

Menopausal Problems among Rural Postmenopausal Women: A Study in Anantapuramu District, Andhra Pradesh

P. Jayasree*, G. Venkata Ramana**

Abstract

Menopause is an unspoken, unattended, reality of life, the cause of which is still deciphered completely by man. This phase of life is shrouded with lots of myths and taboos. During the transition to menopause, women may experience vasomotor, uro-genital, psycho-somatic and psychological symptoms as well as sexual dysfunction. The prevalence of each of these symptoms related to menopause varies across ethnic and socio economic groups. Early recognition of symptoms can help in reduction of discomfort and fears among the women. *Objectives:* To assess the prevalence of menopausal problems and to identify the strategies adopted by rural postmenopausal women to prevent the menopausal problems. *Methodology:* A cross sectional descriptive survey design was used to conduct the study at Government General Hospital, Anantapuramu, Andhra Pradesh. A total of 112 rural post menopausal women were selected by purposive sampling technique. *Results:* 63 percent of respondents had somatic symptoms, 58 percent uro-genital and 36 percent psychological symptoms. 64 percent had not adopted strategies and 36 percent adopted strategies to prevent menopausal problems. *Conclusion:* The prevalence of menopausal problems was very high and strategies adopted were less. The awareness about menopausal problems was inadequate necessitating to educate the rural post menopausal women to make them fully aware about menopausal phenomena.

Keywords: Menopause; Postmenopausal Women; Menopausal Problems.

Introduction

Aging is a natural process of maturation. All facts of aging are important to consider from a women's health perspective. Women experience various turning points in their life cycle, which may be developmental or transitional. Mid life is one such transitional period which brings about important changes in women. One of those important changes is menopause.

The term "Menopause" was derived from the Greek and Latin words, "Meno" (Month) and "Pausis" (a pause, cessation). It is the cessation of woman's reproductive ability, the opposite of menarche. It is a natural process where as unnatural in some instances like hysterectomy, a surgical removal of uterus. The World Health Organization defines natural menopause as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity without an obvious intervening cause and is confirmed only after 12 consecutive months of amenorrhea. Menopause is an accepted, universal phenomenon in a woman's life normally occurs between 45 to 50 years of age.

As our population ages, the number of post menopause women grows. According to Centers for Disease Control and Prevention, in the developed world it is estimated that there are over 477 million post menopausal women and the mean age of menopause range from 45 to 55 years. The number is projected to rise to 1.1 billion by the year 2025. In India, there are 96 million women aged 45 years and above and this number is expected to increase to 401

Author's Affiliation: *Research Scholar **Professor, Head & Chairman, Board of Studies, Dept. of Sociology, Joint Director, Directorate of Admissions, NSS Programme Coordinator S.K. University, Ananthapuramu-515003, Andhra Pradesh, India.

Reprint's Request: G.Venkata Ramana, Professor, Head & Chairman, Board of Studies, Dept. of Sociology, Joint Director, Directorate of Admissions, NSS Programme Coordinator S.K. University, Ananthapuramu-515003, Andhra Pradesh, India.

E-mail: ramanasku@yahoo.com

Recived on 17.06.2017, Accepted on 28.06.2017

million in 2026. It is estimated that 40 million postmenopausal women and the average age of Indian menopausal women is 47.5 years.

The reproductive aging in women is the depletion of ovarian follicles which results in profound fall in the production of hormones estrogen and progesterone. The deficiency of these hormones causes various menopausal symptoms like vasomotor, urogenital, psychosomatic and psychological symptoms. The commonly observed symptoms are irregular skipped periods, hot flushes, insomnia, mood swings, fatigue, depression, irritability, headache, vaginal dryness, muscle ache, bladder control problems. Sudden depletion in estrogen level during menopause may results in various complications like heart diseases, osteoporosis, fracture, cerebrovascular disorders, metabolic disorders, increased weight gain, dementia, Alzheimer's disease and endometrial cancer. However, every woman's experience of the menopause is unique; she may experience all of the above symptoms or none of them.

The nature, severity and frequency of symptoms of menopause are based on the concepts of local biology, reproductive characteristics, socio cultural aspects and ethnicities. As the woman spends one third of her life in menopausal phase, severe menopausal symptoms reduce the quality of life of a woman. Early recognition of symptoms and its treatment alleviate this distressing condition of many a woman. Hence menopausal health demands high priority in India.

Anita Punia et al., (2016) conducted a cross sectional study to assess the magnitude of menopausal problems and associated factors among rural women in Sonapat District, Haryana, India. A random sample of 400 eligible women was selected and data were conducted by semi structured schedule by house to house visits. The results showed the mean age of menopause was 46.2 ± 1.61 standard deviation years. The most frequent menopausal symptoms were joint and muscular discomfort (77.5%), sleep problems (76.5%), hot flushes (62%), irritability (58.5%) and the bladder problems (54.5%).

A. Salini Lisa Cyriac et al., (2016) conducted a descriptive survey in selected rural area, Kerala State to identify the menopausal problems among post menopausal women and find association between menopausal problems and selected variables. A sample of 108 postmenopausal women selected by using probability one-stage cluster sampling technique. The results showed that 46.2 % sample attained menopause between 45 and 50 years of age, symptoms were muscle and joint pains (92.7%),

headache (88%), loss of interest in most things (87.9%) feeling dizzy or faint (86.1%) and the loss of interest in sex (84.3%). All of them experience vasomotor symptoms.

The quality of life of the increasing aging female population is now becoming an important issue. In view of the above studies and magnitude of the problem, the researcher is interested to assess the magnitude of the menopausal problems among rural women and to plan interventions for remedial measures and also to create awareness among women for improving their health status and quality of life.

Objectives

The objectives of the study were

- To assess the prevalence of menopausal problems among rural postmenopausal women.
- To identify the strategies adopted by rural postmenopausal women to prevent the menopausal problems.

Methodology

A cross sectional descriptive survey design was used to conduct the study at Government General Hospital, Anantapuramu, Andhra Pradesh between 14/2/2017 to 10/4/2017. A total of 112 menopausal women attendants in the age group of 45 to 55 years of hospitalized patients and who were accompanying the patients were selected by non probability purposive sampling and were studied at inpatient and outpatient departments. Data were collected by using structured interview questionnaire and analyzed by using descriptive statistics.

Results

The data obtained analyzed in terms of the objectives of the study using descriptive statistics.

Table 1 shows the frequency and the percentage distribution of postmenopausal rural women with their selected demographic and reproductive variables. Majority of the respondents 74 percent were in the age group 45-50 years, 53 percent attained menopause between 44 and 47 years of age, 79 percent were Hindus, 91 percent married, 96 percent illiterates, 65 percent had cultivation, 92 percent belonged to joint family, 51 percent had monthly

Table 1: Frequency and Percentage distribution of postmenopausal rural women with their selected socio demographic and reproductive variables

Variable	Frequency	Percentage
Age		
45 - 50 years	83	74
51 - 55 years	29	26
Age at menopause		
40 - 43 years	11	10
44 - 47 years	59	53
48 - 51 years	38	34
52 - 55 years	04	03
Religion		
Hinduism	89	79
Islam	11	10
Christianity	09	08
Others	03	03
Marital Status		
Married	102	91
Widow	08	07
Separated	02	02
Education		
Illiteracy	108	96
Primary	02	02
Secondary	02	02
Intermediate & above	--	--
Occupation		
Daily wage	34	30
Cultivation	73	65
Others	05	05
Type of family		
Joint	103	92
Nuclear	09	08
Monthly Income		
Rs. ≤ 1,000	06	05
Rs. 1,001 to 5,000	57	51
Rs. 5,000 to 10,000	44	39
Rs. > 10,000	05	05
Parity		
Parous	110	98
Nulliparous	02	02
Nature of menopause		
Natural	110	98
Unnatural (Hysterectomy)	02	02

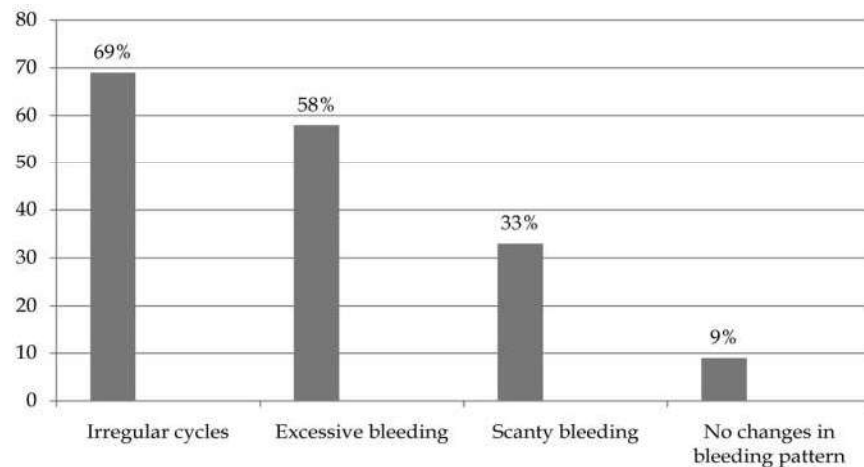


Fig. 1: Percentage distribution of post menopausal rural women according to the change in menstrual pattern prior to menopause

income Rs. 1,001–5,000, 96 percent parous and 98 percent attained natural menopause.

Figure 1 shows the changes in menstrual cycle prior to menopause. 69 percent respondents had

irregular menstrual cycle prior to menopause, 58 percent excessive bleeding, 33 percent scanty bleeding and 9 percent had no changes in menstrual cycles.

Figure 2 shows the percentage distribution of

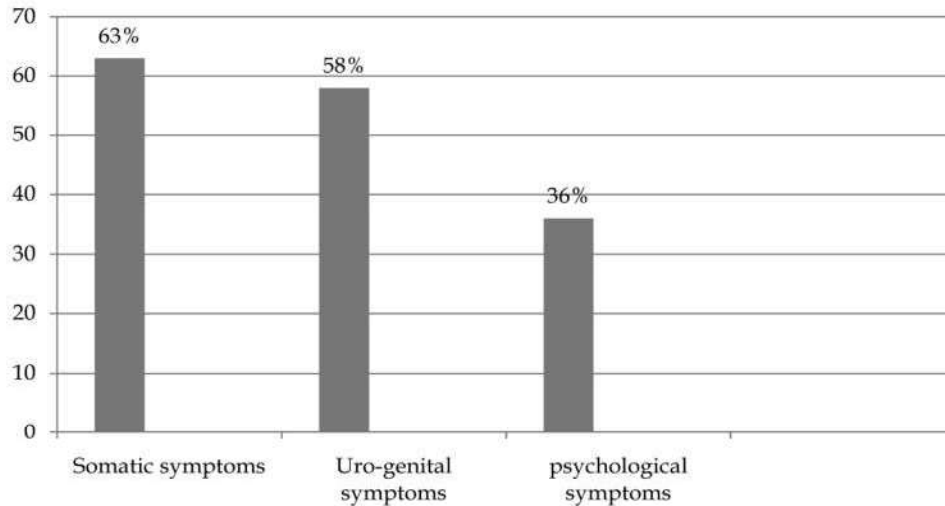


Fig. 2: Percentage distribution of menopausal symptoms among rural postmenopausal women.

Table 2: Frequency, percentage distribution of menopausal symptoms among rural postmenopausal women

Menopausal Symptom	Frequency	Percentage
Somatic symptoms		
Hot flushes	98	86
Night sweating	84	75
Joint and muscle discomfort	107	96
Sleeping problems	28	25
Headache	93	83
Backpain	42	38
Loss of feelings in hands, feet, numbness	63	56
Tiredness, easy fatigue	81	72
Palpitations, heart discomfort	73	65
Breathing difficulties	31	28
Hair loss	70	63
Uro-genital symptoms		
Incontinence of urine	93	83
Vaginal dryness	39	35
Vaginal discharge	08	09
Loss of interest in sex	72	64
Lower abdominal pain	39	35
Psychological symptoms		
Feeling tense or nervous	84	75
Excitable	57	51
Anxiety	43	38
Difficulty in concentration	40	36
Lack of interest in most things	41	37
Irritability	89	79
Feeling unhappy or depressed	47	42

menopausal symptoms. 63 percent of respondent had somatic symptoms, 58 percent uro-genital and 36 percent psychological symptoms.

Table 2 shows the frequency and percentage distribution of respondents regarding the somatic, uro-genital and psychological menopausal symptoms. Regarding the somatic symptoms majority

of the respondents 96 percent had joint and muscle discomfort. Regarding the uro-genital symptoms majority of the respondents 83 percent had incontinence of urine. Regarding the psychological symptoms majority of the respondents 79 percent had irritability.

Figure 3 shows the percentage distribution of rural post menopausal women regarding the strategies

adopted to prevent the menopausal symptoms. Majority of the respondents 64 percent had not adopted strategies and 36 percent had adopted strategies to prevent the menopausal symptoms. 78 percent respondents adopted pain balms for headache, backpain, joint and muscle discomfort, 62 percent adopted adequate ventilation and sleeping

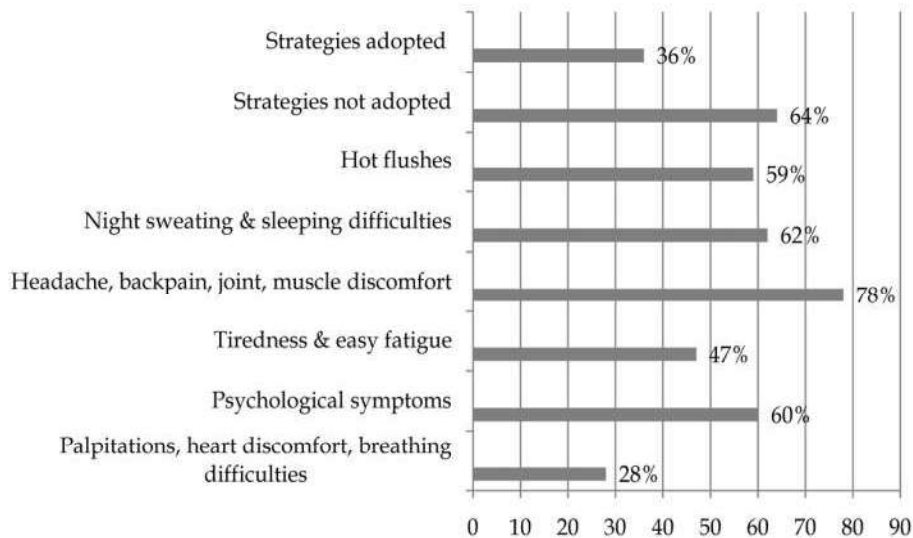


Fig. 3: Percentage distribution of rural post menopausal women regarding the strategies adopted to prevent menopausal symptoms.

in natural air for night sweating and sleeping difficulties, 60 percent adopted being silence, shading with neighbors, visiting temples for psychological symptoms, 59 percent adopted buttermilk, plenty of water for hot flushes, 47 percent adopted intermittent relaxation for tiredness and easy fatigue and 28 percent adopted occasional medical services for breathing difficulties, palpitations and heart discomfort.

Discussion

In the present study majority of the rural women 53 percent attained menopause between 44 and 47 years of age, 98 percent found natural menopause, 69 percent had irregular menstrual cycles prior to menopause, 63 percent had menopausal somatic symptoms, 36 percent adopted some kind of strategies to prevent menopausal problems.

Conclusion

As menopausal health demands priority in Indian scenario due to increase life expectancy and growing population of menopausal women, large efforts are required to educate and make these women aware of menopausal symptoms. This will help in early recognition of symptoms, reduction of discomfort and fears and enable to seek appropriate medical care if necessary.

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