

Emotional Problem and its Coping among Menopausal Indian Women: A Review

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Abstract

The menopausal problem of middle-aged women around the world has been a major public health concern. Menopause comes as a strategic period of woman's life with various changing psycho-socio-biological issues, which makes her vulnerable to many psychological problems that affect their Quality of Life. Coping with Menopausal problems women should have an understanding and knowledge or awareness of the physical and psychological problems and try to deal in a positive way so that they can have a good quality of life. This review article tries to explore the factors affecting middle-aged women and also the ways in which they can cope effectively for smooth transition of new life phase.

KEYWORDS:-menopause , quality of life , coping responses , emotional distress.

Introduction

Menopause is a permanent cessation of menstruation cycle due to loss of ovarian follicular which stops for the period of 12months or longer. This leads to a decline in the level of Estrogen and Progesterone the two important hormones in the female body(World Health Organization [WHO], 1996). It is an event in woman's life which faces the physical and psychological transition during menopause (Bertero, 2003). Physical development occurs during this menopausal period, which ends the reproductive functioning of women's (Dasgupta and Ray, 2009).

Menopause occurs in women at the age of 45 years to 55years of age, it is said to be "Natural menopause ". The average age of menopause among most of the women is 51years. Women who face menopause at the age of 40years to 44years. Such menopause is termed as "Early Menopause". There are 1% population of women who gets menopause at the age between 35year to 39years. These women belong to "Premature Ovarian Insufficiency (POI) or Premature menopause" (Syamala, and Sivakami, 2005).

The increase in Life expectancy caused by the rapid globalization and urbanization also affects urban and middle-aged Indian women in menopausal. There are physical and psychological symptoms which lead to changes in their hormone level during menopausal. Improvement in Education and Economic condition of rural women can lead to have a positive attitude towards menopause, which can help women to be aware of early symptoms. (Sharma, Tandonand Mahajan, 2007)

According to the research it has been seen that there is an impact of menopausal symptoms on the quality of life of menopausal women. However, the menopausal problems of middle-aged women around the world has been a major public health concern, 80% of women during the menopausal transition experiences symptom of physical and psychological which leads to poor quality of life. (Poomalar and Arounassalame, 2013)

During the transition period some women don't experience any kind of difficulties, where as other women view menopause as a stressor with symptoms which affect their quality of life. (Avis et al, 2009). There are other factors which affect the quality of life of menopausal women such as Biological (e.g., genetic, nutritional, reproductive history), Sociocultural (e.g. Educational, commercial and rural-urban residence), Lifestyle (e.g., smoking, tobacco uses, dietary habits), Psychological (e.g., poor memory, Anxiety and depression). (Bernis and Reher, 2007).

Coping with Menopausal problem in women should have an understanding and knowledge or awareness of physical and psychological impacts, and this need to be dealt in a positive way to have better quality of life. (Skinner et al, 2003)

Impacts and their perspective

Biological Perspective:

Premature Ovarian failure (POF) or Premature Menopause diagnosed or high blood follicle stimulating hormone (FSH) which is a test carried at least three times in less than four weeks apart to know the cause of premature ovarian failure, autoimmune disorders, thyroid and luteinizing hormone (LH) levels. Other Biological factors are diabetes, chemotherapy, fragile X syndrome gene and radiotherapy etc. Women who have disorder such as endometriosis, polycystic ovary syndrome, reproductive organ cancer can lead to menopause at their younger age. (Kalantaridou, Davis and Nelson, 1998). Surgical menopause can be bilateral oophorectomy (removal of ovaries), and uterus (hysterectomy) (Harlow et al, 2012)

Psychological perspective:

Women with negative attitude towards menopause struggle with depression (Dennerstein et al, 2001). Physician have failed to report the prevalence of psychological problem during menopause in 30%-50% of women. (Prakash and Murthy, 1981) It has been reported that quality of life is getting affected by psychological implication such as mental fatigue, irritability, insomnia, libido including depressed mood. In India there is not much attention is given to psychological problem during menopausal transition period of women which lead to poor quality of life. (Tamaria et al, 2013).

Socio-cultural perspective:

Physical, Psychological, Social and cultural factors affecting menopausal women is an example of Bio-psycho-social process. The negative stereotype about menopause will affect the women well-being. Menopausal problem is still untreated due to lack of knowledge and awareness. Women with western culture, menopause and middle-aged women have biomedical and psychological approach as compare to non-western culture (Hunter and Redall, 2007). In west Vasomotor symptom is frequently reported by older age women, this can be reduced by giving value and

respect of women in society, as well as understanding cultural difference and their diet, lifestyle and genetic differences (Hunter, 1993). During the menopausal transition, if women face low self-esteem are more likely to have a psychological distress. (Cofaert, 1982). Women should understand the inter and intra cultural differences in the symptomatology and experience of menopause, which give a proper understanding of life cycle transition (Richters, 1997)

Quality of Life of Menopausal women:

In 1993, World Health Organization has explained quality of life that it is mainly divided in 6 domains such as physical health, mental health, social relationship, spiritual concerns, level of independence, environmental facilities. These factors help in improving quality of life and set proper goals and standards in life. (Greenblum, et al, 2013) Symptoms occur during the menopausal transition in middle-aged women have declined their quality of life. Menopause has physical, psychological and social impact on characteristic of their life and it is an important public health concern of menopausal women, which can be associated with Health-Related Quality of Life (HRQOL). (Avis, et al, 2004 and Ham 2010). There are various tests developed to check the quality of life of menopausal women, which measure menopausal symptoms and quality of life.

Review of Literature

A study on Karnataka women with a sample size of 290 women were evaluated using MENQOL test, the outcome of this study was that physical and psychological symptom were more common than vasomotor and sexual symptom in menopausal women (Nayak et al, 2012).

(Timur and sahin, 2009) Conducted the study in Turkey on sample size of 887 women of age group of 45 years to 59 years to check the effect of sleep disturbance on quality of life, women were asked health and lifestyle related questions it was seen that 54% of menopausal women have sleep disturbance and 2.4 times higher in Perimenopausal women. As sleep disturbance is higher among menopausal women it affects their quality of life.

Cohort study were conducted by (Kakker, et al, 2007) in the North Indian population to predict the menopausal health, by using Menopausal rating scale (MRS) on 208 women. The working women are more prone to psychological symptom whereas non-working women face somatic symptoms.

Cultural background and socioeconomic factors also have greatly influenced on menopausal women, cultural diversity, gender inequality unequal socio-economic status are major factor determinants of poor quality of life. By creating menopausal health model or tool to predict this problem will improve the quality of life. (Sengupta and Srinivasan, 2010).

There is a correlation between menopausal symptoms and social-demographic characteristic. In a research study it was observed that nuclear family with income levels have significant correlation with menopausal symptoms, hence 43% patients used modern medicine and 30% did not seek any treatment. (Kaulagekar, 2011)

Positive mood during menopausal transition was observed in the early phase of menopause. Positive mood was adversely influenced by interpersonal stress and

negative attitudes to aging, there are factors affecting positive mood of postmenopausal women were a major life event, daily hassles, marital status, and work satisfaction (Dennerstein, Lehert and Guthrie, 2001)

Quality of life can be assessed by using different developed scale in which it is divided into various domains such as physical, psychological, vasomotor, sexual and environmental. Women have mostly experienced hot flashes, experiencing poor memory and dissatisfaction with personal life, low back ache, change in sexual desire this is the common factors observed in menopausal women. According to the researcher vasomotor were significantly more in post-menopausal women. Thus, women experience high symptoms during the menopause transition lead to poor quality of life (Elazim, Lamadah and Zamil, 2014).

In the rural area of Bangalore study by (Madhukumar, Gaikwad and sudeepa, 2012) observed that post-menopausal women have a negative perception about menopausal symptoms around 52.92% out of sample size 189 post-menopausal women affect by menopause in a negative manner.

Women's health across the nation was checked by conducting the research on 3302 women across seven US cities. It was seen that menopausal women use hormone therapy to reduce the functioning and other factor related to HRQOL in each domain were significantly observed in menopausal women. (Avis et al, 2009).

Quality of life during and after menopause among women's in rural area reported low backache and muscle -joint pain was more frequently observed during the menopausal transition and least factors such as an increase in facial hair and feeling of vaginal dryness during intimacy were seen. Vasomotor symptoms is more during the menopausal transition and physical symptoms were seen more in postmenopausal women's (poomalar and Arounassalame, 2013).

Yoga therapy during menopausal period help in reduce to menopausal symptom. Women who undergo yoga therapy during transition will improve the mood and improve the quality of life and help in coping with the menopausal problem.(Elavsky and McAuley, 2007)

Women with high emotional intelligence hold positive attitude during menopause and experience less severe stress, depression and menopausal symptoms and have a better physical health (Bauld and Brown, 2009)

Various psychological problem faces by menopausal women and to cope up with one need to apply coping strategic to overcome the menopausal problem. 57% women have mild psychological problems and 78% women are adopting coping strategies to overcome these problems (Potdar and Shinde, 2014)

Summary

Menopause comes as a strategic period of woman's life with various changing psycho-socio-biological issues, which makes her vulnerable for many psychological problems which affect their Quality of Life, The complex interaction of various influencing factors, the manifest symptoms and management issues deserve attention. There is a great need for further focused research in this area.

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