PRINT: ISSN 0972-0073 ONLINE: ISSN 2456-6802
Anthropologist, 16(3): 735-738 (2013)
DOI: 10.31901/24566802.2013/16.03.34

Coping Strategies Used By Post-menopausal Women in Srinagar District of Kashmir Valley

Sheema Mushtaq and Yasmeen Ashai

P.G. Department of Human Development, Govt. College for Women, M.A. Road, Srinagar, Jammu and Kashmir, India

KEYWORDS Post-menopause. Menopausal Symptoms. Coping Strategies

ABSTRACT The cyclical period of menstruation of a female ceases at the attainment of menopause. The physiological, emotional, psychological experience that every female undergoes is immeasurable. These changes are explicit well ahead of menopause. In this paper, 100 healthy post-menopausal women in and around Srinagar city were selected using simple random sampling technique to study the symptoms of menopause and the treatment options used by them. The results reveal that the majority of post-menopausal women in Srinagar district of Kashmir valley had no knowledge of HRT or FSH and they did not make use of any coping strategy to avoid post-menopausal discomforts. They did not consult anyone to seek relief from post-menopausal discomforts. Further, post-menopausal women were not making use of any stress reduction techniques like yoga, acupuncture and meditation while as only few of them relied on prayers to reduce the stress related to menopause.

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.

All menopausal and post-menopausal women go through estrogen deficient years, which can manifest in both physical and emotional ways leading to impairment of the quality of life. As the female life expectancy has increased, it is possible for a woman to live one- third of the life after menopause. HRT[1] (Hormone Replacement Therapy) is a treatment for menopause given to women to correct the hormonal deficiency in pre, peri and post-menopausal state. A pilot study conducted by Asbury (2006) on the importance of continued exercise participation in quality of life and psychological well-being in previously inactive post-menopausal women. Exercise and physical activity provide a wide range of health benefits for post-menopausal women, although the impact of maintained exercise participation on psychological well-being is unclear. The study concludes that, healthy post-menopausal women gain significant psychological benefit from moderate-intensity exercise. However, exercise participation must continue to maintain improvements in psychological well-being and quality of life.

Ebelling et al. (1996) measured urine markers of bone resorpotion, serum markers of bone formation and serum gonadotrophin, estradiol and inhibin concentrations in 281 women aged 45-57 years. Women were classified into pre, peri and post-menopausal groups, depending on menstrual bleeding patterns compared with pre-menopausal women, peri-menopausal women had 20 per cent greater urine N-telopeptide excretion ($P < 0.05$) and a doubling of gonadotrophin levels ($P < 0.01$), whereas serum estradiol and bone formation marker concentration were not different. Post-menopausal women had greater levels of bone turnover markers ($P < 0.0001$), except free deoxypyridinoline and type I procollagen propeptide. Levels of all bone turnover markers were positively related to serum FSH concentrations ($P < 0.0007$). In conclusion, the peri-menopause is associated with elevated bone resorption rates and declining BMD and factors in addition to estrogen deficiency may also contribute to the pathogenesis of post-menopausal osteoporosis.

A study was conducted by Field (2010) to elicit the effects of 10 weeks of yoga practice on

Address for correspondence:
Ms. Sheema Mushtaq
44-Iqbalabad Bemina,
Srinagar 190 018,
Jammu and Kashmir, India
Mobile: 9906806753/01942491000
E-mail: sheemamushtaq@gmail.com

11 menopausal women regarding the symptoms of menopause. Qualitative analysis of participants' interviews provided Information on, perceptions of the yoga intervention and suggestions for improving the study protocol. The women reported feeling relaxed and physically better after yoga class. Many viewed yoga as a skill they could incorporate into daily life to reduce stress and manage their menopausal symptoms. The class setting provided an opportunity for individualized instruction, peer interaction, and a structured time for self-care. Factors that made it more challenging to practice yoga at home included responsibilities to others as well as limited time, space, and energy. Women suggested providing a more flexible class schedule, increasing peer support, and providing more instruction on developing a home practice.

Menopausal symptoms can begin 2 to 8 years prior to menopause. Common psychological symptoms of menopause include mental stress, mood disturbances, panic attacks, depression, irritability, crying spells, anxiety, sleep disturbances, concentration difficulties, feeling of stress, fatigue, confusion, lowered judgement, lowered motor coordination, forgetfulness, insomnia, distractibility, restlessness, tension and loneliness. Behavioural changes of menopause women include avoiding social activities, lowered work performance, staying at home and in bed. Physiological changes associated with menopause are hot flushes, cold sweats, dizziness, faintness, nausea, vomiting, breast tenderness, bloating, weight gain, skin and hair disorders, anorexia nervosa, oedema, swelling, pelvic discomfort, headaches or migraines, changes in bowel habit and reduced coordination. These in turn are thought to increase the risks of various chronic diseases including heart diseases and osteoporosis (Frankenfeld et al. 2003). Hot flushes affect approximately 75% of post-menopausal women and are one of the most distressing symptoms that women experience as they enter the menopause. The treatment of hot flushes is a common clinical challenge. Hormone replacement therapy (HRT) effectively reduces vasomotor symptoms by 80-90%, however, many patients may be unable or unwilling to undergo hormonal treatment.

Hunt et al. (2001) studied 11 healthy post-menopausal women before and after the estrogen administration and concluded long term estrogen replacement therapy has effects on cardiovascular regulations thus may not be reflected in resting atrial pressure.

METHODOLOGY

100 healthy post-menopausal women in and around Srinagar city were selected to study the symptoms of menopause and the treatment options used by them. Purposive sampling technique was used to select the sample for the present study. The criteria for selecting the sample was that the sample group should comprise of women and all the women should be post-menopausal .A self designed structured 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 remedies and coping strategies used by women in post-menopausal years.

The questionnaire was given to various experts from the field of Medicine and Human Development to check whether it needed any modification or not. It was found that content wise the tool did not need any modification. For the collection of data, the questionnaire was administered on post-menopausal women. The subjects were asked to read the instructions carefully before filling the questionnaire and were assured that their information would be kept confidential. After the required information was gathered, the data was carefully analyzed and interpreted. In order to quantify the data, the data was coded and processed through software namely SPSS (Software Package for Social Sciences). The data was analyzed by using column percentages, chi square analysis, and levels of significance.

RESULTS AND DISCUSSION

Table 1 indicates that 63% of post-menopausal women in the age group of 40–50 years and 79.10% in the age group of 51–60 years had not undergone any test like FSH^2 (Follicle Stimulating Hormone) in their life time. Such results are statistically found insignificant ($p > 0.05$).

Also it reveals that 88.9% of women in the age group of 40–50 years and 77.4% in the age group of 51–60 years had not taken any herbal treatment for post-menopausal discomforts. Such results are statistically found insignificant

Table 1: Distribution of age of Women who treated menopausal discomforts with HRT/FSH, herbal treatments, anti- depressants and stress reduction techniques

Variable	*Age group*	*Yes*	*No*	*Sometimes*	χ^2*–values*
Underwent HRT and FSH	40-50	8 (29.60%)	17 (63.00 %)	2 (7.40 %)	3.664
	51-60	11 (15.40 %)	54(79.10%)	6 (8.50 %)	
	>60	1 (50.00 %)	1(50.00 %)	0	
Treated with herbal treatments	40-50	2 (7.40 %)	24 (88.90 %)	1 (3.70 %)	2.324
	51-60	8 (11.30 %)	55 (77.40 %)	8 (11.30 %)	
	>60	0	2 (100 %)	0	
Treated with anti-depressants	40-50	2 (7.40 %)	25 (92.60 %)	0	5.684
	51-60	10 (14.10 %)	52(73.20 %)	9 (12.70 %)	
	>60	0	2 (100 %)	0	
Treated with stress reduction techniques	40-50	11 (40.70 %)	16 (59.30 %)	0	5.654
	51-60	19 (26.80 %)	44 (62.00 %)	8(11.20 %)	
	>60	0	2(100 %)	0	

($p > 0.05$). On the contrary, a study by Fredi and Adriane (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 flushes 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.

It also indicates that majority (92.6%) of women in the age group of 40–50 years and 73.2% in the age group of 51–60 years had not taken any anti-depressants after menopause. These results are statistically found insignificant ($p > 0.05$).

Further it reveals that 59.3% of women in the age group of 40–50 years and 62% in the age group of 51–60 years had not used any stress reduction techniques. The results are statistically found insignificant ($p > 0.05$). While as only few of them depended on stress reduction techniques like meditation, acupuncture and yoga though these techniques are very helpful for post-menopausal women. The results are statistically found insignificant ($p > 0.05$). A study was conducted by Cohen et al. (2007) on restorative yoga for the treatment of hot flushes in post-menopausal women. Fourteen post-menopausal women (mean age 58) experiencing moderate to severe hot flushes participated in an 8-week yoga intervention designed and taught by two certified yoga instructors with "extensive experience working with peri and post-menopausal women." Participants first attended a 3-hour workshop that introduced eight postures: *balasana, adho mukha svanasana, baddha konasana, upavistha konasana, viparita karani, setu bandha sarvangasana, supta baddha konasana and savasana.* The women then attended eight weekly 90-minute yoga classes and were asked to practice at home for 1 hour at least three times per week. Participants practiced at home for an average of 170 minutes per week. At a 3-month follow-up, 75% of participants reported continuing to practice the yoga poses they had learned in the intervention; 44% went on to learn new poses. Result shows that the participants experienced on average a 31% reduction in hot flush frequency and a 34% reduction in hot flush severity, from baseline to week 8.

However Table 3 indicates that 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. Such results are statistically found insignificant ($p > 0.05$).

CONCLUSION

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

Table 2: Distribution of age of women who treated menopausal symptoms by using various types of stress reduction techniques

Age group	*Not applicable*	*Prayers*	*Yoga*	*Acupuncture*	*Meditation*	χ^2*–values*
40-50	16(59.30 %)	9(33.30%)	1(3.70 %)	0	1(3.70 %)	7.088
51-60	44(62.00%)	26(36.60%)	0	1(1.40%)	0	
>60	2(100%)	0	0	0	0	

Table 3: Distribution of age of women with changed dietary habits

Age group	*Yes*	*No*	*Sometimes*	*Not at all*	χ^2*-value*
40-50	1 (3.70%)	18 (66.70%)	7 (25.90%)	1 (3.70%)	3.526
51-60	9(12.60%)	42 (59.20%)	19 (26.80%)	1 (1.40%)	
>60	0	2(100%)	0	0	

in Srinagar district of Jammu and Kashmir had no knowledge of HRT or FSH. They did not consult anyone to seek relief from post-menopausal discomforts. Further herbal treatments like black cohosh and soy products were not used by post-menopausal women. Also women were not making use of any stress reduction techniques like yoga, acupuncture and meditation while as only few of them relied on prayers to reduce the stress related to menopause. Nutritious diet and an active life style which includes exercise pattern is a cure for a trouble free menopause. Regular exercise benefits the heart and bones, helps to regulate weight and contributes to a sense of overall well being and improvement in mMost of the menopausal women are not aware about the symptoms and their effects on health status and the remedial measures. Therefore, it is very important to educate the menopausal women about how to combat and tackle this important phase in their life Majority of the women did not make use of any coping strategy to avoid post-menopausal discomforts.

RECOMMENDATIONS

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Post-menopausal woman should be treated with Hormone Replacement Therapy (HRT).

- Woman should undergo screening for osteoporosis regularly.
- Woman above 40 years should adopt a life style that incorporates stress management.
- A balanced dietary pattern should be followed by woman.
- Awareness campaigns must be undertaken to inform woman about the various coping strategies to be used during the phase of menopause.

ACKNOWLEDGEMENTS

Authors are thankful to all the referees and publishers for their kind help in preparing the present paper.

NOTES

1. HRT: Hormone replacement therapy is a system of medical treatment for surgically menopausal, peri-menopausal and postmenopausal women. It is based on the idea that the treatment may prevent discomfort caused by diminished circulating estrogen and progesterone hormones, and in the case of the surgically or prematurely menopausal, that it may prolong life and may reduce incidence of dementia.
2. FSH: Follicle-stimulating hormone is a hormone that is synthesized and secreted by gonadotrophs of the anterior pituitary gland.FSH regulates the development, growth, pubertal maturation, and reproductive processes of the body. FSH and luteinizing hormone (LH) act synergistically in reproduction. Specifically, an increase in FSH secretion by the anterior pituitary causes ovulation.

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