

Status Analysis of Menopausal Disorders among Middle Aged Women

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Abstract

The objective of this paper was intended to make a status analysis of menopausal disorders among middle aged women. The investigator selected 100 women from urban area, 100 women from semi urban area and 100 women from rural area of Tamil Nadu State, in the age group of 40 to 55. Menopausal Assessment Scale (MAS). The questionnaire consisted of two parts, namely, physical symptoms and psychological symptoms. Four point scale from 0 for none, 1 for mild, 2 for moderate and 3 for severe was given to score the filled up questionnaire. Classification of menopausal disorder was done based on the scores. The results presented proved that while 49% of the urban women, 54% of semi urban subjects and 57% rural subjects had moderate menopausal disorder. Even though, there were considerable differences in physical symptoms of urban, semi urban and rural women, these differences were not significant at 0.05 level. The differences in psychological differences were also proved to be insignificant. Comparing among urban, semi urban and rural middle aged women, urban women has less menopausal disorders, because of their improved knowledge on menopausal disorders. Creating awareness on menopausal disorders and suggesting interventional programmes for middle aged women would be of great benefit for their healthful life.

KEYWORDS: Menopausal Disorders, Physical symptoms, Psychological Symptoms

Introduction

Menopause can be officially declared when there has been amenorrhea (absence of any menstruation) for one complete year. However, there are many signs and effects that lead up to this point, many of which may extend well beyond it too. These include: irregular menses, vasomotor instability (hot flashes and night sweats), atrophy of genitourinary tissue, increased stress, breast tenderness, vaginal dryness, forgetfulness, mood changes, and in certain cases osteoporosis and/or heart disease. These effects are related to the hormonal changes a woman's body is going through, and they affect each woman to a different extent. The only sign or effect that all women universally have in common is that by the end of the menopause transition every woman will have a complete cessation of menses.

A pan-India survey conducted in 2009, by the Bangalore-based Institute for Social and Economic Change (ISEC) has brought to light an alarming fact about Indian women. A typical Indian woman fares abysmally with regards to her menopausal health. The study tested samples from 1,00,000 women in the age band of 15-50 years, across 26 states. The findings of the ISEC survey highlight that on an average nearly 4 percent of Indian women are already menopausal between the ages of 29-34 years. It goes up to 8

percent in the case of women between 35 and 39 years. This is shocking because normal menopause starts between the ages of 45 and 55, with a mean age of around 51 years worldwide. Early menopause also puts women at a higher risk of being affected with osteoporosis, heart diseases, diabetes, and hypertension and breast cancer.

The risk of acute myocardial infarction and other cardiovascular diseases rises sharply after menopause, but the risk can be reduced by managing risk factors. Osteoporosis is a decrease in bone mineral density. Weight-bearing exercises are essential in preventing osteoporosis. These exercises cause weight to be placed on the bones, especially the hips, legs and spine. The weight placed on the bone helps slow deterioration of the bone. Experts agree that walking is the best form of exercise for post-menopausal women. Weight gain, especially around the abdomen, is common in post-menopausal women. While this may be caused by genetics and hormones, lack of exercise and overeating are often contributing factors. Adhering to a fitness program can make a big difference in the overall health and well-being of post-menopausal women, as well as help trim the waistline. The researchers had hoped to prove that exercise could be a less risky alternative to hormone replacement therapy for women suffering from hot flashes. (Pérez-López FR, et.al. (2009). The study found that more exercise led to lowered levels of perceived stress. "The level of anxiety, stress and depression were significantly lower among physically active, postmenopausal women compared to postmenopausal women in the lowest" level of physical activity.

Dasgupta S, et.al. (2012) elucidated the inter-relationships of age, menopause, and associated obesity and to assess their independent effects on aggravation of cardio metabolic risk factors in postmenopausal women and concluded that Menopausal transition brings about anomalies in total body composition characterized by an increased body fat mass and central adiposity. This creates a compatible atmosphere for abnormal metabolism and aggravated cardio metabolic risk factors. Thus, menopausal status and associated obesity is the major predictor of metabolic aberrations over age in menopausal women. Wani SQ, et.al. (2012) analyzed the demographic features, reproductive history and stage at disease presentation among the female breast cancer patients and concluded that in comparison to the rest of Indian scenario, more awareness related to breast cancer among post-menopausal and the rural females is needed. The role of peri-menopausal status, which represent 10% (n = 14) patients needs to be established in relation to breast cancer. Reddy Kilim S, and Chandala SR. (2013) investigated the relationship between the menopausal status and related hormonal variation of oestradiol with plasma lipid concentrations and found changes are caused by reduced estrogen concentrations which are seen in menopause. Aggarwal N, et.al. (2011) determined the prevalence of osteoporosis, and in turn increase the awareness, education, prevention, and treatment of osteoporosis and suggested the need for large community-based studies so that high-risk population can be picked up and early interventions and other life style changes can be instituted if there is delay in implementing national or international health strategies to tackle this increasing global health problem.

As found by different researchers it becomes necessary to understand the dimensions of a problem before addressing the same through a status analysis such as, the

age of the target population, types of disorders they suffer, which would be helpful to formulate suitable interventional programmes. Hence, this paper was intended to make a status analysis of menopausal disorders among middle aged women.

METHODOLOGY

To achieve the purpose of the study, the investigator selected 100 women from urban area, 100 women from semi urban area and 100 women from rural area of Tamil Nadu State, in the age group of 40 to 55. Menopausal Assessment Scale (MAS) developed by Hilary Jones (2000) was used to measure the status of menopausal disorders. The questionnaire consisted of two parts, namely, physical symptoms and psychological symptoms. Physical symptoms were assessed through 14 questions and psychological symptoms were assessed through 6 questions. Four point scale from 0 for none, 1 for mild, 2 for moderate and 3 for severe was given to score the filled up questionnaire. Classification of menopausal disorder was done based on the scores, namely if the subject scored less than 10, considered as none; if the subject scored 11 to 25 considered as mild; if the subject scored 26 to 40 considered moderate; and above 40 were considered as severe menopausal disorder. The filled up questionnaire was scored. Based on the scores obtained ANOVA was calculated to find out the differences among the groups and to determine the status on menopausal disorders of middle aged women.

RESULTS

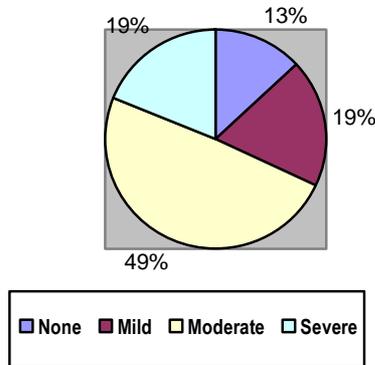
Status analysis of menopausal disorder based on the criterion scores are classified are presented in Table I:

Tab I: Status Analysis of Urban, Semi Urban and Rural Middle Aged Women on Menopausal Disorders

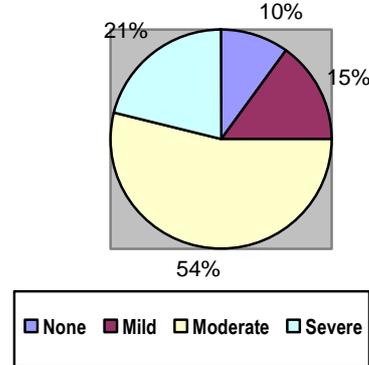
Category	Classification of Middle Aged Women on Menopausal Disorders							
	None		Mild		Moderate		Severe	
	No	%	No	%	No	%	No	%
Urban (N=100)	13	13	19	19	49	49	19	19
Semi Urban (N=100)	10	10	15	15	54	54	21	21
Rural (N=100)	9	9	7	7	57	57	27	27

Of the 100 urban middle aged women studied, 49% were found to be moderate, 19% were found to be having severe menopausal disorders. The semi urban middle aged were classified as 54% moderate and 21% having severe, whereas among rural women, 57% were moderate and 27% were having severe menopausal disorders. The status was presented through pie diagrams.

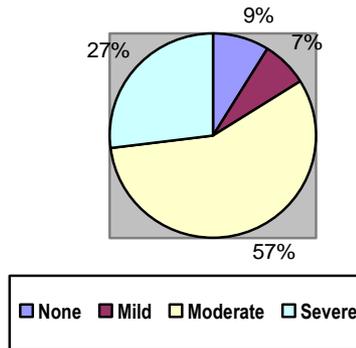
Menopausal status of Urban women



Menopausal status of Semi Urban women



Menopausal status of Rural women



In order to find out the differences among urban, semi urban and rural women physical and psychological symptoms scores on menopausal status, the obtained scores were subjected to statistical treatment using ANOVA and the results are presented in Table II and III.

Tab: II : Descriptive Statistics on Scores of Physical and Psychological Symptoms

Variables	N	Mean	σ
Physical Symptoms			
Urban Middle Aged Women	100	19.71	8.11
Semi Urban Middle Aged Women	100	21.22	7.59
Rural Middle Aged Women	100	22.36	7.68
Psychological Symptoms			
Urban Middle Aged Women	100	8.80	2.95
Semi Urban Middle Aged Women	100	9.08	3.09
Rural Middle Aged Women	100	9.29	2.79

Tab III: Comparison of Menopausal Status Among Urban, Semi Urban and Rural Middle Aged Women

Variables	Source of Variance	Sum of Squares	df	Mean Square	F
Physical Symptoms	Between	353.41	2	176.70	2.908
	Within	18048.79	297	60.77	
Psychological Symptoms	Between	12.09	2	6.04	0.696
	Within	2577.95	297	8.68	

Not Significant Required Table F_(2,297) 3.026

DISCUSSIONS

The results presented in Table I proved that while 49% of the urban women, 54% of semi urban subjects and 57% rural subjects had moderate menopausal disorder. The findings of this study were in agreement with the findings of Institute for Social and Economic Change that rural women had more menopausal disorders. Even though, there were considerable differences in physical symptoms of urban, semi urban and rural women, these differences were not significant at 0.05 level. The differences in psychological differences were also proved to be insignificant.

CONCLUSIONS

Comparing among urban, semi urban and rural middle aged women, urban women has less menopausal disorders, because of their improved knowledge on menopausal disorders. Creating awareness on menopausal disorders among middle aged women and suggesting interventional programmes would be of great benefit for their healthful life.

REFERENCE

- Aggarwal N, et.al. (2011), "Prevalence and related risk factors of osteoporosis in pre and postmenopausal Indian women." **Journal of Mid-life Health**. Jul;2(2):81-5
- Dasgupta S, et.al. (2012), "Menopause versus aging: The predictor of obesity and metabolic aberrations among menopausal women of Karnataka, South India.", **J Midlife Health**. Jan;3(1):24-30
- Hilary Jones (2000), "A change for the better"" **How to Survive and thrive during menopause**, ISBN 0340 76810X
- Reddy Kilim S, and Chandala SR. (2013)," A comparative study of lipid profile and oestradiol in Pre and Post-Menopausal Women." **Journal of Clinical and Diagnostic Research**.Aug;7(8):1596-1598.
- Wani SQ, et.al. (2012), "Clinic Epidemiological", **Journal of Cancer Research and Therapeutics**. Jul-Sep;8(3):389-93