



Stress and Well-Being in Menopausal and Post-Menopausal Working and Non-Working Women

KEYWORDS

Menopause, Post menopause, Stress, Wellbeing, working and non-working women.

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ABSTRACT Clinically speaking menopause is a date; for those women who still have a uterus, menopause is defined as the day after a woman's final period finishes. This date is fixed retrospectively, once twelve months have gone by with no menstrual flow at all, at this point a woman is considered to be a year into post menopause and infertile. Aim of the present research paper is to explore the difference between stress and wellbeing of menopausal and post-menopausal working and non-working women. For this purpose the sample of 120 women (30 menopausal working, 30 menopausal non-working, 30 post-menopausal working and 30 post-menopausal non-working) were selected through purposive method of sampling. "Perceived stress scale-10" and "PGI General Well Being Questionnaire" was administered in order to measure the stress and well-being of the sample. The results overall indicate comparatively better well-being and low stress levels in working menopausal as well as post-menopausal women.

Middle age is one of the turning points in one's life as it brings along many changes. It roughly starts in the early 40s, when for most of the people; it is the best period in their life when their achievements are at the highest point. In this regard, Mitchell (1971) stated that midway between the challenges of adulthood and despair of old age, comes the change menopause in women and during which lives take a compulsory change of direction.

Menopause is derived from Latin words *meno* (month) and *pausia* (halt), and essentially marks the end of a woman's period of natural fertility. Bavadam (1999) stated that it is not merely the end of menstruation but also is an inevitable part of aging. The exact age of menopause varies from population to population but generally the spread is from late 30s to 50s. Studies done in various regions of India by Indira (1979) and Kaw et.al. (1994) report the age of menopause ranging from 40 to 50 years. The meaning of the word menopause in more recent times has been expanded to indicate the permanent but naturally occurring discontinuation of female fertility.

Clinically speaking menopause is a date, for those women who still have a uterus and menopause is defined as the day after a woman's final period finishes. This date is fixed retrospectively once twelve months have gone by with no menstrual flow at all. At this point a woman is considered into post-menopause year, identified by a permanent (at least one year's) absence of monthly periods or menstruation. Post-menopause is all of the time in a woman's life that take place after her last period, or more accurately, when her ovaries become inactive.

In common everyday parlance, however, the word menopause is usually not used to refer to one day, but to the whole of the menopause transition years. This span of time is also referred to as the change of life or the climacteric and more recently is known as 'peri-menopause'. In biomedicine, the peri-menopause is the term describing the menopause transition years. During peri-menopause, production of most of the reproductive hormones including estrogens, progesterone and testosterone, diminishes and becomes more irregular, often with wide and unpredict-

able fluctuations in levels. In peri-menopause years, many women undergo noticeable and clinically observable physical changes resulting from hormonal fluctuations.

Pre-menopause is a word used to describe the years leading up to the last period, when the levels of reproductive hormones are already becoming lower and more erratic, and the effects of hormonal withdrawal may be present. In addition to menstrual cycle changes, the drop in estrogen levels during pre-menopause can cause a host of other physical symptoms, such as hot flashes, night sweats, weight gain, headaches, vaginal dryness, breast tenderness and sleep problems. Pre-menopause can also trigger a variety of emotional changes including anxiety, irritability, depression and a sudden inability to handle stress.

Apart from physiological problems, there are some common effects encountered during the peri-menopausal period which includes mood changes, insomnia, fatigue and memory problems. The non specific nature of these effects indicates that they may not be related to the actual hormonal fluctuations involved in menopause. One hypothesis argues that these more general effects may be related to societal perceptions and economic realities about aging. These changes are like the change in economic conditions affecting plans for retirement for someone who works outside the home, having to deal with care for and/or the death of elderly parents, the so called 'empty nest syndrome' when older children leave home, the birth of grandchildren which places people of middle age into a new category of older people and a sense of loss related to the end of fertility.

Western cultures tend to view menopause as inevitable sad hallmark of aging. This is very unfortunate, because this belief only contributes to the emotional stress of a woman going through this phase of life. For some women, the transition into menopause can be challenging but for a number of women, it is not difficult. Strong self-confident women who are able to maintain their positive attitudes toward aging and life in general tend to have far less complications during menopause.

The experience of menopause is influenced by whatever is happening in a woman's life at the same time as the physical changes. Life experiences and how a woman feels about her life can all influence the way she experiences menopause. There are many psychological, social and cultural factors that can also influence experience of menopause. These may include: life experiences and situation, personality, previous mood problems, roles, attitude to ageing and menopause, relationship with partner, family and friends, sexual function, body image, social and cultural expectations.

In a study by Chedraui et. al. (2007) it was found that in general, peri and postmenopausal women significantly presented higher rates of menopausal symptoms when compared to premenopausal women. Women with lower educational level presented higher somatic and psychological scorings in comparison to their counterparts. It was concluded that sexual inactivity and educational level were amongst the independent risk factors predicting more severe menopausal symptoms. In addition to these symptoms, women can experience different level of stress and wellbeing also (the two variables selected for present study) during menopausal and post-menopausal (two sample groups studied under present study) phase of life.

The years surrounding menopause are loaded with stress. Even if a woman is free of any troublesome physical effect of peri-menopause may experience psychological issues related to aging as they approach the end of their child bearing years. Among some menopausal women, stress can be a prominent experience. It is a feeling of being under too much pressure, often both emotionally and physically. Many women find the time around menopause stressful. This may be partially due to hormonal changes and resulting bothersome symptoms such as hot flashes and disrupted sleep. Stress is often credited with causing hot flashes, commonly reported and often distressing menopausal symptoms (Vliet, 1995).

In the early 1980s, Greene & Cook (1980) conducted two studies examining stress and menopausal symptomatology, they found that while women may experience increased menopausal symptomatology across the climacterium and the severity of symptoms was directly related to life stressors, not to menopausal status. Their second study demonstrated an additive effect for the type of life event stressors that commonly occur during the mid-life years.

In addition, family and personal issues such as the demands of teenage children, children leaving home, aging parents, midlife spouses, and career changes often converge on women during these years. A woman may be dealing with a busy job; partner's challenges (or the stress of not having a partner), aging parents, teen children, or health issues for any of her loved ones including herself. Once hormones start to change, her body has one more stressor to cope with. A study conducted by Bauld et.al. (2009) indicated that women who expect menopause to be a negative experience or are highly stressed or distressed may be more likely to experience a more negative menopause.

Another area that may cause stress stems from the multiple demands of midlife women, particularly those as wife (Franks & Stephens, 1992). About 60% reported lack of companionship with their husband and conflict over child-rearing practices as top stressors. Over half also identified poor communication, not enough appreciation from husband, and the unavailability of husband as stressful. In-

creases stress from a variety of sources, particularly a husband, was related to poorer wellbeing.

Few studies of women's health in the menopausal years have formally assessed well-being. A study carried out by Dennerstein et. al. (1994) found that the menopausal status did not significantly affect wellbeing. Well-being was found to be significantly related to the current health status variables of general psychosomatic symptoms, general respiratory symptoms, and history of premenstrual complaints, overall health assessment and interpersonal stress. Attitude to aging and menopause were significantly related to wellbeing scores, lifestyle behaviour of smoking and exercise and marital status were also significantly related to wellbeing.

Psychological wellbeing refers to how people evaluate their lives. These evaluations may be in a form of cognition or in the form of affect. People have a level of subjective wellbeing even if they do not often consciously think about it, and the psychological system offers a near constant evaluation of what is happening to the person. It may also be defined as the subjective feeling of contentment, happiness, satisfaction with life's experiences and of one's role in the world of work, sense of achievement, utility, willingness, and no distress, dissatisfaction or worry etc. Satisfaction with family relationships is a domain that has been found to be substantially related to general wellbeing (Dush & Amato, 2002). Research studies have shown that social support facilitates both coping with specific stressors and contributes to a sustained wellbeing throughout the lifespan (Ryan & La Guardia, 2000).

In view of above literature available in the context of menopausal and post-menopausal women; in present research paper, researcher has selected two variables for the study: stress and well-being. Researcher is comparing level of stress and well-being in menopausal and post-menopausal women in relation to their working and non-working status. Therefore, following are the objectives of the present study:

1. To compare stress and well-being in menopausal and post-menopausal women.
2. To compare stress and well-being in menopausal working and non-working women.
3. To compare stress and well-being in post-menopausal working and non-working women.

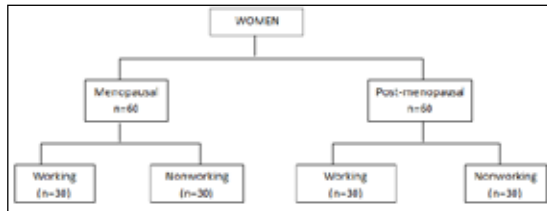
On the basis of above objectives, following Hypothesis can be formulated:

- 0.1 There will be a significant difference between menopausal and post-menopausal women on stress.
- 0.2 There will be a significant difference between menopausal and post-menopausal women on well-being.
- 2.1 There will be a significant difference between menopausal working and non-working women on stress.
- 2.2 There will be a significant difference between menopausal working and non-working women on well-being.
- 3.1 There will be a significant difference between post-menopausal working and non-working women on stress.
- 3.2 There will be a significant difference between post-menopausal working and non-working women on well-being.

Methodology

Sample: A sample of 120 women was taken from Gorakhpur city by purposive sampling. Out of which 30 women were menopausal working, 30 menopausal non-working,

30 post-menopausal working, and 30 post-menopausal non-working. All subjects were married, graduate, non-diabetic, not suffering from any chronic disease.



Tools of the Study:

Perceived Stress Scale (PSS-10) (1988)

A shorter 10 item version of the original PSS (PSS-14) was developed by Cohen & Williamson (1988) and allows assessment of perceived stress. The questions in the PSS-10 ask about thoughts and feelings during the last month. In each question the respondent is asked how often they felt a certain way. It is a self-report questionnaire; the items are easy to understand and the response alternatives are 'Never, Almost Never, Sometimes, Fairly Often and Very Often'. It can be administered in only a few minutes and is easy to score. Each item is rated on 5-point scale ranging from 'Never' (0) to 'Very Often' (4). The positively stated items, (4, 5, 7 and 8) are reverse scored ranging from 'Never' (4) to 'Very Often' (0). The scores of PSS-10 are obtained by sum across of all 10 items. The higher the PSS score, the more likely it is that the individual will perceive that environmental demands exceed their ability to cope. Scores of 20 or higher are considered high stress. The Cronbach's alpha reliability of PSS-10 was .78 and .83 (Lesage, Berjot and Deschamps 2012). The criterion validity is .63 (Karam et al. 2012).

PGI General Well Being Measure (1989) – PGI General Well-Being Scale (Verma and Verma, 1989) was used to measure the psychological well-being of the participants. This is a 20 item scale and the subjects are required to tick the items applicable to them as they feel 'these days and in the past one month'. The total number of items ticked by the participants makes the total number of well-being score. Thus, the range of score on the scale is 0 to 20. The split-half reliability index by using Kuder-Richardson formula is reported to be 0.98 and test-retest reliability index is reported to be 0.91.

Procedure: All respondent were selected from Gorakhpur city (Uttar Pradesh) by purposive sampling. In order to collect the data, a structured interview schedule, consisting basic socio demographic profile related questions and physical question related to menopause, was designed for the initial rapport formation with the subjects. After a brief rapport formation, the interview along with a menopausal checklist was held. After this, stress and wellbeing questionnaires were administered.

Results: In order to find out the clarification of objective; following results has been obtained:

Table 1: Showing Comparison between menopausal and post-menopausal women on stress and well-being scores

Variable	Group	N	Mean	S.D.	't'	df	Sig.
Stress	Menopausal	60	15.1000	6.96	1.108	118	N.s
	Post-Menopausal	60	14.3167	6.54			

Well Being	Menopausal	60	11.8667	4.98	0.742	118	N.s
	Post-Menopausal	60	12.2833	5.42			

Table 1 shows that there is no significant difference between menopausal and post-menopausal women on stress and well-being also (t = 1.108 & 0.742 respectively). The mean score of stress for menopausal group is 15.10 which is slightly higher than the post-menopausal group (M=14.32) which indicate that menopausal women may have higher stress in comparison to post-menopausal women. The mean score of well-being for menopausal group is 11.87 which is less than the post-menopausal group (M=12.28) which indicate that post-menopausal women may have better well-being in comparison to menopausal women.

On the basis of above result, hypothesis 1.1 and 1.2 which states that 'there will be a significant difference between menopausal and post-menopausal women on stress (1.1) and well-being (1.2)' is being rejected as there is no significant difference between menopausal and post-menopausal women on stress and as well as well-being also.

Table 2- Comparison between menopausal working and menopausal non working women on stress and well-being scores

Variable	Group	N	Mean	S.D.	't'	df	Sig.
Stress	Menopausal working	30	13.100	6.51	2.739	58	.01
	Menopausal non-working	30	15.533	8.54			
Well Being	Menopausal working	30	14.233	8.86	5.709	58	.01
	Menopausal non-working	30	10.33	6.62			

Table 2 shows that there is significant difference between menopausal working and non-working on stress and as well as well-being also at .01 level (t = 2.74 & 5.71 respectively). The mean score of stress for menopausal working group is 13.10 which is less than the menopausal non-working group (M=15.53) which indicate that menopausal working women have low stress in comparison to menopausal non-working women. The mean score of well-being for menopausal working group is 14.23 which is higher than the menopausal non-working group (M=10.33) which indicate that menopausal working women have better well-being in comparison to menopausal non-working women.

On the basis of above result, hypothesis 2.1 and 2.2 which states that 'there will be a significant difference between menopausal working and non-working women on stress (2.1) and well-being (2.2)' is being accepted as there is significant difference between menopausal working and non-working women on stress and as well as well-being also.

Table 3- Showing Comparison between post-menopausal working and post-menopausal non-working women on stress and well-being scores

Variable	Group	N	Mean	S.D.	't'	df	Sig.
Stress	Post-Menopausal working	30	15.0333	7.96	0.123	58	N.s
	Post-menopausal non-working	30	15.1667	7.94			

Well Being	Post-Menopausal working	30	12.2667	6.62	1.085	58	N.s
	Post-menopausal non-working	30	11.4667	6.64			

Table 3 shows that there is no significant difference between post-menopausal working and non-working women on stress and well-being also ($t = 0.123$ & 1.085 respectively). The mean score of stress for post-menopausal working group is 15.03 while for non-working group is 15.17 which is more or less equal. The mean score of well-being for post-menopausal working group is 12.27 which is slightly more than the post-menopausal non-working group ($M=11.47$) which indicate that post-menopausal working women may have better well-being in comparison to non-working women.

On the basis of above result, hypothesis 3.1 and 3.2 which states that 'there will be a significant difference between post-menopausal working and non-working women on stress (3.1) and well-being (3.2)' is being rejected as there is no significant difference between post-menopausal working and non-working women on stress and as well as well-being also.

Discussion:

The present study aimed to compare the stress and well-being of menopausal and post-menopausal working and non-working women. The results indicate that overall there is no significant difference between menopausal and post-menopausal women on stress and well-being also (table-1). Similarly, there is no significant difference between post-menopausal working and non-working women on stress and well-being (table-3) but difference is significant between menopausal working and non-working on stress and well-being also at .01 level (table-2).

Menopause is a time period in a women's life that brings a lot of physiological changes. Her estrogen level starts decreasing, this low estrogen results in fatigue, hot flashes, cold chills, joint pain, headaches, dry skin, back pain, weight gain etc. This is not just limited to physiological change but there are lots of psychological problems as well, like anxiety and depression that are a result of low estrogen levels. There has been extensive research on menopause in the West, but in India only a few institutes have recognized the potential of research on subject. The menopausal transition can be challenging for a number of women, but for others it is not difficult. Menopause in our culture is considered as a hallmark of aging. This belief contributes to the emotional stress of a woman going through this phase of life. When a woman is going through a menopausal transition, she is occupied with thoughts like whether she will be as attractive as earlier or not, will she be healthy, will she be getting the same importance and recognition from her husband and family or not. A woman needs a lot of approval and appreciation at this time from others. For working women there are opportunities to find social support, appraisal and appreciation

from outside their home.

Although going through menopause, a woman with a plan to approach the changes with a positive attitude will be able to put the changes into perspective and turn the negative experience into a positive one. Leher et. al. (2002) found in their research as women pass from early in the menopausal transition to later in the transition, negative mood decline significantly, positive mood does not change and wellbeing significantly improves. Wellbeing is also significantly affected by changes in marital status, work satisfaction, daily hassles and life events. Well-being improves as women enter the later stages of the menopausal transition and is also influenced significantly by psychosocial factors.

Kakkar et al (2007) studied the variation of the menopause rating scale (MRS) scores with age, working/non-working and educated/Uneducated status in a Cohort of north Indian subpopulation. Based on the average age of menopause, Cohort was divided into peri (35-45), menopausal/early menopause (46-51), and the post-menopausal (52-65) groups. Working women seem to suffer more from psychological symptoms where as non-working women showed a greater incident of somatic symptoms. Educated women showed a lower incidence of psychological and somatic symptoms. This study indicated that age, the level of education, and working/Nonworking status (the group of women with same socio-cultural background) may also contribute to significant variations in menopausal symptoms.

In a multiethnic community study on psychological distress and natural menopause by Bromberger et. al (2001), it was found that rates of psychological distress were highest in early peri-menopause (28.9%) and lowest in pre-menopause (20.9%) and post-menopause (22%).

The present research aimed to investigate the importance of working and non-working status in the life of women who are going through menopause and those who have gone through this phase. The findings suggest that working women had low stress and better well-being as compared to non-working women in the menopausal phase. Working women have more opportunities to fulfil their need for approval, appreciation, and support, as they have a wide range of colleagues, friends etc. outside their home. Whereas in many cases non-working women have limited range of friends, social life etc., they have to rely on their husbands or family members for constant approval and appreciation. Working status also helps in maintaining a positive self-esteem in menopausal women. Hence it can be concluded that if a women is involved in some type of job she can cope better with the stress related to menopause and improve her well-being.

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