

Health status of post menopausal women

■ P.S. HUNDEKAR, S. BADAMI, S. ITAGI AND V.S. YADAV

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See end of the paper for authors' affiliations

P.S. HUNDEKAR

Department of Human Development and Family Studies, College of Rural Home Science, University of Agricultural Sciences, DHARWAD (KARNATAKA) INDIA
Email: paravati742723@gmail.com

■ **ABSTRACT** : Research into the menopause is relatively recent. One hundred years ago, when life expectancy was shorter, most women did not live long after the menopause and so little was known about it. The present study examined the general and mental health status of post menopausal women. Symptomatic middle-aged women (n = 120 M age = 49.9, S.D.= 3.6) completed measures Mental Health Scale (MHI) developed by Davies *et al.* (1998) and Physical and General Health, PGI (Wig and Verma, 1978) were administered. Results found that, majority of the respondents perceived themselves as they were having many health problems and became more mentally disturbed. So, to cope with such health disturbances they have to follow regular suitable exercises, nutritious balanced food and rest.

■ **KEY WORDS**: Post menopause, Symptomatic, Physical general health

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Menopause is a stage in life when a woman stops having her monthly period. It is a normal part of aging and marks the end of a woman's reproductive years. Menopause typically occurs in a woman's late 40s to early 50s. However, women who have their ovaries surgically removed undergo "sudden" menopause (Kuh *et al.*, 2002). Natural menopause is the permanent ending of menstruation that is not brought on by any type of medical treatment. For women undergoing natural menopause, the process is gradual and is described in three stages:

Perimenopause or "menopause transition":

Perimenopause can begin 8 to 10 years before menopause, when the ovaries gradually produce less estrogen. It usually starts in a woman's 40s, but can start in the 30s as well. Perimenopause lasts up until menopause, the point when the ovaries stop releasing eggs. In the last 1-2 years of perimenopause, the drop in estrogen accelerates. At this stage, many women can experience menopause symptoms. Women are still having menstrual cycles during this time and can get pregnant.

Menopause:

It is the point when a woman no longer has menstrual

periods. At this stage, the ovaries have stopped releasing eggs and producing most of their estrogen. Menopause is diagnosed when a woman has gone without a period for 12 consecutive months.

Postmenopause:

These are the years after menopause. During this stage, menopausal symptoms, such as hot flashes, can ease for most women. But, as a result of a lower level of estrogen, postmenopausal women are at increased risk for a number of health conditions, such as osteoporosis and heart disease. Medication, such as hormone therapy and/or healthy lifestyle changes, may reduce the risk of some of these conditions. Since every woman's risk is different, talk to your doctor to learn what steps you can take to reduce your individual risk.

A woman is considered to be postmenopausal when she has not had her period for an entire year. Measuring through a blood test called the follicle stimulating hormone (FSH) level is another way to determine if you are postmenopausal. FSH is a hormone produced by the pituitary gland (located at the base of the brain). However, the routine use of the FSH test is not needed to help the vast majority of women. Sometimes, the levels can be misleading since the levels go up and down during the transition into menopause.

The hormonal changes during menopause:

The ovaries are the reproductive glands that store eggs and release them into the fallopian tubes. They also produce the female hormones estrogen and progesterone as well as testosterone. Together, estrogen and progesterone control menstruation. Estrogen also influences how the body uses calcium and maintains cholesterol levels in the blood. As menopause nears, the ovaries slowly begin to run out of eggs. Eventually, the ovaries no longer release eggs into the fallopian tubes and the woman has her last menstrual cycle (Freeman *et al.*, 2007).

The health risks during menopause:

When women are transitioning into menopause they begin experiencing physical, psychological and mental health problems and they are as follows:

- Hot flashes (a sudden feeling of warmth that spreads over the upper body).
- Night sweats and/or cold flashes.
- Vaginal dryness; discomfort during sex.
- Urinary urgency (a pressing need to urinate more frequently).
- Difficulty sleeping (insomnia).
- Emotional changes (irritability, mood swings, mild depression).
- Dry skin, eyes or mouth.
- Breast tenderness.
- Irregular periods or skipping periods.
- Worsening of premenstrual syndrome (PMS).
- Periods that are heavier or lighter than usual.
- Racing heart.
- Headaches.
- Joint and muscle aches and pains.
- Changes in libido (sex drive).
- Weight gain.
- Hair loss or thinning.
- Tiredness.
- Difficulty concentrating, memory lapses (often temporary).
- Osteoporosis.

These symptoms can be a sign that the ovaries are producing less estrogen. Not all women get all of these symptoms. However, women affected with new symptoms of racing heart, urinary changes, or other new medical problems (Freedman and Krell, 1999) should see a doctor to make sure, there is no other cause for these symptoms.

As working women bear double responsibilities one, at workplace and other in the family therefore, excess work, less freedom, high need for motivation and work-family environment may become powerful source of stress among these women. Therefore, emotional balance, adjustment process, tolerance level and other personality attributes are under great threat, which affect negatively the mental health.

There may be a chance that if their problems are left unnoticed they might become a mental case in future. Some suitable intervention and modification in their life style and coping strategy especially during these period may help in improving and maintaining their good health.

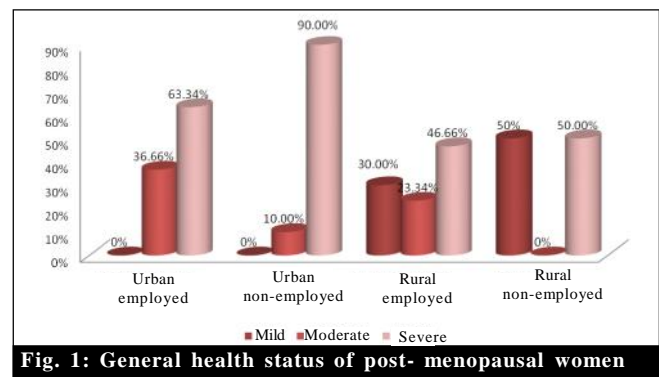
The objective of present study was to assess the physical and mental health status during post-menopause of middle-aged working and non-working women in urban and rural localities.

RESEARCH METHODS

A descriptive study was conducted during 2013 in urban and rural areas of Dharwad Taluk. A randomised population of total 120 women who had attained menopausal condition were the study samples. The information was collected from the women who had completed atleast 5 years of menopausal period. Urban non-working population comprised of 30 respondents taken from the Sandankeri area of Dharwad city while same number of rural non-working women from Yatingudda village, Dharwad. Whereas, the urban and rural working women 30 each were selected from University of Agricultural Sciences, campus Dharwad. An interview schedule as well as - two questionnaires namely, Mental Health Scale (MHI) developed by Davies *et al.* (1998) and Physical and General Health, PGI (Wig and Verma, 1978) were simultaneously administered to subjects of both the groups. The MHI detects the symptoms of psychological disturbances. It consists of 38 items and 6 sub components in it such as anxiety, depression, loss of behavioural and emotional control, general positive affect, emotional ties and life satisfaction. It does consist of 2 global scales *i.e.* psychological distress and Psychological well being. PGI consists of 60 items with two point rating scale and was used to assess the general health. based on the total scores the respondents were categorized into low, average and high stress level.

RESEARCH FINDINGS AND DISCUSSION

Fig. 1 depicts that, most of the respondents of both the urban and rural women perceived that they were having severe health problem like backache, insomnia, dizziness, weakness,



eye problem, sweating, uneasiness, irritability, loss of memory. Significant difference in the health status was observed between the urban employed and non-employed postmenopausal women. Whereas there was non-significant difference in rural employed and non-employed women. But didn't found any difference between both the locality. The results suggest that, as woman undergone the menopause her physical, mental and emotional health will be disturbed due to the change in internal mechanism such as hormonal fluctuation. So, her physical health going to be diminishing in such way that, she becomes irritated a lot, sleeplessness, headache, backache, joint pain, comfortless, mood swings and many more.

Table 1 explores the significant difference between urban and rural post menopausal women with respect to the mental health status. Mental health status of the women who residing in rural areas were very mentally disturbed than their counterparts. This may be due to the fact that, rural women were tortured by their husband, in-laws and from their relatives. Their low level of education, income and nutritional status made them more vulnerable to these conditions. Low quality intake of food, minimum rest, lot of house work and rearing of the children and many more household works dependent on her. So she may not get sufficient time to take personal care. All these will result mental health problems and make more mentally ill.

Location	Mean ±S.D.	t value
Urban (n=60)	1.43±21.19	.90*
Rural (n=60)	1.50±22.12	

*Significant at 0.05 level of probability

Fig. 2 reveals the difference between urban and rural post menopausal with respect to the mental health sub components such as psychological well being, psychological

stress, life satisfaction, emotional ties, general positive effect, loss of behavioural and emotional control, depression and anxiety. Rural women were significantly different from urban women incase of well being, emotional ties and in general positive effect than all other sub-components of mental health status. Rural women were distress, loosed the emotional and behavioural control, depressed and more anxious. This is all because of the facts that, their dual role performance in home and in working place, as well the mental heavy duty in the university, because all the working participants were professors and their more knowledge and awareness about the menopausal life also influence a lot.

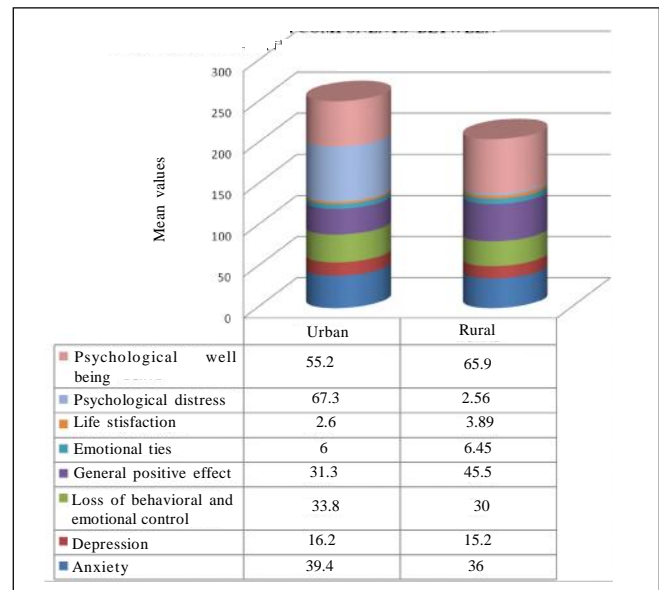


Fig. 2 : Comparison of mean scores with respect to the mental health components between urban and rural postmenopausal women

Table 2 explores that, decrement in general health of post menopausal women is significantly correlated with

	PGI	A	D	Loss of B and ET	GPA	ET	LF	PD	PW	SES
PGI	1									
A	0.145	1								
D	0.099	0.511**	1							
Loss of B and ET	0.20*	0.254**	0.352	1						
GPA	-0.19*	-0.229	-0.01	-0.096	1					
ET	-0.044	-0.147	0.026	0.229	0.20*	1				
LF	-0.075	-0.097	0.102	0.058	0.38**	0.25**	1			
PD	-0.181*	-0.605	-0.44**	0.36**	0.44**	0.104	0.34**	1		
PW	0.14*	0.111	-0.052	0.079	-0.20*	-0.212	-0.007	0.184**	1	
SES	0.079	0.145*	0.299*	0.206*	-0.19*	-0.044	0.37**	-0.181	0.014	1

* and ** indicate significance of values at P=0.05 and 0.01, respectively

PGI-General physical health, MHI- Mental health inventory, A- Anxiety, D- Depression, B & EC-Behaviour and emotional control GPA-General positive effect, ET- Emotional ties, PD- Psychological distress and LS-Life Satisfaction PW- Psychological wellbeing, SES- Socio-economic status

anxiety, depression, loss of behavioural and emotional control and with psychological distress. Severity in physical health condition was observed in majority of the respondents, so this serious health ailments will affect day to day life. Post-menopausal women were usually more anxious and depressive so they loss of interest in routine work , they may have loss behavioral and emotional control. Socio-economic status was significantly positively correlated with anxiety, depression and life satisfaction of respondents.

Conclusion:

The menopausal transition is a natural stage for every woman who is in her forties or fifties. Results found that majority of post menopausal women who belonged to the urban and rural localities were having severe health problems and they were more mentally ill. So, themselves they have to cope with these problems and follow these techniques such as deep breathing, relaxation and balanced diet all refer to a method used to reduce stress and depression. Exercise can improve your quality of life and may help with hot flashes. Being physically active at least 30 minutes almost every day will help lower the risk of heart disease.

Authors' affiliations:

S. BADAMI AND S. ITAGI, Department of Human Development and Family Studies, College of Rural Home Science, University of Agricultural Sciences, DHARWAD (KARNATAKA) INDIA

Email: badami.sumangala8@gmail.com; itagi.sk@gmail.com

V.S. YADAV, Department of Psychology, College of Agriculture, University of Agricultural Sciences, DHARWAD (KARNATAKA) INDIA

Email: yadav.vithalrao@gmail.com

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