

Liberation or Confinement? A Study on Menopause in Women's Existence

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Abstract

The present paper sought to capture and unveil the unheard experiences of menopausal women as well as examine the complex interplay of social, cultural and biological factors in shaping these perceptions. Menopause is marked as the permanent cessation of menstruation moreover each women experience, understand menopause in a distinct form and have their own story on menopause. To explore the menopausal reflections and contemplation a qualitative study using unstructured interview schedule was conducted among ten menopausal women belonging to the region of Mullurkkara Gram Panchayat of Thrissur District in the State of Kerala, India. The study disclosed that most of the women are ignorant of menopause and lack support during the menopausal phase. Women perceive attainment of menopause as a liberation from menstruation and deem menopause as a natural phenomenon. The qualitative study illustrates that women's unequal access to resources including healthcare, lack of support, social restrictions are a part of gender disparity. The study points to developing strategies to support and empower women to meet their diverse needs.

KEYWORDS: Menopause, Transition, Women, Menstruation, Taboo, Liberation, Distress

Introduction

The continuum of an individual can be divided into several life stages, each with its own set of characteristics. Biologically a woman's life goes through distinct life stages i.e., infancy, puberty (adolescence), Sexual Maturation (reproductive age) and menopausal years. Menopause is a phase in women's life characterized endocrinologically by evidence of decreasing ovarian activity, biologically by decreasing fertility and clinically by alteration in the menstrual cycle (WHO, 1981). The term menopause is derived from the Greek word 'meno' (month) and 'pauses' (halt), and was first used by French Physician de Gardanne in 1821 (Wilbush, 1981). Menopause serves as a key indicator of the end of fecundity in a woman's life cycle under natural fertility regimes, making it a vital variable in population-related studies. Each woman's positive or negative reactions to menopausal change are influenced by personal, family and sociocultural background. Women's perceptions on menopause are given little consideration by healthcare providers. Cessation of physiological production of estrogen at the menopause can have consequences ranging from discomfort to morbidity.

Background

Menopause is a stage when the menstrual cycle stops for over 12 months and there is a drop in the levels of the two most important hormones in the body of women, namely, estrogen and progesterone (WHO, 1996). Australian Menopause Society (2022) has sectioned menopausal symptoms into six categories including vasomotor symptoms, Genitourinary syndrome of the menopause, psychological and cognitive symptoms of menopause, Skin changes, Muscle and bone and metabolic changes. WHO stated that Natural menopause takes place at the ages of 45 & 55 years for the women. The general age of menopause is about 51 years in developed countries and in developing countries; it falls from 43 – 49 years, (Alva, 2016).

Medical construction of menopause

During the pre-20th century, the explanation of menopause is considered as deficiency, within an explanation described by humoral theories menstruation was letting off a plethora or abundance of blood which if not discharged would accumulate and enter the brain causing madness. In the schema amenorrhea was the chief cause of Women illness and by implication menopause contributed to insanity (Formanek 1990b). The standard treatment of amenorrhea derived from humoral theory was bloodletting through the use of leeches. Symptoms and consequences of menopause described by 19th-century Physicians include dyspepsia, severe vaginitis, rheumatic pain, scrofula, dropsy, collapsed breast and emaciation (Formanek, 1990a; Rosenberg, 1985). The development of sex endocrinology in the early 20th century is considered as critical in the developing understanding and practice about menopause. Hormones came to be regarded as the defining feature of both femininity and masculinity (Oudtshoorn 1994). The first use of oestrogen to treat menopausal symptoms occurred in America in 1929 following the successful extraction of oestrogen. In the 1930s and 40s menopause was constructed as a deficiency disease. Wilson in the 1960s worked as a key figure in the medical construction of menopause as a district of hormones which now resonates with contemporary practice. Wilson is noted for his misogynist statements about the fate of untreated menopausal women (Coney 1993; Lewis 1993). Through his journals Wilson propagated the long-term use of estrogen, promising women that hormone therapy would be the elixir of youth which would keep women feminine forever protecting them from ravages and vagaries of the female body by providing hormones from puberty to the grave. The establishment in the late 1980s of the foundational rationale for the use of hormone replacement therapy at menopause as a preventive therapy became entrenched in the early years of the 1990s. Prominent medical writers in the early 1990s consistently define menopause as a disease state in need of therapy. Menopause is described as a disease state that is the cause of other diseased states and which can be rectify by 're'introduction of hormones. The biological model defines menopause as "a physiological process caused by cessation of ovarian function," emphasizing hormone deficiency and thus treatment with estrogen or HRT. The psychological model believes that women's personalities affect their symptom experience, so psychotherapy is the appropriate line of treatment. According to the environmental model, women's symptoms are the result of stresses and strains posed by changing social roles and responsibilities during midlife; it proposes that women change their lifestyle and habits to manage

menopausal symptoms. All three models have identified the cause of distress during menopause as existing within women and thus advocate for medical intervention for every menopausal woman (Singh & Sivakami, 2014). The use of HRT for managing menopausal symptoms became more contentious after the Women's Health Initiative (WHI) study that linked HRT use with increased risk of breast cancer, endometrial cancer, and cardiac morbidity (Hyde et al., 2010). Moreover, the medicalization of menopause not only has magnified women's fears of aging and increased their dependence on the medical establishment, it also has increased the profits of doctors and pharmaceutical companies. The profit margin is so substantial that Coney (1993) has labeled this rapidly expanding business the menopause industry. Ferguson and Parry (1998) argue that the medicalization of menopause has sidelined the voices of women in the current discourse, resulting in incomplete understanding of women's experience. Thus menopause is medically constructed as a deficiency disease in medical literature.

Feminist perspective on Menopause

The women's health movement under the influence of feminist thought has provided new perception into menopause as a phenomenon that does not fit with medical model. The feminist perspective hold that when science is employed to support predominant androcentric and ethnocentric views and interests. Those who are not part of this dominant group are marginalized and their issues are considered irrelevant to study or treated inaccurately when occurs. Therefore, the feminist perspective emphasizes prioritizing research participants own views, perspectives, opinions, interests and experiences rather than researchers own (Im, 2007). Beyene (1986) states that menopause is not an event that limits women's psychological or physical capabilities, but a natural part of ageing. She places herself with researchers who question the universality of the consequences claimed for menopause suggesting that events of menopause are natural and in most cases need no medical intervention. McCrae (1983) identified a feminist-medical struggle over the collective meaning of menopause, including critique of Wilson's book *Feminine Forever* (1966). Mccrae nevertheless recognises the potential danger of rejecting in toto hormonal explanations of menopause and the women's health movements definition of menopause as unproblematic, since to do so many results in the dismissal of the health issues experienced by some women. Klein (1992) targets medicine and mass media for perpetuating sexist views of women in their definitions of menopause and more importantly regards as unethical and promotion of a drug for which the risks and side-effects are untested. Feminist writers have drawn attention to the deeply gendered construction of the body, especially in relation to reproduction and sexuality. Both modernist and postmodernist feminists identify medicine and medical. Practice and mass media as key sites for the construction of the meaning of menopause. Therefore, feminist argues to naturalise the menopause as a women's unique experience in her life. Critiques of feminism are that the vast majority of studies and discussions of menopause in the feminist literature pursue a western woman and western audience. The study in Thailand by Punyahotra and Street (1998) highlights the problems of imposing western medical constructions. This gap is clearly problematic when it is accompanied by an assumption of universality. Mckinaly and jefferys (1974) indicated that except for hotflushes none of the symptom was related to menopause status. Boulet et al (1994)

reported that among 2,992 women of 7 Southeast Asian countries, only vasomotor symptoms, dizziness, palpitations and incontinence were associated with perimenopausal status whereas depression, insomnia, headache, anxiety and irritability were more closely associated with post menopausal status. There is a failure to understand menopausal experienced with a comprehensive view within the contexts of women's daily lives.

Menopause in Indian Scenario

Women's voices are frequently silenced in patriarchal societies like India. One area in which their experiences are ignored is the menstrual cycle. A few studies are only conducted in the area of menopause. Mostly these studies are quantitative in nature and do not portray the social changes and experiences of women. Menopause is equated with taboo and are rarely debated in Indian society reflected by the dearth of studies of menopause in the Indian context. The extant studies on the perception of menopause in India indicate that menopause is seen as positive, since the end of menstrual bleeding removes the societal restrictions that come with the cultural view that menstruation is polluting (Singh & Arora 2005). There are difficulties constructing menstruation as a monthly distress for the women, who later consider post menopause as a freedom from monthly tension (Singh & Sivakami, 2014). Also, because menstruation prevents them from entering places that are considered sacred or pure, menopause is considered a type of liberation in Haryana (Ejik et al. 2016; Singh & Arora 2005; Singh & Sivakami 2014). Nearly 4 per cent of Indian women experience signs of menopause between 29 and 34 years of age, says a recent survey conducted by The Institute for Social and Economic Change (ISEC). The International Conference on Population and Development (1994), recommended a life cycle approach in women's health, i.e., women of all ages needed due attention, right from conception to old age rather than only in the reproductive ages. India, being a signatory to this conference changed the then existing Maternal and Child Health (MCH) Programme to Reproductive and Child Health (RCH) Programme for providing health care to all subsections of the population. But not much effort has been made to study the needs of women in the late reproductive years who are nearing menopausal age or have moved into the postmenopausal stage although there has been growing attention on ageing, which mainly focuses on women aged 60 and above. The study by Sathpathy (2016) concludes that in India currently there are no health programs that cater the post reproductive health needs of women. Different programs are initiated for the reproductive age group and at the same time ignoring those who have passed their reproductive stage. The health of women in their later reproductive years and during menopause is largely ignored. Menopause is a significant impediment to a woman's healthy ageing. With a growing emphasis on universal health coverage and improving quality of life, it is critical to address the issues of postmenopausal women in order to better understand women's experiences during menopause. Menopause has an impact on the quality of life of middle-aged women. Females in Kerala have a life expectancy of 76.3 years at birth (Health Information Cell, Kerala, 2013) and the average age at menopause is 47.95 years (Subramanyam & Padmaja, 2016) or 48.2 years (Borker et al., 2013) years. According to Kerala women's birth expectations, they should anticipate to leave for about 28 years after menopause during which time they may experience both short and long term menopause related distress. By studying menopause and its correlates

researchers can gain a better understanding of individual women's social demographic context. The majority of studies concentrate on medical construction of an experience rather than social experiences. To determine the actual knowledge, extensive research on the menopause is required. This can result in reduction of the gap between an identified need and care provided, as well as promoting women's health.

Methods

Methodology is a way to systematically solve the research problem (Kothari, 2004). Methodologically, feminist research differs from traditional research. It actively seeks to remove the power imbalance between research and subject; it is politically motivated in that it seeks to change social inequality; and it begins with the standpoints and experiences of women (Greaves et al., 1995). All researchers use a method or a variety of methods while conducting their research. Feminist researchers may use a wide variety of methods in a single project or use methods that may be considered unique to feminist research, but anyone can use the methods used by feminist researchers (Yaiser & Hesse, 2004). Feminist research aims to promote equality in the research process through the validation of women's experiences and to enact social change and transformation. A qualitative study using unstructured interview schedule was conducted among ten menopausal women belonging to the region of Mullurkkara Gram Panchayat of Thrissur District in the State of Kerala, India.

Research context

For the study, researcher selected Mullurkkara Grama Panchayath. Mullurkkara Panchayath is located in Thalappilly Taluk, Wadakkanchery block, Thrissur District, Kerala. Mullurkkara Panchayat includes villages Mullurkkara, Nedumpura, Atoor and Varavur. The Panchayat consists of 14 wards. Mullurkkara Grama Panchayat has a total population of 20100. Total number of women in Mullurkkara Grama Panchayat is 10426. Mullurkkara is the headquarters of the Panchayath. Mullurkkara Grama Panchayat is an area where women above 40s are in a good number and most of them are from different social, cultural and economic background so they can express different perception and experience on menopause.

Participants

A sample is a small proportion of a population selected for analysis. By analyzing the characteristics of a sample a researcher can make a certain inference about the characteristics of the population from which it is drawn. It is a smaller representation of a larger universe. The data consist of responses from 10 menopausal women in Mullurkkara Grama Panchayat. The Study population was composed of women in Mullurkkara Panchayat (Thrissur District) aged between 45 to 60 years and the subjects were conveniently selected Women living in Mullurkkara Panchayat. Since the samples were in the region of Mullurkkara and to get information about the perception of women on menopause, convenience sampling techniques was used to identify the sample.

Data Collection and Analysis

For collecting the data, an unstructured interview schedule was prepared. Interview is a verbal interaction between the researcher and the respondent. It helps in identifying the perception, attitude and experience of the respondent. In order to imbibe very personal data to a qualitative study researcher prefers an unstructured interview. Unstructured interviews emphasize the respondent's world of perception and help to expose the respondent's psychic world. The detailed interview schedule consisted of four parts: the first part focused on level of knowledge and attitudes regarding menopause, the second part analyse the distress of menopause, third part on experience of menopausal women and fourth part on treatment seeking behaviour among menopausal women. The open-ended questions to respondents reveal their true experience and perception on the present study and it ventures to employ qualitative data from the respondents. Each interview took more than 2 hours where an ice breaking session was conducted to create a rapport and a sense of belongingness between researcher and the respondent, consent was taken orally.

The data was collected through an in depth interview. Face to face interaction was used to collect the data. The investigator met the respondents at their residence to collect data and the interview was administered to the respondents personally. Detailed interview schedule was useful in acquiring in depth information related to the study in an effective manner. Some samples were highly enthusiastic to share their experience with the investigator. The data collected using an unstructured interview schedule was analyzed qualitatively based on the detailed interview using face to face interaction. The transcripts were coded and interpreted qualitatively. The qualitative analysis able the investigator to explore, identify and explain the women-centric holistic perception on menopause.

Findings

This section details the four broad themes and subthemes beginning with knowledge and attitude on menopause.

Knowledge and Attitude on Menopause

Menopause is one of the most important social cultural and biological changes that take place during midlife. In this section in order to acquire information and assess knowledge on menopause two questions were asked. The present analysis shows that the majority of respondents lack awareness and knowledge on menopause.

Knowledge on Menopause. Communication is a way through which information can be disseminated. Knowledge can be created through effective communication. Knowledge on menopause, whether positive or negative, affects the overall quality of women's lives. The lore of menopause has been passed to women through various sources. Analysis shows that the majority of the respondents were unknown about the occurrence of menopause. They opined that awareness on menopause was received during the interaction with researcher. Result reveals that the majority of women were advised to keep silent on menstruation and related issues which in turn lead to unawareness of

menopause. Respondents point out that realization of menopause was obtained during consultation with doctor and physician provide accurate knowledge on the phase of menopause. Common notion on the menopause by the respondents was ceasing of menstruation which can cause severe health impacts. A couple of respondents have scientific knowledge on menopause and are well acknowledged in menopause, they opined that menopause is permanent cessation of menopause where the ovary no longer produces eggs for fertilization and it is non-reproductive phase of life. Study explored that the majority of the respondents got knowledge on menopause from friends, intimate conversation in the friend circles arrived at the respondents on information of menopause. Few of them procure information from magazines, social media and from children. Study reveals that embarrassment to share the event with friends and family made women rely on magazines to collect information on menopause. Observations of the study show that due to the consideration of menopause as a social taboo, respondents are unable to obtain accurate information on the menopausal Phase. Classes presided by Aganwadi provide necessary information about the menopausal phase and only a few respondents attend these sessions.

Attitude on Menopause. Attitudes on menopause can be negative or positive. Menopause has affected women's lives in distinct ways. Out of the total respondents, the majority were of the opinion that the menopausal stage is necessary in women's lives. Respondents have multiple perceptions on menopause. One of the respondent opined that menstruation causes severe distress even if it worsened day to day activities and noted menopause is a 'life saver'. Other respondents opined that menopause is an achievement of liberation that create a notion of won't having babies anymore. Few were of the opinion that menopause had provided them mobility and to travel around without the fear of menstruation and it helped them freely to practice religious activities. For them menopause has freed them from monthly tension. A respondent articulates that menopause results in gaining the control of their own body and creates a lightened feel without the burden of menstruation. A handful of respondents were of the opinion that menopause is a negative factor in women's lives. They strongly believe that menopause is the reason for osteoporosis, and affect physical, mental and sexual health of women.

Distress During Menopause

Menopausal symptoms and distress are unlike among women. The distress has been categorized into four sections including physical, sexual, mental and social distress. Health is defined as physical, mental and social wellbeing not merely in the absence of infirmity or disease.

Physical Distress. Physical distress refers to the individual not being able to manage or cope with changes caused by normal life activities or by having a disease. Majority of the menopausal women reported that Physical distress includes tiredness, hot flush, joint pain, weight gain, insomnia, headache and a few respondents reported the symptoms of vaginal dryness, nocturia, cognitive disorder, heavy bleeding, gas trouble, breast soreness and stomach pain. Respondents persuade that there was heavy bleeding for almost two years. It was heavy and painful bleeding which made them awake. They used to feel very

hot, couldn't sleep and had frequent headaches which distract day to day activities. Some of the respondents pointed out that hot flush has restricted their mobility and made them carry a bottle of water wherever they move around those days.

Mental Distress. Menopausal transition had an impact on women's mental health. The study reveals that mainly reported mental distress was anxiety and stress. Small number of respondents reported mood swings and explained a situation that cannot be expressed by themselves. Majority respondent reported that they didn't face any mental distress during the menopausal phase.

Social Distress. Social distress arises from one's environment; it affects people more intensely than other types of distress. Social distress was reported by more than half of the respondents and other respondents were not affected by social distress during menopausal time. Majority of the respondents were ashamed to attend social gatherings in the fear of bleeding and nocturia. Some of the respondents were afraid to attend social gatherings due to the mocking of relatives on weight gain. One of the respondents was in the thought of removal of the uterus and ovaries to avoid the distress caused by menopause.

Sexual Functioning. Sexual functioning and reproductive health are the main elements in determining women's physical, mental and social health. The variations can cause distress in women's lives. Majority had an opinion that their sexual life has not been affected by menopause. Respondent had better sexual functioning with the use of artificial lubricant and prompted that sexual life has been liberated with menopause. Analysis reveals that some of the respondents do not engage in sex. Respondent quoted that there is no necessity for sex during the aging phase. Few reported on the negative effect of sexuality in menopausal women. The study revealed there is a low level of sexual desire and pleasure among menopausal women due to the decrease in libido.

Women's Experiences on Menopause.

Women's experience on menopause determines physical, social, mental, environmental and cultural factors. The study revealed that support is very much necessary in the menopausal phase. Women's surroundings play a key role in shaping their experience. The support system includes friends, family and relatives. Majority of women didn't receive support from family and some women do not disclose the phase to anyone considering menopausal taboo. Respondents said that in culture, menstruation or menopause is a women's issue and should not be discussed with men. Most of the respondents had an opinion that they were not comfortable speaking it up with family so rely on friends. A respondent points out the fact that the ignoring of family members and friends creates a lack of companionship in this stage.

Distress raised due to menopause has been overcome by the women in a discrete manner. Analysis observed that few respondents overcame the distress with the support of family; their partners were supportive and stood beside them, and some of the respondents prevail over the distress with spirituality, religious beliefs and friends support. This

makes them relaxed and soothing. Majority of the respondents suffered distress by themselves. Respondents are of the opinion that every woman has to suffer this and women are made to suffer. Hardly one of the respondent had undergone regular yoga and exercise to overcome the distress in the menopausal stage.

Treatment Seeking Behaviour on Menopausal Women

Women experience physiological changes during menopausal transition and also after menopause. Hormonal changes that characterize menopause are likely to influence the nutritional needs of women and it in turn raises the importance of diagnosis of women's health. Menopause in a woman is a physiological stage accompanied by many symptoms and diseases that has a close relation with nutritional needs and also nutrient intake. Proper inspection of health is essential during the menopausal phase.

Optimal nutrition is a point of health promotion, prevention and treatment of diseases. Intake of nutritious food is related to better health of menopausal women. Analysis revealed that most of respondent did not consume nutritious food during the menopausal phase. Most of the respondents were only realizing the necessity of consumption of nutritious food in the interview schedule. They comment that after hectic domestic chores the respondents didn't get enough time to manage their diet. Due to menopausal symptoms, respondents feel nauseous to food. Some of the respondents had intaken nutritious food during the menopausal stage. Anganwadi classes taught few women about the significance of devouring nutritious food. Information from magazines and social media made women aware of intake of food and to include nutritious food in their diet to stay healthy.

Diagnosis and consultation is an important element in the menopause stage. Out of the total sample majority didn't seek treatment at the menopausal phase. They opined that they didn't give any priority to menopause because it is insignificant for them who were busy managing the chaos of life and struggle every day to ensure that their families get fed takes priority over reflection on their own health issues. Only a few respondents consult physicians. The respondents had undergone treatment on Ayurveda, Homeopathy and English. They opined that treatment was effective and it enhanced and improved their health status. Analysis reveals that women face hindrance to seek healthcare and there are several factors that lead to the hindrance of consultation. Financial dependency prevented them from seeking medical help. A respondent was of the opinion that society may think lunatic when consulting a psychologist for mental distress. A couple of the respondents were supported by their family members to seek treatment. The study disclosed that the majority of the respondents were not willing to seek healthcare. They said they never considered these problems serious and some were not even aware that treatment is available. Respondents are of the opinion that they are not interested in seeking medical help for these problems considering menopause a natural phenomenon. They had an opinion that it is a phase of life and there is no necessity for consultation and other respondents were of the opinion that this distress will move in time.

Discussion

The study identified a spectrum of menopausal experiences of women, whose voices are rarely heard and venture what menopause actually means to women. In this research, the result found an interplay of social, cultural, and biological factors and analyze the episode of menopause in menopausal women. The researcher selected 10 menopausal women from Mullukkara Grama Panchayat in order to look after the event of menopause and how the women perceived the occurrence of menopause. Research particularly focuses on knowledge and distress during menopausal phase and treatment seeking behaviour. Throughout the study investigator explore the eccentric insight of menopause on women.

Knowledge involves better understanding of an event. Regarding knowledge on menopause, majority of women are unaware of the menopausal phase and women who are oblivious of menopause are illiterate. It is similar to the observation of Sajitha (2017) and Singh et al (2022) that women who lack knowledge on menopause are illiterate and majority of the women are unaware of menopause. Education act as an important determinant in providing knowledge on menopause. Women who are acknowledged about menopause are educated and attend the sessions from Aganwadi. The Analysis shows that the reason for the unmindfulness of menopause is due to the inadequate promotion of menopause and its impacts which fails in reaching out to the women. Sathyapathy (2016) argues that currently there are no health programs that cater the post reproductive health needs of women. More than half of the women examine menopause as a social taboo so they are reluctant to open up about it in the public sphere. The study unfurls that, the most commonly cited source of information about menopause were friends, family members, physicians and magazines. The inaccuracy in these sources drive several implications, the results of the study shows that imprecision creates an overall impact in women's lives. Research observed that women shared their personal matters to the most faithful person where they found an intimate space to have an effective communication. This in turn close up the fact that women consider menopause as an intimate event in their life.

Results revealed that menopausal Symptoms were significantly high in menopausal women. The varying nature of menopausal symptoms includes tiredness, hot flush, joint pain, weight gain, insomnia, headache, vaginal dryness, nocturia, cognitive disorder, bleeding, mood change, irritability, stress. These observation are consistent with the findings of Akhtar et.al (2018) and Rahman et.al (2010) that there is higher prevalence of menopausal symptoms among women and more prevalent symptoms reported were feeling tired, headache, joint and muscular discomfort, physical and mental exhaustion, sleeplessness, depressive mood, irritability, dryness of vagina, hot flushes and sweating and anxiety. It is to be noted that higher prevalent of premenstrual symptoms increase the severity of menopausal symptoms. The Research divulges that most of the women face social distress from surroundings. Even though women suffer from multiple symptoms they do not associate these symptoms with menopause. In most of the situation heavy bleeding and severe nocturia hinders women to attend social gatherings. Mainly women face mocking and teasing from the society in the menopausal stage due to weight gain. Patriarchal view construct the ideal body image for women to satisfy the needs of men

and menopausal severity unable women to achieve these body image and effect women's overall quality of life.

Shiffren (2019) argues that there is impact on menopause in sexual functioning of women and had a negative effect on overall quality of life. Ramirez (2006) is on the opinion that there is a sexual freedom at a post-reproductive stage and they point out that when women achieve menopause they are likely to perceive it as freedom from sexuality, i.e., their freedom from repression as a sexual object. The present study also receives a similar response regarding sexual functioning in menopausal phase. Some women think that menopause act as medium in liberating their sexual life as it is a post- reproductive stage and some women are on the opinion that their sexual life become adverse during the menopausal phase. Analysis points out that there is connection between menopause and sexual functioning.

The result disclose that the majority of the women consider menopause as a social taboo and they hesitate to speak about the menopausal stage. Menstruation is being perceived as unclean or embarrassing, it directs to periods stigma. This is adjacent to menopause. Women dare to have conversations about menopause, they center on disgust, discomfort or inconvenience and this made women to feel that these are abnormal and problematic, in turn reflect into social taboos and culture of silence.

The study inspects the effort undertaken by women to overcome the distress during menopause. Results indicate that women seek help from people whom they are more close to. The research found that only few women overcome the hurdle with the family support. Singh and Sivakami (2015) states that there is a lack of support menopausal women's lives. The current study also observes a similar result that women lack emotional and social support in the menopausal phase and it is found that women face a shortage of support system. Some women suffer the distress by themselves in the belief that menopause is a normal event in women's lives. This normalization of menopause has lead women unaware that these symptoms are associated with menopause. Menopausal normality emerged from the insignificance of menopause in the lives of many women who were busy managing other chaos of life. Steffen (2011) opined that spirituality may help religious women cope better with the life changes associated with menopause. It is consistent with the study that some women choose spirituality to overcome distress, it helps women to achieve wellbeing.

Concerning the study, the majority of women do not include sufficient nutrition in their regular food. The societal notion of domestic life lies around women leads to the ignorance of women's health. More than half of the women are unaware about the intake of nutritious food. Ignorance of the government to reach out to women about the importance of consumption of nutritious food in the menopausal phase leads to the rise of chronic diseases. Hectic domestic chores limit them from consuming food in regular intervals. Lack of support from families also contributes to the malnourishment of menopausal women.

Majority of women were not interested in seeking healthcare due to the generalization of menopause as a natural phenomenon and women prioritizing family over their health. Du (2020) in his study points out a similar assumption that only a small percentage of participants sought healthcare. Present study also identifies that women who received treatment are educated and conscious about menopause. Societal norm prevent women from seeking medical help for mental distress due to the fear of lunatics. Majority of the respondents opined that their mental health was not affected in the menopausal stage. Hindrance for consultation includes lack of awareness, lack of companionship and financial problems. Home remedies are widely used by women to cure physical distress. Remedies are collected from social media and sometimes adversely affect the health. The financial problem and normalization of menopause result in women continuously sticking to home remedies. Khan (2016) proposed a similar result that major barriers in seeking healthcare were distance, lack of awareness, lack of trust, preference to have home remedies and financial problems. The findings revealed that women are unwilling to take treatment on the contemplation of menopause as a natural phase and the assumption that diseases are not associated with menopause. Respondents are informed from surroundings that these distress will move on naturally. Singh and Sivakami (2015) are on the opinion that the major reason for not seeking treatment was that women consider menopause as a natural and did not associate symptoms with menopause.

Study highlights that women perceive attainment of menopause as a liberation from the societal restriction imposed on women. Most of the women address menopause as “free from monthly tension”. Majority of the women in the study had identified the menopausal phase as a positive stage. The results revealed that respondents link menopause with freedom in many ways including receiving control of their own body from societal hands. Menstruation restricts them from entering into auspicious and sacred places and attainment of menopause enabling them to practice activities and rituals freely. When they reflect back on their experience during perimenopausal, they call it suffering but they end with phrases like they are free now and it is over now.

Singh and Arora (2005) and George (1998) have a similar opinion that menopausal women find themselves cleaner and relieved of the impurity associated with menstruation. At this stage women achieve a new status and gain a new authority over their junior members in the family, and reach what is in many respects the high point of their life. It rendered them clean and free. Menopause enhances the mobility of women. Women who in the fear of leakage can now move freely and provide hope to have a carefree life. It is interesting to note that the attainment of menopause is considered as removal of the menstruation taboo that imposes restrictions on women’s lives. In the present study a few women consider menopause as a negative factor that affects the quality of their lives. They associate biological and social changes with menopause which results in the variation of health status.

Relevance to Social Work

These findings enable the investigator to examine, identify and explore the women-centric holistic perception on menopause. This study helps in prioritizing feminist

approach in research which divulges the women's own experiences without any bias. The findings of the study disclose the gender disparity faced by women in the society where women are being often ignored and silenced moreover the result of the study is an eye opener to the distress faced by women in menopausal phase. The patriarchal thought of considering menstruation as impure has worsened the lives of many women and irregular bleeding in menopausal phase made women to feel disturbed and irritated which are barely discussed and debated in society. This study can be considered as an enlightenment for health care practitioners and officials to recognize the diverse needs of women.

This research can inform interventions at the parliamentary and panchayat levels.

At panchayat level the interventions include organizing awareness classes towards menopausal severity and symptoms, Providing knowledge regarding menopause and allied issues.

At parliamentary level the actions consist of Implementing more policies and programs for menopausal women to enhance their knowledge about menopause and Provide better medical facilities for women in the menopausal stage. Better Health policies and programs should be formulated to address women in the perimenopausal, menopausal and postmenopausal stages. Curricula should be developed to impart knowledge about all the aspects of menopausal problems for men and women. To provide emotional and social support, effective mechanisms should be developed for women in the menopausal phase. Moreover society should be sensitized against the menopausal taboo.

Strengths and Limitations

This research is an instrument in recognizing the women centric perceptions of menopause. The study can be considered as a source in examining socio-cultural construction on women's bodies and related matters. This effort can help in policy formulations and interventions for addressing women's diverse needs. It can also help to manage and conduct awareness and conscious generation for women in the menopausal stage. The investigation helps the investigator to acquire a true reflection of women's experiences on menopause and can create an impact on women to realize their true inner self and discern their needs.

Generalizability of the study is confined by the fact that all data are collected from selected menopausal woman residing in Mullurkara Grama Panchayat. The Study was conducted in a bounded time thus it is limited to menopausal women with age group of 45-60 years and it only focus women in menopausal phase. Study only includes women of natural menopause and it excludes women attain menopause due to surgery as well as premature menopause.

Conclusion

The rise in life expectancy and declining fertility results in major demographic shifts that have altered the age structure of the population. This increase has resulted in a significant number of women depending more than one third of their life time as postmenopausal. Menopause is associated with physical, psychological, social, economic and cultural conditions. There is a paucity of literature on the needs of women in the postmenopausal

years. Majority of menopause research conducted in India focus on the difference between rural and urban populations, menopausal severity and symptoms. They did it not centre to the woman centric perspective which emphasises the unique experience women have during menopause. The study identifies and highlights the gender disparities including women's lack of support and equal access to resources like healthcare. Insufficient information regarding the health risks associated with the midlife transition and absence of health perspectives of menopausal women in India make it timely to inquest the construction of menopause among the women in the menopausal phase. The study acquainted the policymakers to the fact that women's health is influenced by their social, cultural environment, emotional and economic context rather than their reproductive potential. This helps in generating methods that enable healthy and empower aging that meets women's diverse needs.

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