

Menopause Stage in Women's Reproductive Health: Psycho-Socio conditions and Problems.

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Introduction:

A healthy citizen is important for any nation's social and economic development. Healthy women contribute to the family and society in their important functions directly or indirectly, and yet the health of women is mostly ignored. Reproductive problems of health emerge both in men and women, but their types, reasons, and results differ as the roles and social attitudes of men and women are different.

Socio-cultural and economic factors largely affect the health and nutritional services of women. Women have more health-related issues compared to men due to reproductive health issues. From childhood, women face discriminatory tendencies.

If we look at the life circle from the view of the health of women, there are three important physical stages she passes through (1) the Beginning of menstrual cycle (2) Stages of the conception of child and (3) stage of menopause. During these stages women face umpteen numbers of inequalities and difficulties which provide an opportunity for development.

The menstrual cycle in women becomes irregular, slows down and completely stops at a certain age this is called a stage of menopause among women.

Changes during this stage can be classified into four types:

1. Early menopause and its consequents problems
2. Internal bleeding of many kinds and hormonal changes during such periods and issues due to that.
3. Changes in skeletal structure and spinal cord and thigh-bones during the period and its after-effects.
4. Loss of control over the urinary system.

Two types of endocrine secretion from the woman's ovary: estrogen and progesterone. Due to both these secretions, physiological changes in the woman, menstrual flow, pregnancy and maternity, and its physical and mental strength are dependent. Since the age of 10 to 12 years of age, both endocrine secretions start from the spinal cord and when the woman reaches the age of 45 to 50, the intercostation is stopped and the woman stops in menstruation and also reduces her mental and physical strength.

Most of the females have menopause during the age of 45 to 50 but some may have it at 40 and others may even after 55 years.

The main characteristics of menopause observed during the period are hot flush- feeling of warmth and even perspiration pain in head and waist, mental difficulties like too much worry, mood swings, and irritational outburst. These last till one to two years at a time.

Many women have a loss of selective memory. They forget fresh incidents and remember old ones. For a few years' women feel irregularity in menses period, pain in urinary tract, shrinking of vaginal track and slight pain during intercourse. Long term changes they feel is weakness in bones.

This is the time when she needs information and knowledge about physical changes, mental and physical warmth and attention, generally, there is a lack of information about what to do and where to go and whom to consult. Many women face stress during this sensitive stage of menopause.

During the whole life, women face many mental questions and various difficulties too which sometimes get worse during the stage of menopause. While passing through this stage what is her understanding, her confusion and what is the social system around her is useful to know her position. What are her traditional beliefs while physical changes take place in her body and what type of assistance she receives from her family members, teachers, friends, etc.? this kind of questions are been focused on in the present study. The study deals with psycho-socio

condition of literate and illiterate women age 35 to 50 years of Mehsana district Gujarat during their menopause stage of reproductive health. During the menopause stage women face many strangling, they need extra care and love in this stage. Due to physical and mental changes during menopause stage women face many problems. The present study reveals the situation and problems of literate and illiterate women in menopause stage.

The objective of Study:

- 1) To know about the physical, mental, social problems and strangling of respondents during their menopause stage.
- 2) To know about the insight and validity of reproductive health among respondents.
- 3) To know what were the health needs of respondents during the menopause stage.
- 4) To know what were the expectations from the husband or other members of the family during the menopause stage of respondents and what were their contributions.
- 5) To know the treatment followed by the respondents for their physical and mental problems during the menopause stage.

Hypothesis:

- 1) Most of the women have no scientific knowledge about reproductive health.
- 2) Husband and family have no understanding of their duty to take special care of the women during menopause.
- 3) These women and their families avoid going to doctor for their issues related to menopause.
- 4) Women have no available systems for a clear understanding of their reproductive health.

Research Methodology:

1 Sample Size:

The study includes a Non-random available sampling method. There is uncertainty about the total number of women under menopause hence the samples are taken and chosen to keep that in mind. The parameters in selection of samples are mentioned below.

- The women selected are those who have passed through the stage of menopause and are the age group of 35 to 50 years.
- Total of 148 Respondents women have been chosen from rural and urban areas of Mehsana district (74 educated and 74 uneducated engaged in professional activities)
- The literate Respondents include the primary school teachers of the district and illiterate respondents are engaged in economic activities of self-help groups.
- The respondents have been chosen from 18 villages of 9 Talukas of the Mehsana district. For the selection of illiterate Respondents livelihood manager of each taluka was consulted who were in mission Mangalam project of district rural development agency. Those villages that had more numbers of SHG's were given priority and teachers of primary schools of those villages were chosen as per the parameters of sample selection.

2 The tool used for the data collection:

The tool used for the data collection was questioner in which the questions covering the objectives of the research were used.

Results and Discussions:

The result and discussion of the present study are given under the following.

- 1) **Out of Total Respondents Most of the illiterate respondents have little awareness of physical and mental changes taking place during the period of menopause, Literate Respondents had also very limited understanding of it.**
 - 60.81% of illiterate respondents had no understanding of menopause; whereas 70.27% of literate respondents had limited knowledge of it such as that menstrual becomes irregular and stops!
 - Out of Total Respondents, only 16.22% of illiterate and 29.73% of literate Respondents had gained understanding from doctors whereas 29.73% of Literate Respondents got it from mass media. Hence they had little understanding of changes during menopause.

2) **71.62% Respondents had difficulties of menstrual cycle during menopause, 35.14% had problem of excessive bleeding, 51.35% had problem of irritability, 41.89% of them were facing problem of negative thinking at that time and 71.62% faced much confusion at that time and yet, 44.59% didn't care to take any type of treatment and were negligent of their health problem which shows lack of health awareness. Due to unbearable pain, 20.94% of respondents had operation of uterus removal.**

- 23.65% of respondents had no mental problems during the period of menopause while others suffered from frequent anger, irritation in behavior, sudden and frequent weeping, loss of memory, negative thoughts, insomnia, depression, etc.

- All the Respondents faced Physical Problems during menopause stage in which 71.62% of them had problems related to menstrual cycle; 35.14% had excessive bleeding and hot flush, body-swelling, constant headache, back pain, breast-related problems and even uterus related difficulties.

- The respondents faced problems relating to the vaginal way. 57.43% of respondents faced sex-related issues at that time and 48.65% had urinary problems.

- 71.62% of respondents had confusion about bodily changes and hence 19.59% were afraid of uterus cancer or related issues that enhanced their usual confusion.

- 21.63% of respondents faced long term difficulties relating to bones.

- 44.59% of respondents didn't go for treatment even though they had physical and mental ailments. 34.46% of respondents went for treatment whereas they didn't take any treatment for mental problems. 20.94% of respondents got for the operation of uterus removal only when pain was intolerable.

3) **The changes that occur during menopause and its effect also affect the family-life and work. They hardly get enough assistance; they badly need during that period. The husband and male members hardly take care of the women.**

- Due to the physical and mental changes that occurred during the menopause stage 35.18% had family feuds. 18.24% said as they were not properly assisted in the domestic work during those periods, it was difficult to maintain balance of workplace as well as at home.

- Excluding 37.84% literate and 17.57% illiterate Respondents rest of the respondent's work was affected due to physical and mental changes during the period of menopause. 43.24% of illiterate respondents had to incur economic loss as they remained away from work due to physical problems. 40.54% literate respondents who attended work were having lesser encouragement and frequently lost temper which affected they're work-life negatively.

- 37.16% of respondents did not discuss the difficulties of their menopause condition with their children whereas 18.92% who did discuss with their families, they did not accept their changes in the temperament which was only due to menopause. Only 20.27% of respondents were helped by daughters or daughter-in-law in domestic work and contribution of male member was negligible.

4) **58.11% literate and 58.1 illiterate respondents had difficulties in the work and rearing of children due to changes during menopause. 28.38% literate and 32.43% illiterate respondents went into depression as there were conflicts at home. Only 8.11% illiterate and 37.84% literate respondents were fortunate to have co-operation and positive assistance from their families and male members.**

5) **41.89% literate respondents expected to love and care from their husbands; 60.81% literate and 56.75% illiterate respondents expected relief from domestic work and 45.94% illiterate respondents expected the fulfillment of their economic needs and treatment of illness during menopause stage.**

Conclusion

- Most of the women have no scientific knowledge about reproductive health. 60.81% of illiterate respondents had no understanding of menopause; whereas 70.27% of literate respondents had limited knowledge of it such as that menstrual becomes irregular and stops!
- Husband and family have no understanding of their duty to take special care of the women during menopause. Due to the physical and mental changes occurred during menopause stage 35.18% had family feuds. 18.24% said as they were not properly assisted in the domestic work during those periods, it was difficult to maintain balance of workplace as well as at home.
- These women and their families avoid going to doctor for their issues related to menopause. 44.59% of respondents didn't go for treatment even though they had physical and mental ailments. 34.46% of respondents went for treatment whereas they didn't take any treatment for mental problems. 20.94% respondents got for operation of uterus removal only when pain was intolerable.

- Women have no available systems for clear understanding of their reproductive health. Out of Total Respondents only 16.22% of illiterate and 29.73% of literate Respondents had gained understanding from doctors whereas 29.73% of Literate Respondents got it from mass media. Hence they had little understanding of changes during menopause.

Generally, women's reproductive health issues require delicate consideration and special care and mostly they are not attended to in time and with required care by male members of the family. This affects adversely. Males are not aware and do not feel responsible for the duties they are required to perform. They believe that reproductive health only concerns to females, but they are unaware of the fact that their behavior affects the health of their wife, daughter, sisters, and mother.

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