

Research Paper

## Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health

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### ABSTRACT

Mothers, as primary caregivers play a significant role in health management but still their emotional experiences remain underexplored, specially in Indian socio-cultural context. The study based on qualitative framework, investigated mother's experiences, anxiety due to their daughter's, menstrual and hormonal health concerns. Interviews were taken in a semi-structured format, taken across nine participants, bilingually, in both, Hindi and English. The transcripts were transcribed, translated and later manually coded. Reflexive thematic analysis was used to analyze data following Braun and Clarke's (2006) approach. Five themes were made from the transcripts (1) maternal anxiety and emotional burden around menstrual and hormonal uncertainty, (2) caregiving through lifestyle regulation and preventive control, (3) navigating healthcare pathways, treatment ambiguity and medical trust, (4) mother-daughter dynamics and shared responsibility in health management and (5) socio-cultural stigma, meaning-making and maternal resilience. Evidence indicates that mothers experienced sustained anxiety, prospective fears about fertility and wellbeing and psycho, social vulnerability driven by the unpredictability of symptoms. Mothers applied pragmatic care, giving behaviors and knowledge focusing on routine, diet and exercise in combination with managing medical uncertainties and apprehensions surrounding hormone therapy. Their management of menstrual health was also informed by dyadic communication with daughters, cultural stigmas surrounding menstruation and silencing effects. In general, this study marks the psychosocial and relational effects of maternal experience with menstrual and hormonal health issues. These points to the importance of a more comprehensive, family, focused reproductive health care approach and particular attention to maternal mental health.

**Keywords:** *Maternal Anxiety, Menstrual Health, Hormonal Difficulties, PCOD/PCOS, Caregiving*

Anxiety is a significant emotional reaction that varies from one individual to another. A child's development is often marked as mother's primary source of concern, leading to over-protection and persistent worry in them. Restrictive parenting is often observed among parents with anxious nature, limiting their children's behavior. Excessive anxiety can significantly impact their daily functioning, leading to a vicious cycle (Song et al., 2022). As per daughter's menstrual irregularities or hormonal

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Received: February 25, 2026; Revision Received: March 02, 2026; Accepted: March 06, 2026

## **Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health**

health concerns, maternal anxiety can be caused due to uncertainty, stigma and fears related to possible future reproductive outcomes. These are root markers of mothers emotional vulnerability while navigating caregiving and decision-making during this phase. In context with, hormonal or menstrual concerns, a significant population of females experience these in their reproductive age. A cross-sectional research by Hagara et.al (2024), explains hormonal imbalance and it's contributing factors amongst women in urban Bangalore. Results revealed that poor diet, stressful lifestyles and drug usage can significantly contribute to it. Diseases ranging from minor to severe such as thyroid disorders, diabetes, dermatological illnesses, overweight and infertility can be caused by hormone imbalances or changes that are asymptomatic or insignificant. Bodily processes like metabolism, appetite, sleep, reproductive or developmental processes are often hampered due to hormonal health concern. Hormonal imbalances are observed to be more prevalent, during their pregnancy, menstruation or puberty. Hormone fluctuations can negatively affect a woman's mood, ovulation, sexual desire and fertility. But, good nutrition, regular exercise, proper sleep and relaxation can act as natural balance.

In a research by Attia et.al (2023) reflected psychiatric concerns in women with reproductive or hormonal concerns. Women suffering through menstrual irregularity, often suffer through sleep problems, depression and stress caused by psycho-social problems. Low estrogen levels and other menstrual/hormonal imbalances can significantly alleviate concerns related to psychiatric illnesses like depression, eating disorders, attention-deficit hyperactivity disorder (ADHD) and psychiatric distress. Hereby, considerable importance shall be given to age of menarche and menstrual history of a female before psychiatric evaluation.

Irregularity in menses is often observed during menarche or menopausal phases of a female. This is often a result of anovulation or due to inadequate development of the ovarian follicles (Reed et.al, 2018). Otherwise, any abnormal changes in menstruation can be termed as menstrual disorders.

Irregularities in menstruation is often marked by it's disrupted timing, duration or flow. Concerns are marked by conditions like amenorrhea where there is absence of menstruation, oligomenorrhea where menstruation is irregular or the blood flow is poor or longer than 35 days, polymenorrhea where duration of menstrual cycle is shorter than 21 to 35 days resulting in more frequent periods. Furthermore, other concerns like menorrhagia where women suffer through extremely heavy blood flow during periods, metrorrhagia where periods women suffer through non-menstrual or irregular bleeding or dysmenorrhea where females get excessive menstrual pain and cramping, all of these disrupting normal daily functioning of life. All of these menstrual and hormonal fluctuations can significantly impact one's overall well-being (Attia et.al, 2023).

Mothers often become primary caregivers and decision-makers when then their daughter's suffer through any menstrual or hormonal difficulties. Caregiving in the context of ongoing or ambiguous health concerns can exacerbate maternal emotional reactions, worry and anxiety. Caregiving, especially from mothers lens have been studied across various domains, though the menstrual or hormonal maternal experiences and anxieties have been significantly under-researched. In this context, a research similar to the present study, by Lathia et.al (2023) highlights how women with PCOS and their mother respond and cope with their concerns. Semi-structured interviews of 12 mother-daughter pairs revealed about their experiences. Findings suggested intense emotional vulnerability, feelings of shame and

## **Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health**

worry. While the mother's focused on managing their daughter's overall lifestyle, they were also involved in alternate remedies. It further suggested a promote inclusivity of mother's in PCOS related conversations, intervention assistance and awareness.

Raising children with life-threatening or chronic conditions can significantly impact a parent. Meeting and balancing one's requirement across social, occupational or familial responsibilities impairs many facets of the parent's life. These excessive demands can lead to increased stress, anxiety, depression or disrupt family relationships. This is further exacerbated by caregiving burden itself. Child's well-being and transition as per the requirement of their medical conditions is of primary concern to the parents. This study by Eccleston et.al (2015) explored 26 research papers which included several major illnesses like cancer. Along with this, effectiveness of psychological intervention techniques like cognitive behavioural therapy, family therapy and others was measured across different domains. Results revealed a significant improvement observed in children post-treatment, involving their parents. Across all illnesses, remarkable results were revealed in child symptoms when parents received cognitive behaviour therapy. The research also claimed improvement in parental behaviour and mental health, post-problem solving therapy. Furthermore, the research suggests marked effectiveness of CBT that includes parents for improving the primary symptom complaints. Problem solving therapy had a strong therapeutic effect on parent's problem solving skills and mental well-being.

### **METHODOLOGY**

#### ***Sample***

The sample was selected on the basis of purposive sampling technique, to yield explorative insights about mothers and their experiences in this context. Mothers of daughter's 15 to 25 years of age were specifically chosen because of their caregiving roles and close involvement in their daughter's health management of menstrual and hormonal difficulties. On the other hand, mothers with ongoing mental health issues or with daughter's not representative of these concerns, were excluded from the study.

Thus, a total of nine mothers were involved in the study with varied social backgrounds. These participants were identified by codes from P1 to P9 with other identifiers removed.

#### ***Instruments***

The study data was collected using semi-structured interview guide prepared by the researcher. The questions were primarily focused on understanding mother's emotional state, caregiving responses and perception of the situation. Furthermore, these question targeted their personal areas of coping and socio-cultural influences.

The open-ended format of these interviews, allowed participants to describe their lived experiences in detail. This kept the interview in better flow for clarity and probing.

#### ***Procedure***

Mothers were approached through personal and professional networks. They were then chosen based on their willingness, comfort and suitability as per the research aim. Verbal informed consent was taken before proceeding with the interview recording. It was made sure that the participants faced no psychological discomfort on the basis of these interviews and that there were no specific right or wrong answers to the questions asked.

## Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health

Depending on the comfort of the participant, interviews were conducted bilingually (Hindi and English), for approximately 25-30 minutes. All interviews were audio-recorded with permission and transcribed verbatim. Hindi responses were translated into English, while aiming to preserve the actual preserving contextual meaning of the response.

Data were analyzed using Reflexive Thematic Analysis following Braun and Clarke (2006). Interviews conducted were then transcribed and read thoroughly. Familiarization with these interviews allowed the researcher to highlight their significant areas. These then allowed us to formulate appropriate codes, manually, allowing proper engagement with the data. Later, the researcher, without the use of any assistive qualitative technology, structured these codes into relevant themes.

### RESULTS

*Table No. 1 Theme, sub-themes, key codes and verbatim*

Theme	Sub-theme	Verbatim
<b>Theme 1 Maternal Anxiety and Emotional Burden Around Menstrual &amp; Hormonal Uncertainty</b>	1.1 Persistent Worry and Mental Preoccupation 1.2 Fear of Long-Term Consequences and Hidden Risks 1.3 Emotional Helplessness and Perceived Loss of Control	“I ask her do you are you feeling any pains do you feel like having periods does this is another task are it to the daily course. I keep on thinking about that I have to start her yoga I should give her any medicine should I consult a doctor so many questions get a time.” (P1)
<b>Theme 2 Caregiving Through Lifestyle Regulation, Monitoring and Preventive Control</b>	2.1 Lifestyle Discipline as Primary Management Strategy 2.2 Preventive Parenting and Regulatory Practices 2.3 Practical Caregiving Responses to Bodily Symptoms	“I do things for her because she is in discomfort. I give her a hot water bottle for relief, I take her to the doctor. And I also ask the doctor, she is getting periods once in 1.5-2 months, why is it happening, what can we do? So I take full care of regular check-ups.” (P4)
<b>Theme 3 Navigating Healthcare Pathways, Treatment Ambiguity and Medical Trust</b>	3.1 Ongoing Treatment Seeking and Diagnostic Uncertainty 3.2 Medication Related Fear and Ambivalence 3.3 Reassurance, Dissatisfaction and Alternative Healing Pathways	“Right now her medicines are also going on. It feels that now it will become fine, but now it is not becoming fine. Even after, Ayurvedic etc. was also done, now homeopathy etc. is also going on, but it still doesn't seem to get any better.” (P8)
<b>Theme 4 Mother-Daughter Dynamics and Shared Responsibility in Health Management</b>	4.1 Negotiating Autonomy and Resistance Across Developmental Stages 4.2 Emotional Protection and Relational Coping 4.3 Shared Responsibility and Maternal Frustration	“Many times she doesn't even tell me, to be honest. Although I ask her, tell me what the problem is, but she does not tell me because I will get worried. Many times I catch her crying at night. But most of the time, she tries to cope up on her own. When it becomes too much, then I explain to her.” (P7)
<b>Theme 5 Socio-cultural Stigma, Meaning-Making and Maternal Resilience</b>	5.1 Menstrual Stigma, Cultural Silence and Gendered Norms 5.2 Social Judgement, Comparison and Normalization of Distress 5.3 Maternal Meaning-Making and Emotional Resilience	“I would really love it that she gets confident and I have to just ignore then it and the moment she accepts it will work out, atleast the appearance part of it. But unfortunately I understand that when you are growing up, I don't know about other societies but our society they people are insensitive without realising you know its very easy in our society to talk about somebody.” (P3)

## **Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health**

Thematic analysis of the interviews revealed five interrelated themes reflecting maternal anxiety, care giving practices, healthcare navigation, relational dynamics and socio-cultural influences. These themes together reveal maternal anxiety as internal emotional state which are often, relational and culturally driven. These were often shaped by uncertainty, responsibility and meaning-making.

### **Theme 1: Maternal Anxiety and Emotional Burden Around Menstrual & Hormonal Uncertainty**

Across participants, maternal anxiety was highlighted as persistent, mental preoccupation with their daughter's health conditions. Mothers reported being mentally engaged with these concerns, of daughter's menstrual and hormonal difficulty. The emotional tone and concerns marked by the mother, revealed, hypervigilance, anticipatory fear and repeated self-doubts amongst the mothers. The menstrual cycle itself became a monthly trigger for consecutive anxiety, reinforcing the ongoing emotional turbulence in them.

Another concern was often marked by mother's fear of long-term reproductive consequences like infertility and future marital issues. Symptoms like acne, weight gain, hirsutism, hair loss or excessive menstrual pain further exaggerated mother's uncertainty. It was also seen, even in cases where daughter's were reportedly improving in terms of their health, future apprehension about hidden or undetected health risks still persisted amongst them.

As all these health problems were considerably unpredictable in nature, it was perceived as a possible threat to daughter's long-term overall well-being. Hereby, mothers reflected emotional helplessness and perceived lack of control further intensified their burden.

### **Theme 2: Caregiving Through Lifestyle Regulation, Monitoring and Preventive Control**

Maternal anxiety was often manifested through caregiving responses. These were often marked due to dietary regulation, exercise or ensuring medication intake. Hereby, lifestyle management was often adopted as both preventive and corrective measure of daughter's health.

These caregiving practices were often used a way to be in control of daughter's practices and overall health management of these issues. These included monitoring their routines, scheduling their medical appointments, maintaining other lifestyle management on weight or sleep. This control, monitoring and overall regulation, gave mothers a self-perceived control over future health uncertainty of their daughters.

These actions of over-monitoring and hypervigilance was often manifested in anger, reported across participants in the interviews. Though, mothers expressed their caregiving, nurturing intentions towards their child, it was often seated in anxiety, emotional insecurity and desire to prevent future harm.

### **Theme 3: Navigating Healthcare Pathways, Treatment Ambiguity and Medical Trust**

Mothers experience a sense of uncertainty in terms of diagnosis, medical advice or the ambiguous nature of the healthcare available. Mother often reported being ambivalent on the use of hormone-based medications. This was specially the case when daughters were younger due to it's possible dependence or side effects in future.

## **Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health**

Hereby, mothers often reflected concerns related to trust if we rely on only one method of treatment. As a result, many participants reported consulting different forms of healing like allopathy (contraceptive pills), ayurveda or homeopathy for a holistic treatment plan, reflecting a sense of hope.

Despite of consistent efforts and opting of different treatment modalities, no significant improvement was reported in daughter's condition. Narratives about these issues, further highlighted persistent maternal anxiety. Hereby, marking this navigation across healthcare as emotionally charging or overwhelming for mothers.

### **Theme 4: Mother-Daughter Dynamics and Shared Responsibility in Health Management**

Mothers described a shift in autonomy in their caregiving when daughters went on from young adolescent towards the adulthood phase. The daughters marked a more sense of responsibility and independence in their health management practices.

Mothers and daughters engaged in mutual reassurance who helped to lessen each other's distress. Mothers nursed/provided comfort to diminish their own stress and daughters self, pressed their feelings when needed. Hereby, maternal anxiety had a relational connotation within the mother-daughter dyad.

This bidirectional emotional regulation created a dynamic of shared responsibility. Mothers often reflected, feelings of frustration and empathy when daughters ignored lifestyle advice or limited their symptom tracking. At the same time, both, mother and daughter provided emotional protection and relational closeness, which proved protective factors for both.

Hereby, the findings marks maternal anxiety as a mutually occurring relational construct between the two. Rather than existing as an isolated maternal phenomenon, anxiety was shaped through communication patterns, developmental shifts and mutual attempts to manage emotional strain.

### **Theme 5: Socio-Cultural Stigma, Meaning-Making and Maternal Resilience**

Across mothers narratives, menstruation was consistently framed as a private, stigmatized and evolving issue within Indian families. The past experiences of mothers were significant contributor to their response as a caregiver to their daughter's conditions. Social communications amongst their circle, past instances of their own time and intergenerational changes around the topic significantly impacted mother's ideas about the topic.

Mothers described growing up in environments where menstruation was rarely discussed and were often associated with taboo. Mothers reported that men in their families did not fully understand their worries. This gendered dismissal from their male counterparts, often exacerbated notions around stigma and led to cultural silence on the topic.

Even when participants mentioned a growth in normalization of PCOD/PCOS, this boundary was riddled with right to silence, prejudice, misinformation and ineffective minimization. Mothers frequently described distress being intensified by comments from relatives or peers, specially on their weight gain, excessive acne or hirsutism. Furthermore, poor research or healthcare available on female health and well-being reflects societal denial and medical ignorance.

## **Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health**

In these phases of ambiguity, mothers reframed menstrual and hormonal difficulties through acceptance, genetic explanations, optimism and resilience-focused parenting. Hereby, these findings demonstrate that maternal coping processes have a cultural component in addition to a psychological one, that of ongoing reflection on silence, meaning and strength.

All together, the results clearly show that maternal worry about their daughters' menstrual and hormonal health issues is multifaceted. It is influenced by the uncontrollability of biology, the uncertainty in health care, negotiations within the dyad and the norms of sociocultural ideologies.

Anxiety was expressed cognitively (preoccupation), behaviorally (regulation), relationally (dyadic emotional regulate) and culturally (stigma, informed anxiety). Instead of being indicative of pathological overreactiveness, the maternal anxiety seemed to be reflected in the notions of accountability and ambiguity in the setting in which reproductive health has implications on the social and family level. The categories indicate that menstrual health was a being a common experience of psychosocial articulations within the family system and larger societal structure.

### **DISCUSSION**

This qualitative study explored the maternal anxiety and experiences related to their daughter's menstrual and hormonal health difficulties among young women aged 15–25 years. Using reflexive thematic analysis (Braun & Clarke, 2006), five themes were separated. The findings suggest that daughter's menstrual and hormonal health concerns are not experienced only as medical issues but also as maternal emotional distress, family relations, healthcare uncertainty and culturally shaped understandings of reproductive wellbeing.

The most central finding of the present study was the sustained emotional burden experienced by mothers in relation to their daughter's menstrual and hormonal concerns. Mothers described persistent worry, recurring fear and uncertainty with respect to these problems, which didn't seem to resolve over time. This sense of vulnerability resulted in more focus and heightened anticipatory worry each month. This finding is consistent with findings by Lathia et al. (2023) who reported emotional chaos within the mother, daughter relationship while managing PCOS in India. Mothers in the study harbored persistent worries about symptoms and the long, term reproductive implications while daughters felt anxious and ashamed. Fertility concerns were a prominent factor among mothers' identified sources of stress. Lathia et al. (2023) have also pointed out that, within the Indian social, cultural context, PCOS has been distinguished as a condition linked to the anxieties of marriage and motherhood. Coles & Cage (2022) show a two, way relationship between maternal psychosocial adjustment and adolescent mental health, and although this is not specific to menstrual health, this research supports this study's findings of a relationship between caregiver distress and adolescent functioning.

Mothers' responses to uncertainty took the form of pragmatic, routine caring. Management of 'lifestyle regulation', incorporating exercise and regular symptom monitoring were framed as essential components of managing menstrual/hormonal fluctuation. Rao et al. (2022) explore the centrality of lifestyle to the experience of PCOS amongst 'ethnic' (Indian) women, framing weight, symptoms and emotional disturbance as the significant factors affecting quality of life. They find that although lifestyle focus remains integral to

## **Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health**

the health of women with PCOS, 'many women were dissatisfied with information given regarding diet and exercise or behavioural strategies for everyday management', so that health promotion may not be consistently effective. In the current study, lifestyle management is defined as a proactive measure to counteract future uncertainty. Routine monitoring can serve as a psychological reminder of control through the power of bodily improvement in the midst of precursors to medical indeterminacy and disease.

The process of accessing healthcare was described by women as being a long, complicated and emotional journey. This corresponds with findings from Kaur et al. (2021) that reported themes of delayed help, seeking, a lack of understanding and of explanation of condition and repeatedly accessing different providers among women with PCOS. The women within Kaur's study had a poor understanding of their condition, lack of understanding of the management of their condition and of ongoing disappointment due to no symptom relief with medication. Maternal anxiety toward hormonal medication also emerged strongly in the current findings. Kaur et al. (2021) similarly report dissatisfaction with repeated hormonal prescriptions and concern that menstrual regularity was maintained only while medication continued. In both the present study and Kaur et al. (2021), families opted, both allopathic and indigenous systems in response to unsatisfactory results.

Menstrual and hormonal health issues were managed within the mother, daughter relationship. Similarly, Bellis et al. (2020) state that 'worry about their period has a high impact on day, to, day life and activities, including school attendance and emotional wellbeing'. Maternal frustration that was revealed as anger was in fact more likely to be the result of feeling anxious than being conscious of such emotions with the purpose of punishing, highlighting the multi, faceted emotional world that feeds the demands of family life.

The results resonate with the experiences of mothers in a wide sociocultural environment of menstrual stigma, silence and gendered stereotypes. Sharma & Mishra (2018) similarly explores PCOS as socially influenced and stereotypical within Indian contexts. These notions about menstruation and its irregularities reflects modesty, impurity and womanhood. Even when not explicitly articulated, fears regarding one's fertility and social judgement were embedded in maternal narratives. At the same time, the present study highlights maternal resilience. Mothers engaged in meaning-making processes framing the condition as manageable, genetic, or lifestyle linked in order to reduce fear and instill hope.

Implications

### **Clinical Implications**

Mother's going through this difficult phase with their daughter's menstrual health need to be readily considered. Proper discussions and reassurance can be considered by healthcare professionals, to improve maternal uncertainty about the topic.

### **Family and Psychosocial Implications**

Interventions should include family communication techniques to alleviate relationship stress and facilitate co coping.

### **Societal Implications**

Improved communication, literacy and awareness campaigns can further promote menstrual or hormonal wellbeing, of both mothers and daughters.

## Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health

### Limitations

Sample size (N=9) is small, but since this is qualitative it is the depth not breadth that is sought. Experiences may also be specific to particular socio, cultural contexts and vary by region or deprivation group. The current research was focused on upper middle class, urban women. Narratives from different socio-cultural backgrounds might yield significantly varying experiences. Translation from Hindi to English may involve subtle shifts in meaning, despite careful efforts to preserve participant intent.

### Future Research Directions

Future studies could explore experiences across diverse Indian communities and rural contexts. Furthermore, intervention based models could be addressed for maternal anxiety in reproductive health caregiving. Conducting a longitudinal research may yield results as in how maternal anxiety might evolves over time, across different stages of life.

## CONCLUSION

The findings suggest that daughter's menstrual and hormonal health difficulties have a significant, multi-factorial impact on mothers. The study marks interwoven nature of maternal anxiety across symptom unpredictability, caregiving responsibility, healthcare ambiguity, relational negotiation and socio-cultural stigma. Furthermore, the study contributes to limited qualitative research in the Indian context focusing specifically on maternal perspectives in menstrual and hormonal health management among young women.

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## **Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health**

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### ***Acknowledgment***

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### ***Conflict of Interest***

The author(s) declared no conflict of interest.

***How to cite this article:*** Ali, Z. & Mitra, R.K. (2026). Navigating Uncertainty: Maternal Anxiety, Caregiving and Meaning Making in Daughter's Menstrual and Hormonal Health. *International Journal of Indian Psychology*, *14*(1), 1269-1278. DIP:18.01.126.20261401, DOI:10.25215/1401.126