



**ORIGINAL RESEARCH PAPER**

**Education**

**WOMEN AT MENOPAUSE: A STUDY OF EDUCATED EMPLOYED URBAN WOMEN IN KERALA.**

**KEY WORDS:**

**Dr. Kavitha.N**

R.N, R.M, M.Sc.N, Ph.D

**Dr. R.Jayasree**

Menopause or climacteric is a unique stage of female reproductive life cycle, a transition from reproductive to non-reproductive stage. It is characterized by cessation of menstruation and implies the loss of childbearing capacity and aging. It is also known as absence of menstrual periods for 12 months. The menopause usually occurs at an average age of 50 years.

The word menopause literally means the permanent physiological or natural, cessation of menstrual cycles. It come from the Latin word roots "meno" and "pauis" (a pause or a cessation).World Health Organization (WHO) in 1996 defines menopause as the "The permanent cessation of menstruation resulting from the loss of ovarian follicular activity or more after the event. However an adequate marker for the event does not exist".

Graying of population is one of the most significant characteristics of the 21st century. Rapid ageing trends present new challenges to governments, communities, families and the elderly themselves. Elderly women are a significant group of the society. Addressing their agendas in familial, social and economic spheres is imperative for improving their overall status and in turn, of the society as well.

Third consensus report of 2008 by Indian Menopause Society declared that India has a large population, which has already crossed the one billion mark with 71 million people over 60 years of age and the number of menopausal women about 43 million. Projected figures in 2026 have estimated the population in India will be 1.4 billion, people over 60 years 173 million, and the menopausal population 103 million. Average age of menopause is 47.5 years in Indian women with an average life expectancy of 71

**RESEARCH APPROACH**

The present study focused on determining the health habits and the health problems of women at menopause and their relationship with selected socio-demographic variables like age of the women, education level of the women, income of the family, type of family, religion, diet pattern, marital status, personal habits, type of occupation, and number of persons in the family. A descriptive approach was chosen to conduct present study.

**RESEARCH DESIGN**

Descriptive correlation design was undertaken to explain the relationships among phenomena as they naturally occur without any intervention, which was found to be ideal to conduct the present study.

**OBJECTIVES**

- To describe the socio-economic and demographic profile of the sample.
- To assess the awareness of women at menopause regarding climacteric and health problems associated with menopause.
- To assess the physical problems of women at menopause.
- To assess the psychosocial problems of women at menopause.
- To determine the association between level of knowledge on climacteric and health problems with selected variables among women at menopause.
- To determine the association between the level of overall health problems with selected variables among women at menopause

**OPERATIONAL DEFINITION**

Health Problems: Problems related to health, which would be physical, psychological or social.

Women at menopause: Women who have already attained menopause and those who are nearing menopause.

Educated Employed: Women who had education above 10th standard and are working in private or public sector.

Urban women: Women who are residing in urban areas.

**THEORETICAL BASE AND CONCEPTUAL FRAME WORK.**

The conceptual frame work for the study was derived from Rosenstock's Health Belief Model

**SETTING OF THE STUDY**

The present study was conducted in the Kottayam district of Kerala

**SAMPLING TECHNIQUE**

Multi stage sampling technique was followed. The sampling procedure within the district is as followsThe study was conducted by using structured questionnaire.

**DEVELOPMENT OF THE TOOL**

Structured climacteric questionnaire developed for this study consists of three parts.

Part I consists of items seeking background information

Part II consists of climacteric questionnaire. It consists of 40 items seeking the information about awareness of women at menopause regarding climacteric and health problems.

Part III Consists of two sections.

Section I: Checklists to assess the physical problems

Section II: Checklists to assess the psychosocial problems of women at menopause

**LIMITATIONS OF THE STUDY**

1. The study was confined to the women who have education above 10th standard.
2. The study was limited to urban employed women.
3. The study was further limited to selected independent variables.

**MAJOR FINDINGS OF THE STUDY**

**Distribution of Level of Knowledge on Climacteric and Health Problems of Women at Menopause**

Level of Knowledge	Frequency	Percentage
Inadequate knowledge Below 50%	73	24.2
Moderately Adequate knowledge Between 50 to 75%	173	57.3
Adequate knowledge 75% and above	56	18.5
Total	302	100.0

Knowledge on climacteric and health problems Result of the present study states that out of 302 women, 73 (24.2%) had inadequate knowledge (< 50%), 173 (57.3%) had moderately

adequate knowledge and 56 (18.5%) had adequate knowledge on climacteric and health problems of women.

**Percentage Distribution of Level of Physical Problems among Women at Menopause.**

Level of Physical Problems	Frequency	Percentage
Mild Below 50%	93	30.8
Average Between 50 – 75%	122	40.4
Severe Above 75%	87	28.8
Total	302	100.0

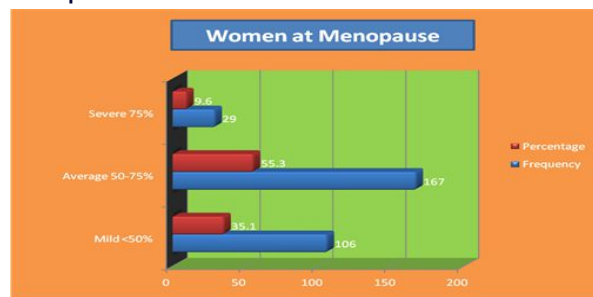
This study also reveals that women at menopause are suffering from varying degrees of health problems due to declining hormonal activity. Out of 302 women 93 (30.8%) had mild (<50%) physical problems 122 (40.4%) had moderate problems and 87 (28.8%) had severe physical problems.

**Distribution of Level Of Psychosocial Problems Among Women At Menopause**

Level of Psycho Social Problems	Frequency	Percentage
Mild Below 50%	196	64.9
Moderate 50 – 75 %	105	34.8
Severe Above 75%	1	0.3
Total	302	100.0

Psychosocial problems are prevalent among menopausal women as out of 302 women 196 (64.9%) had mild (<50%) psychosocial problems, 105 (34.8%) had moderate problems and one (0.3%) had severe psychosocial problems.

**Distribution Of Overall Health Problems Among Women At Menopause.**



This study also gives an overview on overall health problems of women at menopause. Out of 302 samples 106 (35.1%) of women had mild health problems, around 167 (55.3%) had moderate health problems, 29 (9.6%) had severe health problems during menopause.

**Association Between Demographic Variables And Health Problems**

There is significant relationship between level of knowledge on climacteric and health problems and socio-demographic variables like religion at p = 0.017 level. There is highly significant relationship between level of knowledge on climacteric and health problems and demographic variables like monthly income at p = 0.001 level, education at p = 0.000 level and occupation at p = 0.000 level.

There is significant relationship between level of overall health problems and demographic variables among women at menopause like age p = 0.000 level. There is significant relationship between level of overall health problem and family variables like type of residence at p = 0.004 level. In addition, there is no significant relationship between level of overall health problem and family variables like type of family, diet pattern and type of food, marital status and number of family members.

There is highly significant relationship between level of overall health problem and maternal variables like age of menarche and type of delivery at p = 0.001 and p = 0.000 levels.

There is significant relationship between level of overall health

problem and maternal variables like age of marriage and age of first conception at p = 0.047 and p = 0.017 respectively.

There is moderately significant relationship between level of overall health problem and maternal variables like number of abortion. In addition, number of stillbirth at p = 0.003 and p = 0.010 levels.

**SCOPE FOR FURTHER RESEARCH**

- A comparative study to investigate physical, psychological and psychosocial problems of employed and unemployed women at menopause.
- Replication of study could be done with larger sample in different settings for better generalization.
- A comparative study could be done between urban and rural population on knowledge of menopause.
- A comparative study could be conducted between women with natural menopause and surgical menopause.
- A longitudinal survey to explore the attitude and experiences of women during three stages of menopause.
- A cross sectional survey to explore the experiences, attitude and myths related to menopause across various states of India.
- A cohort study can be done to determine the prevalence of problems associated with menopause.
- Research could be done on preparation of innovative methods of teaching, development of good and effective teaching material and setting up multimedia centers for teaching and education to improve quality of life at among women at menopause.

**CONCLUSION**

The aim of this research work was to identify physical and psychosocial problems of employed women and their relation to various selected variables like socio-demographic variables, family variables, maternal variables, menopausal variables and other study related variables

The findings of the study indicate that in general women lack knowledge in different aspects of menopause. The subjects differed widely in their ability with regard to knowledge about climacteric and menopause and were heterogeneous in nature.

**IMPLICATIONS OF THE STUDY**

The findings of the study may be utilized to tackle the health problems of women at menopause by formulating various strategies within the family, society and health sector. Also current findings can have following implications in the areas of menopausal women, family, health sector, education, administration and research

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