



A CROSS-SECTIONAL STUDY TO DETERMINE STRESS LEVEL AMONG POSTMENOPAUSAL WOMEN IN RURAL AREA OF BHAGALPUR (BIHAR)

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ABSTRACT

Background: Menopause is a natural reproductive period that affects women's lives between the ages of 45 and 55 due to various physical and mental changes. It usually happens when a lady is in her late 40s to early 50s (Barkha D et al., 2018).

Many women see the menopausal transition as distressing (The North American Menopause Society, 2016). Menopausal women in rural locations may experience higher physical, psychological, and social stress. They also have more medical issues and worse self-esteem than males. **Objective:** The objective of present is to measure the stress experienced by postmenopausal women living in rural areas of the Bhagalpur district of Bihar. **Method:** A cross-sectional survey method is used to measure stress level of postmenopausal women. total 100 postmenopausal women were selected using simple random sampling within the age range of 45-55 years. The level of stress was measured by using a structured self-administered schedule. **Result:** The result of this study revealed that most postmenopausal women (70%) reported severe stress levels, 28% had moderate stress levels, whereas only 2% reported low-stress levels. **Conclusion:** Although this is a short study but it offers a beginning for the future mapping of stress levels on menopause timing. Researchers looking into the stress experienced by postmenopausal women can also use this knowledge.

KEYWORDS : Postmenopausal women, level of stress, physical stress, psychological stress, sexual stress.

Introduction

Middle age is one of the pivotal ages in a person's life since it brings about so many changes. It often begins in the early 40s, which is the finest decade of a person's life and the time when their level of performance is highest. The difficulties between adulthood and the hopelessness of old age manifest as the shift of menopause in women, during which lives to alter course. Menopause marks the cessation of menstruation following the last menstrual cycle in the previous 12 months, which is a normal ageing stage. This progressive occurrence in women is the shift from the reproductive to the post-reproductive stage of a woman's life. Every woman will eventually experience it, and it can have a variety of accompanying repercussions that may interfere with one's quality of life (Supriya S and Kamini T, 2011).

Two million American women go through menopause every year, and many are concerned about the link between menopause and health. Fast globalization, urbanization, mindfulness, and the extension of life duration among urban middle-aged Indian women, who are growing as a homogenous group, all contribute to menopause's emergence as a problem. Menopause may be seen more favourably by rural working women if their financial situation and education are improved. However, most people continue to be ignorant of the short- and long-term effects of the illnesses linked to middle and old age, primarily due to a lack of knowledge and the growing expense of the medical and social support systems, making them inaccessible. Only a few Indian women have access to evidence-based medicine. Most menopausal women choose to forego treatment or turn to untested substitutes.

Some of those between the ages of 45 and 50, typical symptoms included weakness (60 per cent), lack of energy, cold hands and feet, hot flushes, cold sweats, an increase in BMI, irritability, and anxiousness (50 per cent) etc. Joint aches, exhaustion, and a lack of energy were common complaints in those over 50 years, followed by headaches, back pain, forgetfulness, bone pain, sleep disruption, and depression. World Menopause Day is observed on every year October, 18. the Indian Menopause Society spoke about how the transition will affect their life. However, menopause was not always a massive problem for women of prior generations. They only saw it as a normal phase of life. Women can now spend more than one-third of their lives in menopause because of advancements in contemporary medicine that have increased longevity. Even though the process of ovarian ageing is not fully known, clinical issues related to menopause can be managed.

The period just before menopause is difficult for many women. Discouraging symptoms like hot flashes, restless sleep, and mood swings may be brought on in part by hormonal shifts. During these years, women frequently experience a convergence of family and personal difficulties, such as family obligations and professional transitions.

Anyone's health should not respond to ongoing stress. Long-term effects include an elevated risk of cardiac illnesses, higher blood pressure and heart rate, migraines, stomach reflux, depression, or anxiety. Stress has an impact on relationships, productivity at work, and quality of life, in addition to health. The development of heart disease, cancer, and many other chronic and acute disorders are all believed to be significantly influenced by stress, which is a significant contributor to poor health.

Since menopause is a normal biological process, no medical intervention is necessary. Exercise, a healthy diet, quitting smoking, and stress reduction is excellent strategies to ease the symptoms of menopause and help avoid any chronic illnesses that can develop in the years after menopause. Women are equipped with methods to manage their stressful lives through relaxation techniques, exercise, biofeedback, cardiovascular activities, yoga, meditation, and breathing exercises.

Literature Review

To deepen our grasp of the chosen research subject and to get new perspectives on it, we studied relevant research and non-research literature. The menopausal syndrome is sometimes used to describe psychological or psychosomatic symptoms (such as sleeplessness, sadness, irritability, dizziness, and anxiousness); however, the exact relationship between these symptoms with oestrogen is unclear.

Also, it is well-known that many postmenopausal women have trouble sleeping and that these issues frequently occur throughout the menopausal transition (Landis & Moe, 2004). It might be claimed that a woman's health condition and quality of life, both during and after menopause, are significantly influenced by how well she sleeps.

The importance of distinguishing climacteric symptoms from other psychological and somatic complaints has been repeatedly stressed, according to a study by Hunter M. et al. (1986), which looked at the relationships between psychological symptoms, somatic complaints, and menopausal statuses. Discigil G et al. (2006) studied on 'Profile of menopausal women in west Anatolian rural area sample' and established that the most common symptoms in postmenopausal women are urogenital and psychological issues. Lagos X et al. (1998) found that 36% of postmenopausal women most often reported having bone and muscular pains, one-third reported vaginal dryness, while 28% reported headaches. There were no discernible changes in the incidence of symptoms by age or between pre- and postmenopausal women. In their 2005 study 'Perception of women towards psychological difficulties faced at post menopause,' Shipra Nagar and Parul Dave found that postmenopausal women had psychological issues such as headache, backache unease, exhaustion, hot flushes, and sleep disruptions.

Juang KD et al. (2005) found that postmenopausal women who have hot flashes have lower prevalence of vasomotor symptoms and greater levels of anxiety and despair. Similarly, a 2003 study by Osinowo HO studied on 'Psycho-social factors associated with perceived psychological health, perception of menopause, and sexual satisfaction in menopausal women' found no appreciable differences in the attitudes of postmenopausal women and premenopausal women regarding their sex roles. However, postmenopausal women reported better psychological health and had a more positive attitude towards sex than premenopausal women did. In research titled 'Sexual and psychological symptoms in the climacteric years,' Amore M. et al. (2007) found that postmenopausal women had more severe depressive and sexual symptoms. Similar research has been done by Kalpakjian CZ et al. in 2007 entitled 'Menopause as predictors of subjective sleep disruption in poliomyelitis survivors,' result showed that psychological symptoms are the primary cause of sleep disturbance in postmenopausal women.

Keeping this literature of review and facts in mind it is utmost need to study on stress level among postmenopausal women in rural Bihar.

Objectives

- The present study was performed to determine the stress level of postmenopausal women living in rural settings of Bhagalpur, Bihar.
- To ascertain the impact of menopause on physical, psychological and sexual factors.

Hypothesis

The following hypothesis was framed for the study:

- Postmenopausal women would have significant stress on their scores on the measure of PMSS (physical, psychological and sexual factors).

Method & Material

For the present study, a cross-sectional survey technique was used as the strategy. The study was conducted in a rural area of the Bhagalpur District of Bihar. The population of the current research consisted of all postmenopausal women in the chosen location. After acquiring a sampling frame from the local village health nurse, 50 participants were selected by purposive sampling based on independent variables; those were sincere and cooperative. The study's participants were all postmenopausal women who matched the inclusion criteria. Only those participants who could speak and understand Hindi, were between the age range of 45 and 65 years, were willing to participate, and were not taking any hormone replacement therapy during the data collection period were eligible for the study. Each subject was contacted by the researcher personally. In the process of investigation, Post Menopausal Stress Scale (PMSS) was used, and other relevant details of the subjects were found out through the General Introductory Schedule developed for the purpose. Dr N. Balasubramanian initially developed the PMSS. It consists of three aspects – Physical, Psychological, and Sexual, problems having 40 items. It was established using test-retest and internal consistency. The tool R-value was 0.92, and it was reliable. The PMSS is a five-point Likert scale divided into Not at all, seldom, sometimes, frequently, and more frequently (consistently) to determine the amount of stress. Each option is given a score. It varies from zero to four as per the category of the response, the score '4' would be given for More frequently and '0' for not at all.

Result & Discussion:

The data were tabulated, classified and analyzed according to the aims of the present research and were put in tabular form and analyzed using appropriate statistical methods. The statistical test used to assess the problem included Mean, SD and Mean Percentage. It was analyzed as per the manual's description to explain the stress level overall and on different sub-area, i.e., physical, psychological and sexual factors. This would provide the necessary information to interpret the existing facts.

Table 1: Participants Demographic Data, in Percentage

S.No.	Demographic Variables	Frequency & Percentage
1.	Age in years	a) 40-45 22 (22%)
		b) 46-50 30 (30%)
		c) 51-55 48 (48%)

2.	Religion	a) Hindu 46 (46%)
		b) Muslim 22 (22%)
		c) Other 32 (32%)
3.	Education	a) No formal education 22 (22%)
		b) Primary 36 (36%)
		c) Secondary 26 (26%)
		d) Graduation 16 (16%)
4.	Occupation	a) Homemaker 22 (22%)
		b) Daily wages 48 (48%)
		c) Self-employed 12 (12%)
		d) Professional 18 (18%)
5.	Family monthly income	a) 1001 – 5000 18 (18%)
		b) 5001 – 7500 24 (24%)
		c) 7501 – 10000 42 (42%)
		d) Above 10000 16 (16%)
6.	Type of family	a) Nuclear 74 (74%)
		b) Joint 36 (36%)
7.	Dietary Status	a) Vegetarian 24 (24%)
		b) Non-vegetarian 76 (76%)

According to the data in Table 1, of the 100 postmenopausal women majority (48%) of the respondents were within the age range of 51-55 years, whereas only 22% of respondents come in the age range of 40-45 years. Majority of participants (62%) have completed primary and secondary education, whereas only 16% are graduate and rest of 22% have no formal education but they can speak and understand Hindi. Among the total participants 48% are employed on a daily basis, 42% have a monthly family income of between Rs. 7501-10,000/-. Most of the participants (74%) belong to nuclear families, and 76% are non-vegetarian.

Table 2: Distribution of participant's data according to their menopause-specific variables, in percentage (N=100)

S. No.	Menopause Specific Variables	Frequency & Percentage
1.	Age at Menopause (in years)	a) 40 to 45 16 (16%)
		b) 46 to 50 46 (46%)
		c) 51 to 55 38 (38%)
2.	Duration since menopause (in years)	a) 0 to 2 14 (14%)
		b) 3 to 5 60 (60%)
		c) 6 to 10 26 (26%)
3.	Source of Health Information	a) Friends 40 (40%)
		b) Family Members 32 (32%)
		c) Media 18 (18%)
		d) Health Personnel 10 (10%)

According to the data in Table 2, most of the postmenopausal women (46%) reached menopause between the ages of 46 to 50 years, 60% had menopause for a more extended period, and 40% got their health information from friends.

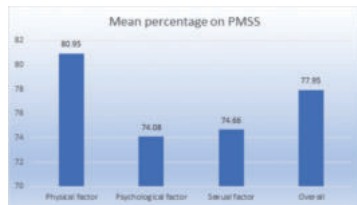
Table 3: Area-wise distribution of Mean, SD, and Mean percentage on PMSS (N=100)

Area	Max Score	Mean	SD	Mean %
Physical factor	44	35.62	2.84	80.95
Psychological factor	24	17.78	2.63	74.08
Sexual factor	12	8.96	1.48	74.66
Overall	80	62.36	4.33	77.95

The mean, SD, and mean percentage of the amount of stress are distributed by region in Table 3. The mean percentage on the Physical factor was 80.95 (35.622.84); in the Psychological factor, it was 74.08 (17.782.63); and in the category Sexual factor, it was 74.66 (8.961.48). The average percentage was 77.95% overall. It is clear from the abovementioned result that stress level at physical factor is very severe. It seems that most of the postmenopausal women suffer from physical factors like-hot flashes, night sweat, sleeping difficulty, tiredness, palpitation, decrease in stamina and strength, backaches, urinary problem and dysuria, etc., whereas psychological factor and sexual factor mean percentage is 74.08 & 74.66 respectively, which comes in 'Severe' category. It clearly shows that postmenopausal women also suffer from psychological and sexual problems like-

depression, irritability, poor memory, lack of concentration, a decrease in sexual desire, painful sexual contact and vaginal dryness, etc. the global view can be ascertained easily on the basis of graphical representation of data (Figure-1).

Fig: Graphical representation of Mean Percentage on sub-area of PMSS



Overall percentage of PMSS is 77.95, which shows the very severe level of stress in postmenopausal women. More than half of them reported severe anxiety, according to Shadia F. and Nabila S.'s (2018) findings, which are similar to the current findings. The results of the study by Barkha D. et al. (2018) demonstrate that menopause-related symptoms negatively impacted postmenopausal women's quality of life. A study by Priya B et al. (2019) indicated that middle-aged women are likelier than older women to experience sadness and anxiety.

Bener A et al. (2016) study result shows that several different variables were linked to menopausal and psycho-social difficulties among Arabian women, which had a detrimental impact on their quality of life. Women who encounter the menopausal transition are stressed due to changing biology, sad mood, and poor health, according to research by Nancy F et al. (2009).

According to the study's conclusions, it is essential to offer postmenopausal women health services so that they may identify the typical menopausal symptoms early on and utilize that knowledge to direct their actions. Many women enter the menopausal years with little idea of what to anticipate, when or how the process will manifest, or how long it might last. It frequently happens that a woman has not gotten any information regarding this time of life from her doctor, older female family members, social circle, or anyone else. Therefore, a woman with powerful menopause with a wide range of effects may feel puzzled and concerned because she thinks something strange is happening to her. There is a critical need for better education and knowledge of menopause among women.

CONCLUSION:

The result showed that most of the post-menopausal women (70%) experienced extreme stress. It suggests that postmenopausal women should be encouraged to use health facilities for their health issues through information, education, and communication. It is necessary to raise awareness of menopause and the issues it causes in women. Health professionals can assist women in understanding menopausal symptoms to lower their stress levels.

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