

Physical health status and psychological distress of working menopausal women : A case study of Jammu city

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■ **ABSTRACT** : The present study was designed to evaluate the health status of working menopausal women in the age group of 41-56 years of Jammu city. The objectives was to assess the physical health status among menopausal women by examining their physical distress and psychological distress and to find the relationship between physical and psychological symptoms. A sample of the study comprised of 88 working menopausal women. Purposive random sampling technique was used to select the sample. To collect the information, CMI Health Questionnaire was used. Result revealed that women had both physical and psychological health problems in all the age groups, but not severe. Highest mean score of the physical problems was found in the third age group (51-56 years). Highest mean score of the psychological problems was found in the second age group (46-51 years). Correlation between age and health status was significant.

■ **KEY WORDS**: Physical health, Psychological distress, Menopausal women

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Menopause is defined as generally cessation of periods for 12 months or a period equivalent to three previous cycles or as time of cessation of ovarian function resulting in permanent amenorrhea. Menopause is a universal phenomenon which can be perceived as unpleasant. The period is generally associated with unavoidable manifestation of aging process in women. The elderly population is increasing every year and it is projected that it would increase to about 12 per cent of the total population by the year 2025(WHO, 1996). Roughly half of the population will be women. According to IMS, there are about 65 million Indian women over the age of 45 years. Average age of menopause is around 48 years but it strikes Indian women as young as 30-35 years. Due to increase in the life expectancy women will have to face a longer periods of menopause. Importance is always given to reproductive health from menarche to menopause. Problems related to menopause were given scant attention till the 1980's. The concept of menopause got its importance only in 1981 when a report of the World Health Organization, Scientific Group,

based on its meeting on research on the menopause held in Geneva during December 1980 says there are virtually no data on the age distribution of the menopause and no information on its socio-cultural significance in the developing countries. Further the scientific group made some specific recommendations as WHO sponsored research should be undertaken to determine the impact on health service needs of the rapidly increasing numbers of post-menopausal women in developing countries (WHO,1996).

As a woman ages and especially as she gets closer to menopause, her ovaries get smaller. This time of changes in hormone levels and menstrual cycles is called the menopausal transition. It is also called peri-menopause. It usually starts several years until 12 months after the last period. Once the woman has gone a full 12 months without a period, she can be fairly sure that she has been through menopause and is now in post-menopause. Post-menopause lasts the rest of a woman's life.

During menopausal transition, there is a lot of fluctuation in the hormone levels and thus, women may

experience many symptoms and conditions. However, the influence of this fluctuation varies from one woman to another. Some of the important and common symptoms women can experience during menopausal transition. Physiological changes associated with menopause are hot flushes, cold sweats, dizziness, faintness, nausea, vomiting, breast tenderness, bloating, weight gain, skin and hair disorders, anorexia nervosa, oedema, swelling, pelvic discomfort, headaches or migraines, changes in bowel habit and reduced co-ordination. These in turn are thought to increase the risks of various chronic diseases including heart diseases and osteoporosis (Madhukumar *et al.*, 2012).

Thus, menopause brings psychological and biological changes that effect women’s health. Studies on issues relating to menopause, especially among working women, are lacking in India. Present study aimed to assess health status of working menopausal women. Further, to document the incidence of non-communicable diseases among women and find relationship between the physical and psychological symptoms.

RESEARCH METHODS

The methodological framework for the study is as follows:

Sample:

The sample for present study was working women in the age group of 40-56 years working in different sectors. Preference was given to women employed in teaching profession (school, college, university). Target sample size was 100, but due to non-responsiveness of the respondents, the study was carried out only on 88. The sample for present study was selected from different areas of Jammu city, J&K. Criteria for sample selection were:

- Sample women should be working outside home.
- Sample women should be in 40-56 years old group.

Purposive random sampling technique was used for selection of sample. Data were collected from working menopausal women by personal interviewing method.

Data collection:

For data collection the following tools were used:

Questionnaire:

A detailed questionnaire was structured to collect the necessary demographic information of the women such as age, education, occupation, type of family, number of family members, number of children and monthly income.

CMI health questionnaire:

The Cornell Medical Index Health Questionnaire is known as CMI. The term questionnaire explains the nature and purpose of the form to the respondents. The CMI Health Questionnaire is self-administering questionnaire and can be given to the

women. It was modified by Wig and Verma (1973). It contains questions in informal language, so words as to be understood easily by persons with a reading knowledge and technical terms are generally avoided. After each question a “Yes” and a “No” appear; the women answer the questions by circling only one. In every instance, a “Yes” answer indicates that the woman claims to have the symptoms. Each “Yes” answered item is counted or considered as score. The greater the score the more are the problems by the women. Questions grouped in sections, A to J are called “Physical Distress” and K to P section are called “Emotional or Psychological Distress” score.

Data analysis:

After data collection, the data was coded and tabulated both quantitatively and qualitatively. The percentages of respondents falling in various categories were calculated and tabulated. Appropriate statistical test such as mean, ANOVA, Chi- square and correlation were used to draw the inferences. Data analysis was done by using SPSS software.

RESEARCH FINDINGS AND DISCUSSION

The results of the study are presented as under:

Demographic profile:

The study population comprised of 88 menopausal women with 41.0, 29.5 and 29.2 per cent being enrolled in 41-45 years, 46-51 years and >50 years age groups, respectively. Statistical calculation revealed that mean age was 47.91 ± 4.91 years. Maximum numbers of women were post graduates and school teachers. In the first age group (41-46years), majority (61.1 %) respondents lived in a nuclear family and the least (38.9 %) respondents were in joint family. In the second age group (46-51 years), majority (76.9 %) respondents lived in a nuclear family and the least (23.1 %) in joint family. In the third age group (51-56), majority (57.7 %) respondents were from the nuclear family and the least (42.3 %) from the joint family.

The result of Fig. 1 reveals that in every age group, majority (47.73 %) of the women were post graduates, 27.27 per cent were graduates and least (25.00 %) were Ph.D.

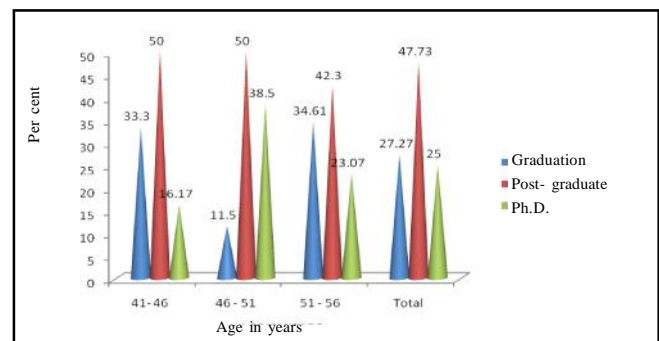


Fig. 1: Educational status of the women according to age

Table 1: Level of health status of women according to age

Level of physical health	Age in years			Total (n=88)	2
	41- 46 (n=36)	46-51 (n=26)	51-56 (n=26)		
Good	27 (75.00)	20 (76.9)	19 (73.1)	66 (75.00)	.103 df=2
Moderate	9 (25.00)	6 (23.1)	7 (26.9)	22 (25.00)	
Level of psychological health	Age in years			Total (n=88)	2
	41- 46 (n=36)	46 – 51 (n=26)	51- 56 (n=26)		
Good	32 (88.9)	20 (76.9)	23 (88.5)	75 (85.23)	2.023 df=2
Moderate	4 (11.1)	6 (23.1)	3 (11.5)	13 (14.77)	

*Figures in pare-thesis indicate per cent

square was significant at the level of 0.01 (6.59).

The result from Fig. 2 reveals that majority (79.1 %) of the women were working in the schools, 16.7 per cent in the other departments and least (4.2 %) were in the university. Results also revealed that 64.3 per cent of the women were working in the schools, 19 per cent of the women working in the colleges and 16.7 per cent of the women working in the other departments had studied up to post graduation. 59.1 per cent of the women working in the university and 40.9 per cent working in the colleges were Ph.D.'s.

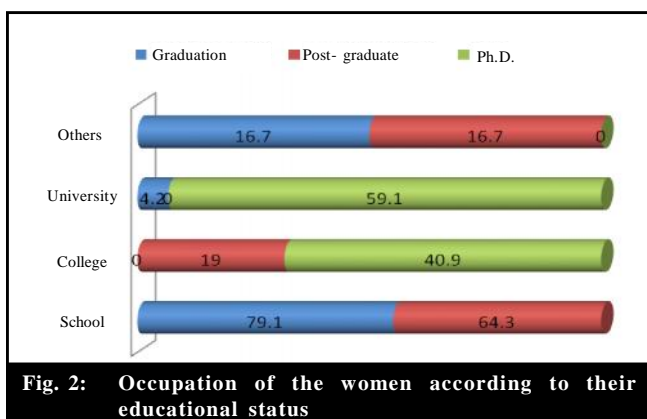


Fig. 2: Occupation of the women according to their educational status

Table 1 reveals that majority of the women (75.0 %) had good physical health status and only 25.00 per cent had moderate physical health status irrespective of age group. The Chi-square value for the level of physical health status was obtained as .103 with 2 degree of freedom which is non-significant.

More than three-fourth of the sample women had good psychological health status while only ¼ had moderate psychological distress. High per cent 88.9 and 88.5 in 41-46 and 51-56 years, respectively old working menopausal women had good psychological health status as compared to 76.9 per cent of 46-51 years old women. This may be because they are in the transitional menopause stage. The Chi-square value for the level of psychological health status was obtained as 2.023 with 2 degree of freedom which is non-significant. None had poor health status (both physical and psychological) in all the age groups. Results were similar

to the finding which was reported by Manish and Girish (2006). They assessed the mental health status of 50 middle aged (49.42 ± 3.46 years) female school teachers of Varanasi city. Results rewarded that psychological stress scale score showed moderate to high level of stress in 54 per cent subjects, where as, 18 per cent cases had low scores while, 28 per cent cases were in between low to moderate levels of stress. Anxiety levels was observed in 44 per cent cases while, social dysfunction score had been observed moderate in 80 per cent.

Table 2 indicates that the highest mean score in physical distress was 30.38±14.19, which was found in the third age group *i.e.* 51-56 years old women and least mean score was 26.5±13.78, found in first age group *i.e.* 41-46. Table 2 reveals that as the age increases the health is getting affected and these respondents were in post-menopausal stage.

Highest mean score in psychological distress (10.23±7.44) was found in the second age group *i.e.* 46-51 and least mean score was 8.33±5.51 found in the first age group and same in the third age group. Table 2 revealed that psychological distress score was high in the second age group (46-51years) *i.e.* in those who were in transitional stage.

Table 2 : Physical health status and psychological distress score of the respondents

Age groups (years)	Physical distress score	Psychological distress score
	Mean ±S.D.	Mean ± S.D.
41-46	26.5±13.78	8.33±5.51
46-51	27.54±12.52	10.23±7.44
51-56	30.38±14.19	8.57±6.54
Total	27.95±13.49	8.97±6.41

Fig. 3 shows that majority of the women in the age group of 41-46 years of age had health problems after the age decreased the health problems also increased. Fig. 1 also depicts that mean score showed high CMI health declining with age.

Table 3 reveals that the physical distress shows the negative statistically significant correlation at the level of 0.01(-.239*) with education. But the age had non-significant value. Psychological distress also showed negative

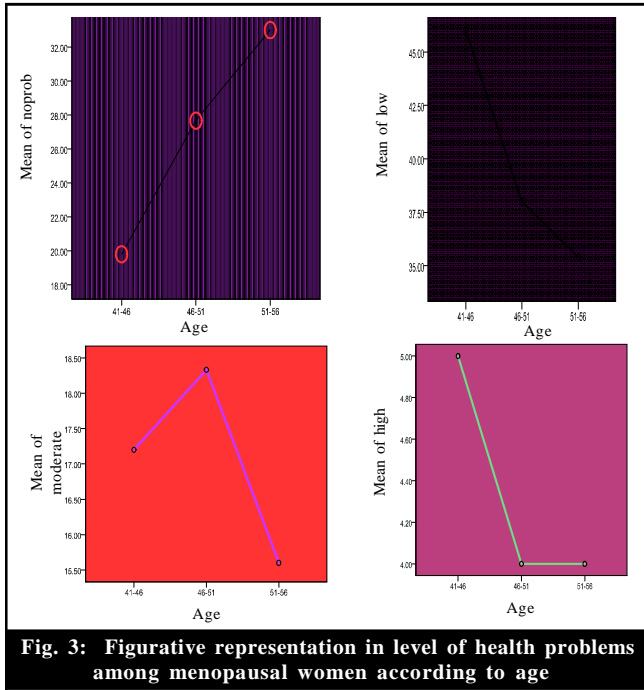


Fig. 3: Figurative representation in level of health problems among menopausal women according to age

Table 3 : Correlation of health status with the age

Variables	Age	Education	Physical distress
Age	.052		
Physical distress	.118	-.239*	
Psychological distress	.027	-.291**	.483(**)

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

significant correlation with education (-.291**) while it has positive relationship with physical distress (.483**) at the level of 0.05.

Table 4 shows that there was positive and negative significant relation in all dimensions of CMI with age. Dimensions of CMI was also significantly correlated at the level of p =0.01(**) and p<0.05(**).

Conclusion:

Menopause is an unavoidable change that every women will experience, assuming she reaches middle age and beyond. The year leading up to that last period, when women might be experiencing menopausal symptoms like changes in their monthly cycle, are called menopausal transition. The present study was conducted with the objective to assess the health of working menopausal women of Jammu city. For data collection tools used were such as, Cornell’s Medical Index (CMI) and Health Questionnaire. All the women had good health status both physical and psychological health. Although, women had health problems but, not of severe form. Women who faced the maximum problems were those who were undergoing menopause as compared to post and peri-menopause. With advancing the age, intensity of

CMI health questionnaire	Age	1	2	3	4	5	6	7	8
Cardio-vascular system (1)	.111								
Digestive tract (2)	.027	.352**							
Muscular-skeletal (3)	.176	.217*							
Skin (4)	.186	.184	.405**						
Nervous system (5)	-.026	.279**	.284**	.406**	.431**				
Genitourinary system (6)	-.056	.237**	.396**	.112	.035	.192			
Fatigability (7)	-.061	.232*	.254*	.307**	.091	.372**	.107		
Frequency of illness (8)	.140	.335**	.30(**)	.253*	.076	.219*	.185	.126	
Miscellaneous(9)	.118	-.226*	.281**	.270**	.213*	.268*	.065	.277**	.155

Table 4: Cor relations between CMI scale and age group

psychological symptoms increased. A positive correlation was found between the physiological and psychological problems associated with menopause.

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