COPING WITH MENOPAUSE; A STUDY OF URBAN AND RURAL WOMEN OF INDIA

EXECUTIVE SUMMARY

MINOR RESEARCH PROJECT

Submitted
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Chapter – 1

1.1 INTRODUCTION

More often the issues debated about woman’s health predominantly centre on the reproductive health of woman. In a highly populous country like India, the state, the planners and the demographers are more concerned with the regulation of woman's reproductive health. It appears that woman's health issues are perceived only as her reproductive health issues. The other issues concerned with woman’s health are hardly addressed. Menopause is one such area related to woman’s health which is totally neglected by health service providers and health planners. Since the longevity of women is on increase the menopause and the post menopausal health problems have to be given more attention and proper health awareness and suitable health programmes have to be devised in future.

Meaning:

‘Menopause’ is a term used to describe the permanent cessation of the primary functions of human ovaries i.e. the ripening and release of ova and the release of hormones that cause both the creation of uterine lining and the subsequent shedding of it which is called as menses. Menopause typically (but not always) occurs in women in midlife during their late 40’s or early 50’s and signals the end of fertile phase of woman’s life. The transition from reproductive to nonreproductive condition is the result of a major reduction in female hormonal production from ovaries. This transition is normally not sudden or abrupt but tends to occur over a period of years and is a natural consequence of ageing among women. Menopause though being a natural physiological process, for some women the accompanying signs and symptoms and their effect can significantly disrupt their daily life and their sense of well being. Some women may develop serious gynaecological problems which may get detected during menopause and may have to undergo surgeries. Thus there is a greater need to attend to the health needs of women during menopause, both physical and psychological.

Symptoms of Menopause: Though there is no uniformity regarding the symptoms experienced by women during menopause they are generally divided in to physical and psychological symptoms. Nearly 35 symptoms are listed. The most common physical symptoms are vasomotor symptoms like hot flashes and flushes,
night sweats, insomnia, irregular periods, loss of libido and in extreme cases osteoporosis. The common psychological symptoms are depression, irritability, anxiety, mood swings, forgetfulness, feelings of insecurity and fear etc. The symptoms vary from group to group and it is now agreed that the prevalence of symptoms are not only biological but are equally related to cultural background too. For example hot flashes are the most common symptoms of western urban women while Japanese women have no such symptom but they experience frozen shoulder. Thus the prevalence of symptoms is determined by biological, psychological and socio-cultural factors

**Interdisciplinary Relevance:**

Medical Sociology or Sociology of Health is a branch of Sociology which has emerged with interdisciplinary status. The theme of the present project will be studied with a Medical Sociological perspective and it needs to be studied with an interdisciplinary approach. Since many medical studies on Menopause could not answer the question of deferential experience of menopause by different women the social scientists had to step in to explore the different socio-cultural, racial, ethnic and dietary factors which may be responsible in producing differential experiences among women during menopause. In this connection the investigator wants to explore the experiences of Indian women both rural and urban during menopause. The investigator has to conduct her study with a sound medical knowledge of menopause as a physical condition for which she continuously consulted the medical experts especially the general physicians and gynaecologists.

The Study: The present study as indicated in the title, intends to study the menopausal experiences of both urban and rural women of India. The literature shows that there are very few studies on menopause about Indian women while a large number of studies are conducted in America on the experiences of menopause in different ethnic groups by socio-cultural Anthropologists. Incidentally the earliest study on this subject was conducted in India by Dr Marcha Flint, an American Anthropologist.

Apart from studying American woman’s menopausal experience the socio-cultural anthropologists and medical sociologists have studied many different ethnic groups
in America like Hispanics, Mexicans, Asian Americans and African Americans. But in India recently few initial studies on this area have been done by anthropologists and sociologists. Hence to fill the gaps in research in this area in India the investigator wants to take up the present study. The study will make significant contributions in the area of Health especially Women’s Health which has assumed priority in National Health Programmes.

1.2 Objectives of the Study:

1) To know the awareness level of Indian women about Menopause.
2) To know the common symptoms of Menopause experienced by Indian women.
3) To know the ways and means of coping with the symptoms of Menopause by Indian women.
4) To find out whether there are any variations in the menopausal experiences of rural and urban women.
5) To find out whether there are any variations in menopausal experiences of urban working women and urban housewives.
6) To know the problems of menopause at work place for working woman.

1.3 Hypothesis:

1. Urban Women experience more severe symptoms of menopause compared to rural women.
2. Urban women seek medical help to overcome menopausal syndrome

1.4 Methodology:

The present study in an explorative study. The investigator plans to conduct field surveys both in rural and urban areas. Belgaum city which has a population of nearly 7 lakh and is under the administration of City Corporation is chosen as the urban area under study and the surrounding villages are chosen as rural area under study. A purposive sampling design is used and suitable rural and urban women will be interviewed with the help of an Interview Schedule.

1.5 The Sample:

The size of the Sample is 84. It includes three distinctive groups of women. It comprises of urban working women, urban homemakers both the groups belonging
to medium and upper medium class and the third group comprises of rural women from lower economic class especially women working in the fields as coolies or daily wagers. A total of 60 urban and 24 rural women are interviewed. Such a purposive sample is drawn mainly to represent different socio economic backgrounds.

1.6 The Tool:

An interview schedule is prepared by the investigator as the tool for data collection. The schedule has five sections the first section has questions related to socio demographic background. The second section has questions related to knowledge and information about menopause. The third section includes questions about physical and psychological symptoms. The fourth section has special questions for working women and the problems in the work place during menopause. The fifth section has questions on the ways and means of coping with menopause and the support from the family. Most of the questions are open end questions to provide enough freedom for the respondents while answering the questions.
Chapter – 2

REVIEW OF LITERATURE

After studying the available literature on Menopause the investigator has made two broad divisions.

1. Books and articles on Menopause written from physiological and medical point of view which provide abundant literature on Menopause to educate and guide women in Pre menopause, Perimenopause and Postmenopause conditions. Some books reviewed by the investigator are as follow.
   i) The book ‘Our bodies, ourselves : Menopause’ The Boston Women’s Health Collective(2006) is one such publication. It discusses the problems of Menopause and gives step by step management. It is highly informative and includes many case studies which help readers to understand their problems.
   ii) “The Hormone Connection: revolutionary discoveries linking hormones and women health problem” by Gale Malasky. Mary Kittel and the editors of Prevention Health Book for women (2001) is an excellent guide book for Women to understand the working of hormones on their bodies. It answers many health problems of women which includes menopausal problems.

2. The second division of literature on Menopause includes the books and research articles based on empirical studies conducted on deferential menopausal experiences of women which are analysed from socio-cultural and economic perspectives. Though there are large number of studies conducted about women undergoing menopause in different parts of the world more so about white western women, there are hardly any studies on Indian women. The few studies that are conducted are reviewed here. The present study is done keeping these studies in the background for the discussion and analysis of data. The following are some important studies.
   i) ‘The Menopause: Reward or Punishment?’(1975) by Marcha Flint an Anthropologist from New Jersey is one of the earliest studies of Indian women and their menopausal experiences. She studied 483 Indian women of Rajput caste in the states of Rajasthan and Himachal and found that very few of them had any problem of menopause other than changes in menstrual cycles. They had no depression no dizziness no experience of
menopausal syndrome. It was very surprising fact compared to the large number of western women (10 to 11% of total American women of menopausal age) who suffer with severe symptoms of menopause. Marcha Flint tries to answer this by pointing it to cultural differences. In rural Rajasthan a woman after achieving menopause enjoys higher status and freedom in the family and menopause is like a reward for her. In American society with its emphasis on youth and glamour menopause is more like a time of punishment for the woman.

ii) ‘Menopause and other Correlates’ (2003) by G.P.Pradhan & S.K.Srivastava. This study is made to determine the effect of menopause on depression and insecurity. A sample of 50 working and 50 nonworking women of age group 48 to 52 years are studied. The investigators have used Depression scale and Inferiority and Insecurity questionnaire. The results indicate that both working and nonworking women don’t significantly differ on depression, inferiority and insecurity. But menopause play a significant role in depression and feeling of inferiority and insecurity.

iii) ‘Culture and Symptom Reporting at Menopause.’ By Melissa k Melby, Margaret Lock and Patricia Kaufert. The purpose of the present study is to review recent research on the relationship of culture and menopausal systems and propose a bio cultural framework that makes use of both biological and cultural parameters in future research. Medline is searched for the English language articles published from 2000 to 2004. The authors have referred nearly 300 research articles published recently. The paper has been divided into four parts. Part one summarises the factors that have been shown by various studies to contribute to differences in menopausal experiences. Part two comprises a review of research on age and vasomotor symptom reporting that combines socio cultural variables along with biological variations. Part three sets out findings from biological anthropology and reproductive ecology. Part four highlight several cross cultural studies.

The present study seeks to examine variations in menopausal characteristics between rural and urban women and the ways in which these characteristics could be predicted from differential demographic variables related to the residential status.


The objectives of this study are to understand the variations in levels of menopause among women in India and to address the emerging issues of menopause in India. The study is based on individual level data from National family Health Survey. According to the analysis the menopausal age is slightly later in urban than rural. In order to know the variations in the onset of menopause, socio-economic, reproductive and nutrition related variables have been studied. It is observed that women illiterate women with low standard of living, women engaged in agricultural works, women who had early childbearing, who never used contraceptives experience early onset of menopause. The report provides a comprehensive analysis of the non-biological correlates of menopause in the Indian context and helps in sensitising the policy makers and programme planners to this issue.


This observational cross sectional study is conducted about urban women from Jammu with natural menopause to evaluate menopausal symptoms in women above the age of 40 belonging to the middle economic strata of Jammu as well as to evaluate the correlation of age on their symptoms by interviewing regarding their menopausal complaints. The study reveals varying symptoms with age.


The above study intends to find out the problems faced by working women who are in the phase of menopause. It is found from the analysis that the work environment is stressful for two third of the respondents. One third of the respondents experienced increased sweating and two third of the respondents came under pressure to complete their task within the
deadline. They suffer fatigue and stress related illhealth. More than half of the respondents have admitted that they have problems during official trips. The study recommends special sick leave for such women, policies of the institution to be sensitive to the needs of women, better regulated temperatures and ventilation in work place and more rest breaks and women friendly toilets, time off for medical appointments and sensitive boss to the menopausal needs of working women.

There are few more studies about menopausal experiences of Indian women and keeping these in view the present study is designed and conducted in order to fill in the gaps in research already conducted in this area.
Coping with Menopause - Discussion and Analysis

3.1 Socio-demographic characteristics of the sample

The sample consists of 84 women who have reached menopause or are in the stage of perimenopause. The sample consists of 24 rural women and 60 urban women. By making use of selective sampling or purposive sampling method the suitable women are chosen for the study.

3.11 Economic Status

Urban women belong to middle and upper middle class with family income being Rs 4 lakh and above per annum while rural women belonged to lower economic class with family income being less than Rs 50,000 per annum.

The urban working woman sample consists of college teachers, bank, hospital and office employees while the rural women are agricultural workers working in their fields and also in others fields as labourers.

3.12 Marital Status:

Among urban women 6% are widows, 6% are spinsters and the remaining 88% are married. Among rural women 20% have desertion and broken marriages, 5% devadasi and 75% are widows.

3.13 Educational level:

The three groups in the sample have different educational level. All the urban working women are graduates and above. Among urban homemakers 33% are educated up to P.U.C and 67% are graduates.

The rural sample has 80% are illiterate, 10% have studied up to middle school and 10% have completed S.S.L.C.

3.14 Menopause Age:

For the rural woman the mean age for menopause is 45.6 yrs, for urban homemakers 49.6yrs and for urban working women it is 48.9yrs. It indicates early menopause for rural women which is also indicated in NFHS.
3.2 Knowledge and awareness about Menopause.

All the rural women said they knew about menopause through their interactions with other women in the family and in the neighbourhood.

The urban women know about it by observations in the family but also read about it in books and magazines to gather more information about it.

3.3 Physical symptoms of Menopause

Among urban women all experienced irregular periods. 46% experienced heavy bleeding, 12% underwent hysterectomy (6% earlier to menopause, 6% during menopause), 42% had scanty periods. 88% had 1-2 yers of menopausal period while other 12% had longer extending to 3-4 years.

Among rural 55% experienced irregular scanty period for 3 to 6 months when it ultimately stopped. 40% said they missed period and it just stopped. Only 5% had heavy bleeding.

Hot flashes are experienced by 60% of urban women for nearly two years. 12% had severs hot flashes extending for 6 to 8 years.

Night sweats were experienced by 15% and loss of sleep by 20% of urban women.

70% of urban women felt more tired during this period.

Rural women did not have any of these symptoms except one who experienced sweating and later she underwent hysterectomy.

Decreased interest in sex is commonly found among all the women in sample irrespective of urban or rural.

3.4 Psychological symptoms

Among urban working women 60% felt irritable and 36% experienced mild depression.

Among urban homemakers 66% felt irritable and 46% underwent mild depression, 26% felt insecure and 10% felt neglected by family.
Rural women did not express any psychological problems and said that after day’s work they had good sleep.

3.5 Coping with Menopause

3.5.1 Since the rural women did not experience any physical and psychological symptoms of menopause in sever measure they did not the find transition disturbing their day to day life. Majority of them had a smooth sail.

Among urban women those who experienced hot flashes, night sweats and excessive bleeding (53% of the urban sample) consulted doctors who counselled them about menopause and for those who had severe symptoms got treated by medication.

Others experiencing mild disturbances talked it over with friends colleagues and family members. Rested more often, wore comfortable clothing, used fan to cool themselves, tried to keep engaged in other activities. Some started doing yoga and meditation some pursued their hobbies to come out of mild depression. Only the seriously ailing consulted psychiatric counselling and treatment. There one such case among urban housemakers.

3.5.2 Family Support

Those who consulted doctors for severe symptoms of menopause said their family supported them. Those with mild disturbances managed on their own without much family support more with a feeling that every woman should endure it.

3.6 Problems of Working women in work place during menopause.

Working women suffer more during this period. The urban working women expressed that they need cool surroundings and good wash room facilities.

- They need good understanding from the colleagues and the boss.
- They need special leave during difficult times.
- There should be less work pressure for women undergoing menopause.
- The working women also expressed the need of rest hour in the middle of working hours.
Chapter - 4

Conclusions

The investigator has come to the following conclusions based on the data collected.

1. The rural woman has early menopause compared to urban woman which shows a gap of four years.
2. The rural woman has a common sense knowledge of menopause while urban woman develops it by reading about it.
3. The physical and psychological symptoms of menopause like hot flushes, night sweats, excessive bleeding, sleeplessness, irritability, mild depression which are experienced by urban women in this sample are not experienced by the rural women in the sample.
4. Those who have experienced severity of menopausal symptoms (56% of urban sample) have consulted doctors and have undergone counselling and treatment.
5. Those with mild symptoms have endured it with their own ways and means.
6. Working women undergoing menopause have expressed that they need special facilities.
Chapter - 5 Suggestions for further studies.

i) The present study is a micro level study confined to a small geographical area. It should be done at macro level with extensive surveys.

ii) The reasons for rural and urban differences in the experience of menopausal syndrome should be taken up for in depth study with an interdisciplinary approach.

iii) Further research should be done to find out reasons for menopausal symptoms being severe for urban woman and the ways to mitigate it.