# Effect of Anxiety in Post-Menopausal working and non-working women

**Prakriti Sushmita [1], Dr. Nirmala Singh Rathore[2] , Prachi Trivedi[3]**

Research Scholar[1], Department of Psychology, NIMS University,

Jaipur, Rajasthan

Associate Professor[2,] Department of Psychology, NIMS University,

Jaipur, Rajasthan

Research Scholar[3], Department of Psychology, NIMS University,

Jaipur, Rajasthan

*Corresponding Author: Ms. Prakriti Sushmita, Postal Address: 4M98, Magadh Marble, Bhoothnath Road, Patna – 800026, Bihar, India.

Mobile No. 07677820679, Email: Prakriti.sushmita915@gmail.com

**ABSTRACT**

During menopause, many women experience increased anxiety. Anxiety can often occur together with depression. While the precise connection between anxiety and menopause remains unclear, a sophisticated combination of things common during this transitional time during a woman's life may contribute during this study to assess and compare the anxiety level among working and non-working women under postmenopausal stages. For choosing sample Purposive sampling Techniques was used. 60 menopausal women were selected from Jaipur. The sample was consisting of 30 working and 30 non-working post-menopausal women, age between 45 years to 55 years. Anxiety, Depression and Stress Scale was developed by Pallavi Bhatnagar and her colleagues. The information was subjected to statistical analysis pertinent to research objectives. The information is analysis by appropriate statistical procedure. There was significant difference observed between the mean values of hysteria among working and non-working postmenopausal women reflecting the twin work enhancing anxiety among working women. The high anxiety found among working women could also be thanks to their dual work, time constraint and target achievement at work place. Low to normal anxiety found in non-working women could also be because of no time pressure and no dual work. They can plan their day's activity at their own convenience and can even postpone a number of the task which is non-essential.

**Keywords:** Menopause, Post-Menopausal, Anxiety, Working & Non-Working Women.

## Introduction

Menopause is among the developmental stages within the life cycle of girls who experience it with aging. During this era, women undergo physical changes affecting their socio-mental status. The age at menopause appears to be genetically determined and is unaffected by race, socioeconomic status, age at menarche, or number of prior ovulations. Factors that are toxic to the ovary often end in an earlier age of menopause; for instance, women who smoke experience an earlier menopause, etc. Women who have had surgery on their ovaries, or have had a

hysterectomy, despite retention of their ovaries, can also experience early menopause. Premature ovarian failure is defined as menopause before the age of 40 years. It's going to be idiopathic or related to toxic exposure, chromosomal abnormality, or autoimmune disease. Bavadam (1999) stated that it's not merely the top of menstruation but is also an inevitable a part of aging. The precise age of menopause varies from population to population but generally the spread is from late 30s to 50s. Studies wiped out various regions of India by Indira (1979) and Kaw et.al. (1994) report the age of menopause starting from 40 to 50 years. The meaning of the word menopause in additional recent times has been expanded to point the permanent but present discontinuation of female fertility. Menopause is related to changes within the hypothalamic and pituitary hormones that regulate the cycle (Sahu and Sahu, 2018). It's characterized by the loss of ovarian function following the reduction within the secretion of estrogen, permanent cessation of menstruation and therefore the loss of reproductive ability. It affects women's health in biological, psychological and social aspects. Menopause can cause a good range of symptoms including hot flashes, night sweats, sleeping problems, emotional and cognitive symptoms, irritability, anxiety, vaginal itching and dryness and urinary symptoms. Although reported hot flushes rates for perimenopause women ranged from 40 to 60%, the prevalence of vaginal atrophy within the early stages of the menopause increases as a lady advances through the postmenopausal years. Osteoporosis and atherosclerotic circulatory system diseases which will be severely life threatening may occur at the later stages. Although the character and prevalence of menopausal symptoms are similar for many women, there are variations across and within cultures which are thanks to differences among lifestyle, socioeconomic status and therefore the self-perception of people. Menopausal symptoms may become problem not for less than women, but also for his or her families, colleagues and communities.

**Research Problem:**

The Effect of Anxiety in Post-Menopausal working and non-working women.

**Objective:**

To study the effect of Anxiety in Post-Menopausal working and non-working women.

**Hypothesis**

There will be significant difference in Anxiety in Post-Menopausal working and non-working women.

**Selection of sample:**

Sampling is a powerful tool in conducting research work. In this research study of the effect of Anxiety in Post-Menopausal working and non-working women were selected from Jaipur and Patna district. Which is Further divided into two equal numbers, i.e., n = 30 working females and n = 30 non-working females. A total sample of 60 females was selected through purposive sampling.

**Variables**

1. Anxiety - Anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry.
2. Hormones - Hormones are chemical substances that act like messenger molecules in the body. After being made in one part of the body, they travel to other parts of the body where they help control how cells and organs do their work.
3. Post menopause - This is the name given to the period of time after a woman has not bled for an entire year (the rest of your life after going through menopause). During this stage, menopausal symptoms, such as hot flashes, may ease for many women.

4. Stress - Stress is the feeling of being overwhelmed or unable to cope with mental or emotional pressure.

**OPERATIONAL DEFINITION:**

1. ADSS - Anxiety, Depression and Stress Scale was developed by Pallavi Bhatnagar and her colleagues and published through National Psychological Corporation, Agra, India. The test comprises of a consumable book of ADSS questionnaire which has 48 items, (19 in Anxiety Subscale, 15 in Depression Subscale, and 14 in Stress Subscale) and manual for ADSS. Each item is scored 1 if endorsed "Yes" and 0 if endorsed "No". Higher score indicates experiencing greater anxiety, depression and stress and vice-versa.

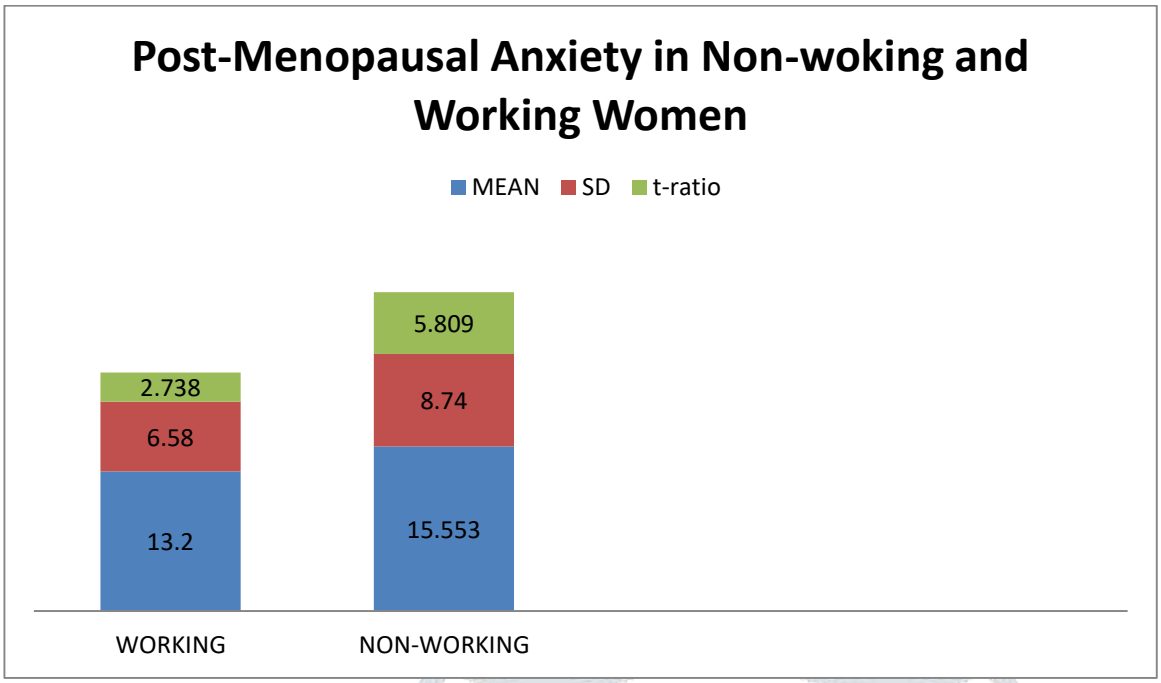
**PSYCHOLOGICAL TOOLS**

1. Demographics questionnaire: Demographic data including age, education, occupation, marital status, Psychological history, Gynaecological history, social history, Family Medical history.
2. Anxiety, Depression and Stress Scale (ADSS), this scale consists 48 items divided into three sub scale –Anxiety, Depression and Stress. This scale was administered on 11-77 age group 14 to 70 years.

RESULTS AND DISCUSSION

| Variable | Group | N | Mean | SD | t-Ratio | df | Sig |
|---|---|---|---|---|---|---|---|
| ANXIETY | WORKING WOMEN | 30 | 13.200 | 6.58 | 2.738 | 28 | .01 |
| | NON-WORKING | 30 | 15.553 | 8.74 | 5.809 | 28 | .01 |

The above table depicts the result of the t-test while comparing the post-menopausal anxiety of working and non-working women. The present study was conducted on 30 working females and 30 non-working females. The mean and standard deviation of post-menopausal anxiety in working women are 13.200 and 6.58 respectively whereas the mean and standard deviation of post-menopausal anxiety in non-working women are 15.553 and 8.74 respectively. The t-ratio is 0.01. Therefore the hypothesis stating that there is a significant difference post-menopausal anxiety in working and non-working women is accepted. It is also observed that post- menopausal anxiety is more in non-working women as




compared to working women. The high anxiety found among working women may be due to their dual work, time constraint and target achievement at work place. Low to normal anxiety found in non-working women may be due to no time pressure and no dual work. They can plan their day's activity at their own convenience and can even postpone some of the task which is non-essential.

## CONCLUSION

The aim of the study was to determine the difference of post-menopausal anxiety in working women and non-working women. The study revealed that post-menopausal anxiety is more in non-working women. There is significant difference in post-menopausal anxiety in working women and non-working women. Proper counselling session and psychotherapies should be given to the patients to enhance their life.

## IMPLICATION

1. The present study is useful in understanding the effect of various psychological variables such as anxiety, depression and stress on post-menopausal women.
2. It also conveys information regarding various difficulties of working and non-working postmenopausal women.
3. The present research will be supportive for the students working on postmenopausal anxiety.

## LIMITATION

1. In the present study only Postmenopausal non-working and working women were included. If other patients suffering from other diseases can also be included for a wider research.
2. In the present study the patients only Patna has been included. For a wider research patients could have been selected from whole the whole India or other states.
3. For a wider research other variables could also be used for expanding the research.

REFERENCES

Ahlawat, P., Singh, M. M., Garg, S., & Mala, Y. M. (2019). Prevalence of depression and its association with sociodemographic factors in postmenopausal women in an urban resettlement colony of Delhi. Journal of Mid-Life Health, 10(1), 33–36. Retrieved from https://doi.org/10.4103/jmh.JMH_66_18

Avis, N. E., Kaufert, P. A., Lock, M., McKinlay, S. M., & Vass, K. (1993). The evolution of menopausal symptoms. Bailliere's Clinical Endocrinology and Metabolism, 7(1), 17–32. Retrieved from https://doi.org/10.1016/s0950-351x(05)80268-x

Birkhäuser, M., (2002). Depression, Menopause and estrogens: Is there a correlation? Maturitas. 41 Suppl. 1, 3-8S3–S8. Retrieved from https://doi.org/10.1016/s0378-5122(02)00009-9

Dalal, P. K., & Agarwal, M. (2015). Postmenopausal syndrome. Indian Journal of Psychiatry, 57(Suppl 2), S222–S232. Retrieved from https://doi.org/10.4103/0019-5545.161483

Srivastava, S., & Dr Tanwar, D. K. C. (2011). Stress and well-being in menopausal and post-menopausal working and non-working women. Indian Journal of Applied Research, 4(8) | Issue: 8 | August, 559–563. Retrieved from https://doi.org/10.15373/2249555X/August2014/147

Tamaria, A., Bharti, R., Sharma, M., Dewan, R., Kapoor, G., Aggarwal, A., Batra, A., & Batra, A. (2013 December). Risk assessment for psychological disorders in postmenopausal women. Journal of Clinical and Diagnostic Research, 7(12), 2885–2888. Retrieved from https://doi.org/10.7860/JCDR/2013/7580.3784

ACKNOWLEDGMENTS

The author appreciates all those who participated in the study and helped to facilitate the research process.