

Post-menopausal Women: A Study of Their Psycho-physical Changes with an Impact on Family

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ABSTRACT The present study titled "Post-menopausal Women: A Study of Their Psycho-physical Changes with an Impact on Family" in Srinagar city was conducted on 100 post-menopausal women. The study focused on the physical and psychological changes in post-menopausal women, the effect of these changes on their family and the coping strategies used by women after menopause. Random sampling technique was used to select the sample. A self-designed questionnaire was used to collect the data. The study revealed that most of the women experienced menarche at the age of 12–14 years and had a menopause naturally. Most of the women experienced hot flashes before onset of menopause. Majority of women also experienced night sweats, fatigue and decrease in sex drive. For most of the women sex formed an important part of their life and majority of them were satisfied with their appearance. A large percentage of post-menopausal women received emotional support from their family members. Most of the women experienced leucorrhea and vaginal dryness as well. Majority of women believed that there was not any effect of menopause on their families and the approach of family members was positive towards them even after menopause. Also, for most of the women their husbands had a positive attitude towards them. Majority of women were considered whenever decisions were made in their families. Most of the women considered menopause as a normal stage. Also majority of women revealed that menopause accelerates aging process. Further, most of the women had not undergone Follicle Stimulating Hormone test (FSH). Majority of women had not taken anti-depressants or any stress reduction technique. Also, most of the women did not experience any change in dietary habits.

INTRODUCTION

Menopause is the permanent shutting down of the female reproductive system, a considerable length of time before the end of life span. The term menopause simply refers to the last menstrual period which is defined by not having had a period in 12 months. Although a technical definition of menopause refers to your last period, it is not an abrupt event but a gradual process.

The average age of menopause in the western world is 51 years while as in India it is 44.3 years and the normal age range for the occurrence of menopause is somewhat between the age of 45 and 55. A natural or physiological menopause is that which occurs as a part of a woman's normal aging process. It is the result of eventual atresia of almost all oocytes in the ovaries. This causes an increase in circulating Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) levels as there are a decreased number of oocytes

responding to these hormones and producing estrogen. This decrease in the production of estrogen leads to the perimenopausal symptoms of hot flashes, insomnia and mood changes, as well as post-menopausal osteoporosis and vaginal atrophy. Some main effects of menopause are vasomotor instability, urogenital atrophy (vaginal atrophy), skeletal, psychological and sexual changes.

In terms of relationships, all of these symptoms can be detrimental to a healthy relationship. One minute they may be feeling fine and the next they might experience a bout of anger. While it is impossible to fashion a menopause-proof vest, their significant other will most likely have to deal with mood swings which can be difficult. Many women report not feeling like themselves. This can be difficult for their partner to deal with so it is important that both of them understand and be considerate to each other.

These problems have a long lasting effect on the women and her immediate family. Thus, a need was felt to study the changes taking place in a women after menopause, its effects and the coping strategies used thereof.

Krystal et al. (1998) suggested that insomnia may be directly linked to the changes that occur

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during post-menopausal periods. The insomnia appeared to be due to night sweats caused by hormonal changes which occur and which lead to an increase in arousals. Insomnia in post-menopausal woman could be due to unresolved grief related to going through menopause or could reflect an independent sleep disorder, such as periodic movements of sleep, sleep apnea, depression, anxiety etc.

Kenemans and Unnik (2001) reveal that estrogen has been convincingly shown to be highly effective in preventing and reversing menopause – related conditions, such as hot flashes, urogenital complaints and post-menopausal bone loss. Observational studies report that long-term estrogen containing post-menopausal Hormone Replacement Therapy (HRT) leads to a substantial reduction in hip fractures, myocardial infarction, and possibly colonic cancer. With important consequences for health and quality of life, estrogen replacement may postpone the onset of Alzheimer's disease and extend life while many of these effects are biologically plausible, with a variety of cellular mechanisms being involved, only ongoing and future large-scale randomized clinical trials can and should define the effects of HRT more precisely.

Albertazzi et al. (2002) studied the attitudes towards and use of dietary supplementation in a sample of post-menopausal women. The study assessed the reasons why people take food supplements in addition to or instead of orthodox medication, together with the perceived efficacy and potential risks of these supplements. Four hundred and forty-two women aged over 60 years were asked about their use of supplements. Sixty-five percent were current users, 18.5% past users and 15% never users. There were no difference in terms of age, smoking, consumption of fruit and vegetables, lifestyle or attitudes towards conventional medicine between the groups. The majority of users thought that supplements contributed to good health. It was concluded that users believed food supplements to be effective, and did not associate adverse effects with this form of treatment. Health professionals are rarely consulted, leaving potentially dangerous side-effects to go unreported.

Utain (2005) revealed that vasomotor symptoms may lead to social impairment and work-related difficulties that significantly decrease the overall quality of life. Menopause associated vasomotor symptoms are associated with significant direct and indirect costs. Overall costs of

traditional pharmacotherapy or complementary and alternative medicine modalities, including over-the-counter treatments and dietary supplements, for managing menopause-related vasomotor symptoms. Additional costs include laboratory testing, management of adverse events, loss of productivity at work and personal and miscellaneous costs. The results also showed that among women who were eligible for the treatment of menopause-related vasomotor symptoms, 80% did not seek any treatment, received inadequate counseling, or did not have access to local medical aid.

METHODOLOGY

Post-menopausal women were selected as the sample for the study. The sample comprised of 100 post-menopausal women. Srinagar city was taken as the locale of the study. Random sampling technique was used to select the sample for the present study. The tool used for the collection of data was closed ended questionnaire. A self designed closed ended questionnaire was prepared by the investigator. All the questions had four objective type options. The questionnaire consisted of following sections:

- a) The first section of the questionnaire comprised of general information, personal history, health history and signs and symptoms of menopause.
- b) The second section included the attitude towards/after menopause and treatment/remedies.

After the required information was gathered, the data was carefully analyzed and interpreted. The data was analyzed by using column percentages, chi square analysis, and levels of significance.

RESULTS

In the first place, already worked out variables like hot flashes, night sweats, fatigue and headaches were seen in relationship with the age of the subject. Table 1 presents the data on these variables and shows that 48.1 percent of women in the age group of 40–50 years and 57.7 percent in the age group of 51–60 years experienced night sweats. The results are statistically found insignificant ($p > 0.05$). Further, 63 percent in the age group of 40–50 years and 64.8 percent in the age group of 51–60 years experienced fatigue. The results are statistically found insignificant ($p > 0.05$). In the age group of 40–50 years, 48.1 percent

women experienced headaches while as in the age group of 51–60 years 38.8 percent did not experience it at all. Such results are statistically found insignificant ($p > 0.05$). The age factors was further seen in the relationship with pre-set response categories like menopause accelerates aging process, take balanced diet, and approach of family members.

Table 2 depicts that 63 percent of women in the age group of 40–50 years and 56.3 percent in the age group of 51–60 years revealed that

menopause accelerates the aging process. These results are statistically found insignificant ($p > 0.05$). Also, 40.7 percent of women in the age group of 40–50 years and 42.3 percent of women in the age group of 51–60 years did not take balanced diet. Such results are statistically found insignificant ($p > 0.05$). 59.3 percent of women in the age group of 40–50 years revealed that the approach of family members was positive towards them while as 57.7 percent in the age group of 51–60 years experienced the same attitude of

Table 1: Relationship between age and vasomotor symptoms

Variables	Response	Post -menopausal women (Years)						Total		χ^2 - Ana- lysis
		40 – 50		51 – 60		≥ 60		F	Percent	
		F	Percent	F	Percent	F	Percent			
Hot flashes	Yes	15	55.60	47	66.20	2	100	64	64.00	*8.45 ₆
	No	3	11.10	16	22.50	-	-	19	19.00	
	Sometimes	8	29.60	7	9.90	-	-	15	15.00	
	Not at all	1	3.70	1	1.40	-	-	2	2.00	
	Total	27	100.00	71	100.00	2	100	100	100	
Night sweats	Yes	13	48.10	41	57.70	1	50.00	55	55.00	*3.25 _{6zz}
	No	7	25.90	21	29.60	1	50.00	29	29.00	
	Sometimes	6	22.30	8	11.30	-	-	14	14.00	
	Not at all	1	3.70	1	1.40	-	-	2	2.00	
	Total	27	100.00	71	100.00	2	100	100	100	
Fatigue	Yes	17	63.00	46	64.80	2	100	65	65.00	*2.58 ₄
	No	3	11.10	13	18.30	-	-	16	16.00	
	Sometimes	7	25.90	12	16.90	-	-	19	19.00	
	Total	27	100.00	71	100.00	2	100	100	100	
Headaches	Yes	13	48.20	17	23.90	-	-	30	30.00	*9.45 ₆
	No	7	25.90	27	38.00	2	100	36	36.00	
	Sometimes	4	14.80	19	26.80	-	-	23	23.00	
	Not at all	3	11.10	8	11.30	-	-	11	11.00	
	Total	27	100.00	71	100.00	2	100	100	100	

n = 100, *p > 0.05, Column percentage, Degree of freedom in subscripts of χ^2 - Value

Table 2: Relationship between age and effects of menopause

Variables	Response	Post -menopausal women (Years)						Total		χ^2 - Ana- lysis
		40 – 50		51 – 60		≥ 60		F	Percent	
		F	Percent	F	Percent	F	Percent			
Menopause accelerates aging process	Yes	17	63.00	40	56.30	-	-	57	57.00	*5.57 ₆
	No	8	29.90	21	29.60	2	100	31	31.00	
	Surely yes	2	7.40	8	12.70	-	-	11	11.00	
	Not at all	-	-	1	1.40	-	-	1	1.00	
	Total	27	100	71	100	2	100	100	100	
Take balanced diet	Yes	8	29.90	11	15.50	-	-	19	19.00	*9.05 ₆
	No	11	40.50	30	42.30	2	100	43	43.00	
	Sometimes	6	22.20	29	40.80	-	-	35	35.00	
	Not always	2	7.40	1	1.40	-	-	3	3.00	
	Total	27	100	71	100	2	100	100	100	
Approach of family members	Good	16	59.30	25	35.20	-	-	41	41.00	*7.48 ₆
	Same as before	11	40.70	41	57.80	2	100	54	54.00	
	Sympathetic	-	-	4	5.60	-	-	4	4.00	
	Not supportive	-	-	1	1.40	-	-	1	1.00	
	Total	27	100	71	100	2	100	100	100	

n = 100, *p > 0.05, Column percentage, Degree of freedom in subscripts of χ^2 -Value

family members as it was before menopause. Such results are statistically found insignificant ($p > 0.05$). Again age variables were related to various stress coping strategies and measures like undergoing FSH, take anti depressants, use stress reduction techniques and dietary changes. The data thus obtained was placed in Table 3.

Table 3 indicates that 63 percent of post-menopausal women in the age group of 40–50 years and 76.1 percent in the age group of 51–60 years had not undergone any test like Follicle Stimulating Hormone (FSH) in their life time. Such results are statistically found insignificant ($p > 0.05$). Moreover, majority (92.6 percent) of women in the age group of 40–50 years and 73.2 percent in the age group of 51–60 years had not taken any anti-depressants after menopause. However, 66.7% of post-menopausal women in the age group of 40–50 years and 59.2% in the age group of 51–60 years did not change their dietary habits. These results are statistically found insignificant ($p > 0.05$). Also, 59.3 percent of women in the age group of 40–50 years and 62 percent in the age group of 51–60 years had not used any stress reduction techniques. The results are statistically found insignificant ($p > 0.05$). However, 66.7 percent of post-menopausal women in the age group of 40–50 years and 59.2 statistically found insignificant ($p > 0.05$).

DISCUSSION

The results revealed that maximum women experienced hot flashes. Similar results were found

by Whiteman et al. (2003). They stated that menopausal hot flashes are the most common menopausal symptoms experienced by women in the western world. The study investigated various life style factors, particularly smoking habits and body mass index (BMI), of over 1000 women aged 40–60 years. Of these, 56% reported hot flashes. Amongst current smokers, the risk of hot flashes increased with the extent of smoking. There was also a positive link between BMI and vasomotor symptoms. A high BMI was associated with an increased risk of moderate and severe hot flashes compared with a lower BMI.

Large number of women experienced night sweats. Also, majority of women experienced fatigue while less number of women had headaches which may be because of changing level of estrogen hormone. Majority of women had leg-ache and pain in bones which may be a sign of osteoporosis. Similar results were found by Hamereman (2004), which revealed that osteoporosis or weak bones represent a major public health problem by virtue of later life association with fragility fractures which may indeed be the first sign of this “Silent Epidemic”. Efforts at osteoporosis prevention have been less successful due to limited commitment among the public to take steps to maintain their “Bone-health”, and fragmentation of osteoporosis management among different health specialties, indeed with many reports of deficient physician knowledge of the subject.

Furthermore, maximum number of women observed decrease in sexual intercourse in post-

Table 3: Relationship between age and the coping strategies used by post-menopausal women

Variables	Response	Post -menopausal women (Years)						Total		χ^2 - Ana- lysis
		40 – 50		51 – 60		≥ 60		F	Percent	
		F	Percent	F	Percent	F	Percent			
Undergo FSH or other test	Yes	8	29.60	11	15.40	1	50	20	20.00	*3.66 ₄
	No	17	63.00	54	79.10	1	50	72	72.00	
	Sometimes	2	7.40	6	8.50	-	-	8	8.00	
	Total	27	100	71	100	2	100	100	100	
Take anti-depressants	Yes	2	7.40	10	14.10	-	-	12	12.00	*5.68 ₄
	No	25	92.60	52	73.20	2	100	79	79.00	
	Sometimes	-	-	9	12.70	-	-	9	9.00	
	Total	27	100	71	100	2	100	100	100	
Use stress reduction techniques	Yes	11	40.70	19	26.80	-	-	30	30.00	*5.65 ₄
	No	16	59.30	44	62.00	2	100	62	62.00	
	Sometimes	-	-	8	11.20	-	-	8	8.00	
	Total	27	100	71	100	2	100	100	100	
Dietary habits changes	Yes	1	3.70	9	12.60	-	-	10	10.00	*3.52 ₆
	No	18	66.70	42	59.20	2	100	62	62.00	
	Sometimes	7	25.90	19	26.80	-	-	26	26.00	
	Not at all	1	3.70	1	1.40	-	-	2	2.00	
	Total	27	100	71	100	2	100	100	100	

n = 100, *p > 0.05, Column percentage, Degree of freedom in subscripts of χ^2 -Value

menopausal years. Similar results were found by Bachmann and Leiblum (2004). They carried out a study about the impact of hormones on menopausal sexuality. They revealed that menopause is associated with physiological and psychological changes that influence sexuality. The non-hormonal factors that affect sexuality are health status and current medications, changes in or dissatisfaction with the partner relationship, social status, and cultural attitudes towards older women. As a result of changes taking place, some women may notice less vaginal lubrication with sexual arousal and coitus. Overtime, other components of sexual function may be affected by menopause because of changes in sensory perception, central and peripheral nerve transmission and discharge, peripheral blood flow, and the capacity to develop muscle tension in response to the loss of estrogen. The sexual symptoms of hormone deficiency may be treated with estrogen alone or estrogen combined with androgen.

Most of the women had not undergone any test including Follicle Stimulating Hormone (FSH). It may be because of less exposure of women towards the new health care facilities. Also, majority of women had not undertaken any herbal treatment for post-menopausal discomforts. On the contrary, a study by Fredi et al. (2002) revealed that women commonly use soy products, herbs and other complementary and alternative medicine (CAM) therapies for menopausal symptoms. 29 randomized, controlled clinical trials of CAM therapies for hot flashes and other menopausal symptoms were identified. Of these, 12 dealt with soy or soy extracts, 10 with herbs, and 7 with other CAM therapies. Also, Black cohosh and foods that contained phytoestrogens showed promising results for the treatment of menopausal symptoms.

Majority of women had not taken anti-depressants after menopause nor did they use any stress reduction techniques. Most of the women did not experience any change in dietary habits after menopause as well.

CONCLUSION

It was concluded that hot flashes were more commonly experienced by post- menopausal women in comparison to other symptoms like fatigue, mood swings etc. and they experienced

decrease in sexuality as well. They did not consult anyone to seek relief from post-menopausal discomforts. Also, they did not find any relation between menopause and the attitude of their family members. Majority of the women did not make use of any coping strategy to avoid post-menopausal discomforts

RECOMMENDATIONS

1. Post- menopausal woman should consult gynecologists to know whether they need to be treated with Hormone Replacement Therapy (HRT).
2. Woman should undergo screening for osteoporosis regularly.
3. Woman above 40 years should adopt a life style that incorporates stress management.
4. A balanced dietary pattern should be followed by woman.
5. Awareness campaigns must be undertaken to inform woman about the various coping strategies to be used during the phase of menopause.

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REFERENCES

- Albertazzi P, Steel SA, Clifford E, Bottazzi M 2002. Attitude towards and use of dietary supplementation in a sample of post-menopausal woman. *Climacteric*, 5(4): 374-382.
- Bachmann, Gloria A, Leiblum, Sandra R 2004. Menopause. *Journal of the North American Menopause Society*, 11(1): 120-130.
- Fredi Kronenberg, Adraine Fugh-Berman 2002. Complementary and alternative medicine for menopausal symptoms. *Annals Internal Medicine*, 137(10): 805-813.
- Hammerman D 2004. Bone health across the generations: A primer for health providers concerned with Osteoporosis prevention. *Maturitas*, 50(1): 1-7.
- Keneman P, Unnik VAG 2001. Perspectives in hormones replacement. *Maturitas*, 1:15-38.
- Krystal AD, Edinger J, Wohlgenmuth W, Marsh GR 1998. Sleep in post-menopausal women. *Sleep Medicine Reviews*, 2(4): 243-253.
- Whiteman MK 2003. Smoking, body mass and hot flashes in midlife women. *Obstet Gynecol*, 101(2): 264-272.
- Wulf H Utian 2005. Psychosocial and Socio-economic burden of vasomotor symptoms in menopause. *Health and Quality of Life Outcomes*, 3: 47.