (Effects of Physical Activity on Depressive and Anxiety Symptoms in Menopausal Women, 2025). Even moderate, low-intensity

activity produced measurable benefit, suggesting that the intervention does not need to be strenuous to be effective (Effect of Physical Activity for Reducing Anxiety Symptoms in Older Adults, 2024).

6.3 Social Support

Social connection functions as a genuine buffer against the physiological and psychological effects of stress, though the strength of this buffering effect depends on context. Reviews grounded in the classic stress-buffering model show that support is most protective when it is well-matched to the specific stressor at hand, and less effective when support is generic or mismatched (Social Support and Mental Health: The Mediating Role of Perceived Stress, 2024). Notably, the APA's national survey found that women are more likely than men to acknowledge needing more support, yet are also more likely to withdraw from social plans when stressed, a pattern that risks reducing exactly the resource most likely to help (APA, 2023). Among perimenopausal and menopausal women specifically, social support was identified as one of the only consistently protective factors against anxiety and depressive symptoms (Alblooshi et al., 2023).

6.4 Professional Therapy and Counselling

Despite growing recognition of the value of professional mental health care, access remains uneven. A national workplace survey found that women were more likely than men to report difficulty accessing mental health care through employer-sponsored coverage, even when that coverage nominally existed (NAMI, 2024). Employer confidence in their own mental health benefits does not always match reality: one large 2024 survey found that a strong majority of employers were confident in the adequacy of their mental health offerings, yet fewer than half actually provided programmes beyond the legal minimum (Behavioral Health Tech, 2024). For women specifically, flexible therapy formats, virtual options, integrated care during major life transitions such as pregnancy and menopause, and reduced cost barriers have been identified as the features most likely to translate nominal access into actual use (Behavioral Health Tech, 2024).

7. The Role of Workplaces and Healthcare Systems

Individual coping strategies matter, but they cannot substitute for structural change. The evidence reviewed above points to several concrete responsibilities for institutions.

Workplaces can reduce the stress burden on women by normalising open conversation about mental health, since employees who feel comfortable discussing mental health at work report lower burnout overall (NAMI, 2024); by expanding flexible and remote work arrangements, given that office-based women reported the sharpest declines in wellbeing following return-to-office mandates (Deloitte, 2024); by improving lactation and childcare support for employed mothers (Walker et al., 2024); and by closing the gap between the mental health benefits employers believe they offer and the benefits employees can actually use (Behavioral Health Tech, 2024).

Healthcare systems, in turn, need to treat hormonally driven mental health symptoms as a legitimate and common clinical presentation rather than an inevitable, untreatable part of being female. This means routinely screening for anxiety and depression during antenatal and postnatal visits (Skovbjerg et al., 2023), incorporating mental health assessment into standard menopause care given the scale of the projected disease burden (Zhang et al., 2025), and ensuring that non-pharmacological options such as MBSR and structured exercise programmes are offered alongside, rather than instead of, medical treatment where appropriate (Effect of MBSR on Quality of Life in Menopausal Women, 2025).

8. Discussion and Recommendations

Taken together, the evidence suggests that women's stress is best understood as the product of an interaction: biologically grounded reactivity to particular kinds of stressors, layered onto a social environment that continues to assign women a disproportionate share of caregiving and household responsibility. Neither factor alone explains the pattern, and neither can be addressed in isolation. Individual-level interventions, mindfulness, exercise, social connection, and therapy, have genuine, well-documented benefits and should be encouraged. But the data on workplace attrition, caregiving burden, and inconsistent access to mental health care make clear that individual coping strategies are being asked to compensate for structural gaps that only employers, health systems, and policymakers can close.

Practical recommendations arising from this review include: routine mental health screening at major hormonal transition points (pregnancy, postpartum, perimenopause); wider employer adoption of flexible work arrangements and transparent, adequately funded mental health benefits; targeted support programmes for sandwich-generation caregivers, who represent one of the most consistently overburdened groups identified in the literature; and continued public health investment in accessible, low-cost interventions such as community-based exercise and mindfulness programmes, which have shown benefit across pregnancy, the postpartum period, and menopause alike.

Conclusion

Women's stress is not simply “part of life” to be endured quietly. It has identifiable biological underpinnings, identifiable social drivers, and identifiable, evidence-based solutions. What has been missing, more often than the solutions themselves, is the collective willingness to treat this stress as a legitimate health concern deserving of clinical attention, workplace accommodation, and public health investment. Mindfulness, physical activity, social support, and professional therapy each have a genuine evidence base and each can meaningfully reduce a woman's day-to-day burden. But lasting change will depend on workplaces and healthcare systems doing their part: recognising the hormonal and structural realities of women's lives, and building the flexibility, screening, and support into their systems that individual coping strategies alone cannot provide. Managing stress well is not a luxury. It is a precondition for women to live fuller, healthier lives.

References

- Alblooshi, S., Taylor, M., & Gill, N. (2023). Does menopause elevate the risk for developing depression and anxiety? Results from a systematic review. *Australasian Psychiatry*. <https://doi.org/10.1177/10398562231165439>
- American Psychological Association. (2023, September). Menopause can be rough. *Psychology is here to help. Monitor on Psychology*. <https://www.apa.org/monitor/2023/09/easing-transition-into-menopause>
- American Psychological Association. (2023). Women say they're stressed, misunderstood, and alone. <https://www.apa.org/topics/stress/women-stress>
- Behavioral Health Tech. (2024). What women want: Mental health support in the workplace. <https://www.behavioralhealthtech.com/insights/what-women-want-mental-health-support-in-the-workplace>
- Burnout and depression among sandwich generation caregivers: A brief report. (2023). *International Journal of Aging and Human Development*, 97(4), 425–434. <https://doi.org/10.1177/00914150231183137>
- Coping strategies of the sandwich generation in the care process: A qualitative study. (2024). *BMC Public Health*, 24, Article 3373. <https://doi.org/10.1186/s12889-024-20327-w>
- Deloitte. (2024). Women @ Work 2024: A global outlook. <https://www.deloitte.com/uk/en/about/press-room/women-at-work.html>
- EBSCO Research Starters. (2024). Sandwich generation. <https://www.ebsco.com/research-starters/social-sciences-and-humanities/sandwich-generation>
- Effect of mindfulness-based stress reduction (MBSR) program on quality of life, life satisfaction, sleep quality, and mental well-being in menopausal women: A randomized controlled trial. (2025). [Journal article]. PMC. <https://pmc.ncbi.nlm.nih.gov/articles/PMC13402339/>

Effect of physical activity for reducing anxiety symptoms in older adults: A meta-analysis of randomized controlled trials. (2024). BMC Sports Science, Medicine and Rehabilitation. <https://doi.org/10.1186/s13102-024-00947-w>

Effects of physical activity on depressive and anxiety symptoms of women in the menopausal transition and menopause: A comprehensive systematic review and meta-analysis of randomized controlled trials. (2025). [Journal article]. PMC. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11762881/>

Gallup. (2025). More than a program: A culture of women's wellbeing at work. <https://www.gallup.com/workplace/653843/program-culture-women-wellbeing-work.aspx>

Hodes, G. E., Bangasser, D., Sotiropoulos, I., Kokras, N., & Dalla, C. (2024). Sex differences in stress response: Classical mechanisms and beyond. *Current Neuropharmacology*, 22(3), 475–494. <https://doi.org/10.2174/1570159X22666231005090134>

The impact of mindset on women's work-life balance and mental health: Foundations for career success. (2025). [Journal article]. PMC. <https://pmc.ncbi.nlm.nih.gov/articles/PMC13444601/>

Kuck, M. J., & Hogervorst, E. (2024). Stress, depression, and anxiety: Psychological complaints across menopausal stages. *Frontiers in Psychiatry*, 15, Article 1323743. <https://doi.org/10.3389/fpsy.2024.1323743>

Makari, R. (2024, February 13). Nine in 10 women experience mental ill-health from poor work-life balance, study shows. *People Management*. <https://www.peoplemanagement.co.uk/article/1861218/nine-10-women-experience-mental-ill-health-poor-work-life-balance-study-shows>

Medichecks. (2025). Are women more stressed than men? <https://www.medichecks.com/blogs/womens-health/are-women-more-stressed-than-men>

Michigan Medicine. (2024). “Sandwich generation” study shows challenges of caring for both kids and aging parents. *University of Michigan Health Lab*.

<https://www.michiganmedicine.org/health-lab/sandwich-generation-study-shows-challenges-caring-both-kids-and-aging-parents>

National Alliance on Mental Illness. (2024). The 2024 NAMI workplace mental health poll. <https://www.nami.org/support-education/publications-reports/survey-reports/the-2024-nami-workplace-mental-health-poll/>

Safavi, S. F., Vahedparast, H., Amiri, B., Gharibi, T., & Hosseinnnejad, A. (2025). The effect of mindfulness-based stress reduction on anxiety and sleep quality in informal family caregivers of cancer patients: A randomized controlled trial. BMC Nursing. <https://doi.org/10.1186/s12912-025-04063-z>

SFI Health. (2025, March 25). Work-life balance and women's mental health. <https://sfihealth.com/news/the-work-life-balance-and-womens-mental-health>

Singh, B., Olds, T., Curtis, R., Dumuid, D., Virgara, R., Watson, A., Szeto, K., O'Connor, E., Ferguson, T., Eglitis, E., Miatke, A., Simpson, C. E. M., & Maher, C. (2023). Effectiveness of physical activity interventions for improving depression, anxiety and distress: An overview of systematic reviews. British Journal of Sports Medicine, 57(18), 1203–1209. <https://doi.org/10.1136/bjsports-2022-106195>

Skovbjerg, S., Sumbundu, A., Kolls, M., Kjærbye-Thygesen, A., & Fjorback, L. O. (2023). The effect of an adapted Mindfulness-Based Stress Reduction program on mental health, maternal bonding and birth outcomes in psychosocially vulnerable pregnant women: A study protocol for a randomized controlled trial. BMC Complementary Medicine and Therapies, 23, Article 366. <https://doi.org/10.1186/s12906-023-04194-3>

Social support and mental health: The mediating role of perceived stress. (2024). Frontiers in Psychology, 15, Article 1330720. <https://doi.org/10.3389/fpsyg.2024.1330720>

Social support as a mediator in the relationship between technostress or academic stress and health: Analysis by gender among university students. (2023). Frontiers in Psychology, 14, Article 1236825. <https://doi.org/10.3389/fpsyg.2023.1236825>

- Teo, C. H., Wong, A. C. H., Sivakumaran, R. N., Parhar, I., & Soga, T. (2023). Gender differences in cortisol and cortisol receptors in depression: A narrative review. *International Journal of Molecular Sciences*, 24(8), Article 7129. <https://doi.org/10.3390/ijms24087129>
- Walker, L. O., Murry, N., & Becker, H. (2025). Who's stressed? Social factors and women's stress experiences 2 to 22 months postpartum. *Journal of Perinatal Education*, 34(2), 54–65. <https://doi.org/10.1891/JPE-2024-0003>
- Walker, L. O., Murry, N., Becker, H., & Li, Y. (2024). Leading stressors and coping strategies associated with maternal physical and mental health during the extended postpartum period. *Journal of Midwifery & Women's Health*, 69(5), 746–754. <https://doi.org/10.1111/jmwh.13641>
- Zhang, Y., Hu, T.-T., Cheng, Y.-R., Zhang, Z.-F., & Su, J. (2025). Global, regional, and national burden of anxiety disorders during the perimenopause (1990–2021) and projections to 2035. *BMC Women's Health*, 25, Article 3547. <https://doi.org/10.1186/s12905-025-03547-z>