



A STUDY ON THE NEED FOR AWARENESS ABOUT MENOPAUSE AND WAYS TO IMPROVE MENOPAUSE CARE

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Abstract:

The World Health Organization (WHO) has defined post-menopausal women as those women who have stopped menstrual bleeding one year ago or stopped having periods as a result of medical or surgical intervention. This phase of life is often discussed and disguised with lots of myths and taboos. Early recognition of symptoms proves useful to reduce discomfort and fears among the women.

Increasing life expectancy implies that women would spend 1/3rd of life in this phase. One of the studies shows that, by the end of 2015 there will be 130 million elderly women in India and by 2022 will be further magnified, necessitating a substantial amount of care.

Tolerance to menopausal symptoms vary individually. Severe symptoms compromise overall quality of life for those experiencing them. There is a case of under-reporting among Indian women due to socio-cultural factors. There is a lack of academic and medical research undertaken regarding menopause in the Indian context. This study was conducted using the Interview method as well as the Secondary - qualitative method for data collection.

The negative impact of Menopause and its symptoms on work life and quality of life among women stems from the lack of awareness as well as the absence of a menopause-friendly environment where women can seek medical help, mental health assistance and comfort. Setting up Menopause Wellness Clinics that integrate all aspects of menopausal care in the grassroot level can be vital to improving the overall health standards of the state.

Index-Terms- Menopause, Awareness, Menopause Wellness Clinic

I.INTRODUCTION

Health and Healthcare systems worldwide have been put to a great test in the past few years. To improve the effectiveness of the healthcare sector, governments, business organisations, and nations have made concerted attempts to review their healthcare policies, infrastructure, and technology. Although this is a beginning in the right direction towards socio-economic empowerment, real empowerment won't happen until long-ignored and marginalised healthcare issues are given the attention they deserve in conversations and actions. The difficulties menopausal women experience is one such problem.

Despite the fact that menopause is a normal stage of life that all women experience, few people, including health professionals and other administrative branches, are aware of it. A survey was carried out as part of a pilot project by gathering information and conducting oral interviews with several stakeholders, including menopausal women, medical experts, and legislators. The purpose of the interviews was to learn more about how responsive the existing healthcare system is to the demands of menopausal women.

The study's findings were concerning, with many severe cases going untreated since there aren't enough resources for women going through menopause. The difficulties that women confront during this stage of their life are clearly beyond the capabilities of the current healthcare system. The goal of the study is to highlight these structural flaws and offer workable remedies to the problem. By doing this, we seek to increase understanding of the difficulties menopausal women encounter and build a more welcoming and supportive healthcare system that meets the needs of all women, regardless of their age or stage of life.

II.OBJECTIVES:

- To study the need for awareness regarding menopause, its causes, symptoms and impact on women
- To suggest solutions to improve awareness about Menopause and creating a menopause-friendly environment for women

III. DATA SOURCE & METHODOLOGY

Research Methodology

To acquire a thorough grasp of the research issue, two research methods have been used in this study.

The interview approach is the first research technique used to get detailed information from participants. Through this method, participants' experiences, opinions, and views about the research issue were gathered.

Secondary research, which involves examining and synthesising already-existing data sources, is the second research strategy used in this study. To get a comprehensive understanding of the research issue and to spot trends and patterns in the data, academic literature, government publications, and media pieces were referred and studied.

IV. INTERVIEW SUBJECTS

The subjects of the interview were Junior Primary Health Inspectors.

V.INTERVIEW QUESTIONS

Awareness of women regarding post-menopausal issues

1. Are they aware that it is a matter which should be addressed as a health issue
 2. Facilities available for addressing the same
 3. General outlook of whole community towards the issue
- whether they are aware
 - their support for women / mindset towards the issue

VI. RESULT

Menopause is an issue that is silently but greatly impacting the lives of women around us each day. Every day thousands of women suffer acute depression, panic attacks, palpitations, muscle pains and many such excruciating symptoms without even knowing what the cause of such issues is. With no system in place to help them, they are expected to live a normal life while going through such abnormal amounts of pain and discomfort.

VII. DISCUSSION:

Menopause

Women, in their elderly ages, transition from their reproductive phase to a non-reproductive phase. This is mostly a physical change, the most striking feature of which is the cessation of menstruation, i.e., Menopause. **Menopause is defined as a complete stop of monthly menstrual cycles of a mid-aged woman** due to hormonal changes in ovaries and is associated with various physical, psychological, and genitourinary tract diseases.

Menopause is an inevitable and natural transition process in a woman's life, usually between the ages of 45 and 55. Hormonal changes trigger menopause symptoms that greatly vary according to the women's age, hereditary medical condition, and other relevant health and lifestyle factors.

Perimenopause is the first stage of menopause, which usually occurs around 10 years before menopause age. Menopause can be confirmed if the menstrual periods stop for more than 12 months. Menopause occurs when your ovaries stop making hormones oestrogen and progesterone. Menopause leads to the post-menopause stage.

At present, there is much controversy among the medical and health community in several areas, for example, in discussions regarding menopausal syndrome of somatic and psychological symptoms and illness, age of distribution of the menopause, treatments to the various physical and mental illnesses caused by menopause, etc. As such, research and awareness in this area is necessary for the better handling of this matter.

VIII. DEFINITION OF TERMS

The main terms and concepts regarding Menopause are defined below.

- **Menopause:** permanent cessation of menstruation resulting in loss of ovarian follicular activity.
- **Perimenopause/Climacteric Menopause:** the period immediately prior to menopause where the various features and symptoms of approaching menopause commence and at least the first year after menopause.
- **Post-menopause:** phase after the dating of menopause (although cannot be properly determined until after a period of 12 months).
- **Menstruation:** the periodic discharge of blood and mucosal tissue from the uterus, occurring approximately monthly from puberty to menopause in nonpregnant women.

IX. CAUSES OF MENOPAUSE

As discussed, Menopause is a natural process that occurs in women. The onset and the duration of this phase can vary from one female to another depending on a handful of physical, health and lifestyle factors.

The menopausal transition most often begins between ages 45 and 55 which usually lasts about seven years but can be as long as 14 years. The duration can depend on lifestyle factors such as smoking, age it begins, race and ethnicity, and so on. Some studies have demonstrated that elevated levels of stress hormones can cause gynaecological diseases such as amenorrhea or early menopause/premature menopause (menopause occurring before the age of 40).

Menopause can also happen early as a result of genetic reasons, immune system disorders, medical/surgical procedures like hysterectomy (a surgical operation to remove all or part of the uterus), iatrogenic causes (treatment of cervical cancer), etc.

During perimenopause, the body's production of oestrogen/estrogen and progesterone, two hormones made by the ovaries, varies greatly. The decline of levels of these vital hormones bring about manifolds of physical and mental changes in women.

X. SYMPTOMS OF MENOPAUSE

The commencement of menopause is often identified by the various symptoms that can be observed. The years leading up to that point, when women may have changes in their monthly cycles, hot flashes, or other symptoms, are called the menopausal transition or perimenopause.

The menopausal transition affects each woman uniquely. The body begins to use energy differently, fat cells change, leading to weight gain. You may experience changes in your heart or bone health, your body shape and composition, or your physical function. These symptoms can be Physical as well as Psychological in nature.

Physical Symptoms

Menopause is a period of great physical transformation in females and this is reflected in a variety of symptoms in the bodily functions and overall physical wellbeing. The major physical symptoms are discussed below.

- Absence of periods/menstruation - the period of menopause is strikingly identified by the cessation of periods for over 12 months.
- Vasomotor symptoms (VMS) like hot flashes are the most observed symptoms during menopause. Heart palpitations, night sweats, chills, etc. are also frequent occurrences.
- Bone-related ailments like Osteoporosis, which is characterised by a decrease in bone mass resulting in fractures involving the spine, hip, humerus, and forearm, are common during menopause. Vertebral deformities are asymptomatic and may result in decreased lung capacity, gastrointestinal symptoms, and impaired balance. Arthritic disorders, joint and muscle pains are usual.
- Women can suffer from vaginal dryness during this period and as a result can experience discomfort during sex.
- While referring to menopausal issues, dental issues are not usually noticed. The underlying relation between clinical causes, i.e., the absence of hormones due to menopause and the presence of chronic periodontitis has been studied recently.
- Other symptoms like insomnia, weight gain, memory loss, hair loss, headache, are also common.

Psychological Symptoms

The hormonal decline that is a significant characteristic of this change also affects the female psyche. In addition to this, the sociocultural significance of reproduction, menstrual cycles and menopause can also factor in on the emotional being, making this an emotionally turbulent phase as well. A few psychological symptoms are listed below.

- Anger and irritability.
- Anxiety.
- Forgetfulness.
- Loss of self-esteem.
- Loss of confidence.
- Low mood and feelings of sadness or depression.
- Poor concentration – often described as 'brain fog' and/or lost words.

Post-menopausal Syndrome

Due to increasing life expectancy, a major part of the menstrual women population has post-menopausal syndrome. In the postmenopausal stage health concerns take the form of urogenital, Atrophic changes, osteoporosis, dementia, heart disorders, and Alzheimer's disease. The treatment schedule includes hormone replacement therapy which has side effects like breast cancer, endometrial cancer, and abnormal genital bleeding, liver or gallbladder disease. The perimenopause symptoms can sometimes linger into the post-menopause stage. Psychological effects of anxiety and depression can also be seen.

XI. MENOPAUSE & WORK LIFE

Menopause leaves working females in a difficult situation as well. The age of 40-55 is close to retirement in most job term structures around the world. This implies that these are the years various promotions, higher roles, status and job portfolios are made available to a working person. In this imperfect world, being a woman in work comes with its own set of challenges, one of them being the difficulty to move upwards in the hierarchy of their occupation.

A promotion would imply more presence in the endeavour as well as leadership opportunities and responsibilities. As a woman in this role, she would be placed under strict scrutiny and this demands utmost dedication in the workplace. Menopause can hinder her chances to dwell in work. Physical ailments would affect her presence and availability in the firm which would be dubbed as irresponsibility. The hormonal imbalances can bring about behavioural changes in her, complicating her workplace relations with colleagues, subordinates and superiors. The psychological effects of menopause can leave her in a tormented state of mind, thus extracting a heavy toll on these laborious days.

In the case of blue-collar workers or low level white-collar workers, who would be working to support their families, the effects of menopause can be even more complicated, especially if these jobs require physical exertion. Adding to the frustration of social and economic mobility, this newly developed physical/mental turmoil can break a person.

All this points to the necessity for awareness of menopause in the workplace. The availability of a support structure to women at work would be a step in the right direction. Such a support structure could include secured leave of absence to miss work days in case of extreme discomfort, help of health service personnel as well as therapists. A simple acknowledgement of this eventuality from co-workers can go a long way.

XII. MENOPAUSE & QUALITY OF LIFE

Quality of life (QOL) can be defined as the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events. It can refer to the life experiences of a person and/or the living conditions available to them. This creates a certain ambiguity to this concept, rendering it a highly subjective parameter as well. However, there are many methods of measurement devised in order to determine quality of life.

Most widely accepted measurements of Quality of life include several dimensions of Health as a major determining factor. From the earliest calculations of this parameter to the more comprehensive ones, health can be considered a good measure of quality of life and as such, health issues and health awareness plays an important role in determining quality of life, as well as improving it.

Quality of life is a multidimensional health concept. Women experiencing menopausal symptoms reported significantly lower levels of Health-Related QoL and significantly higher work impairment, and healthcare utilisation than women without menopausal symptoms. Depression, anxiety, and joint stiffness were symptoms with the strongest associations with health outcomes.

Menopause is negatively affecting the quality of life. For example, Married women undergoing menopause may experience changes in marital relations. Unmarried women experienced significantly more depression than married women due to reasons like absence of social support, loneliness, and lack of self-esteem.

Social background may aggravate the symptoms. The sociocultural significance of menopause brings a variety of factors to relevance. These factors include:

- The social significance of menstruation and escape from the stigma of menstruation that follows menopause in some cultures
- The social significance of childlessness
- The social status of postmenopausal woman
- Attitudes of husbands to their postmenopausal wives
- The level of socioeconomic deprivation experienced at the time
- The degree of change in a woman's role at this time and the availability of new roles
- The availability of medical help for perimenopausal problems.

Menopause is associated with deteriorating QOL and it can be improved by early recognition.

XIII. NEED FOR AWARENESS

Menopause is one of the most important reproductive health issues of women. Because of rising life expectancy, women spend 1/3rd of life in this phase and by the year 2030, the global population of menopausal women is expected to include 1.2 billion people. One of the studies shows that, by the end of 2015 there will be 130 million elderly women in India and by 2022 will be further magnified, necessitating a substantial amount of care. As such, it calls for a proactive effort in spreading awareness as well as establishing support systems.

- In the Indian scenario, priority is needed in menopausal health. Most of them lack awareness and do not give adequate attention to these menopausal symptoms.
- Lack of health literacy is a striking feature of India's populace, especially among the rural and urban poor. This often leads to health complications, even health hazards. Prime importance is to be given to educating the masses about menopause, its symptoms, identification and treatment.
- Need for specialist care when it comes to menopause is another reason why there has to be discussions and actions in the health community regarding this subject.

- India being a multicultural society, it is vital to be cautious while navigating topics like this. There are various belief systems in place that are interwoven with women's bodily functions of reproduction and menstrual cycle, which makes menopause a sensitive topic of discussion. Those who adhere to these systems are the most susceptible to misinformation and misguided actions which can be the least useful or worse.
- The taboo around sex, sexuality and the female body is transferred to menopause by default. There is stigma related to menstrual cycles and menopause which need to be eradicated. The first step towards handling this with grace, is to open up for conversations.
- Patriarchal society makes it harder to provide for female ailments physically as well as mentally. This makes menopause awareness necessary.
- Ignorance towards mental health problems and the lack of confidence in therapy can affect people's view of treating psychological symptoms of menopause. It is about time this utter disregard for mental health is stopped.
- Awareness campaigns should lead to more research in this area, in order to improve our grasp of this process in the Indian setting.
- Awareness in the workplace is important to support women in their harsh times.
- Family should be the primary source of support during this complicated period and family should be well aware of the nuances of menopause.

XIV. SUGGESTIONS

Improving awareness about Menopause and creating a menopause-friendly environment for women is clearly a need of the hour. Here are a few suggestions that can be considered.

- Awareness campaigns could start from the grassroot level under the leadership of local self-government bodies. Spreading awareness could be done through holding workshops, demonstrations, health camps and door to door campaigns. Kudumbasree can be an efficient outlet to make this happen.
- Adaptation of the workplace to a menopause-friendly space is a necessary step and government offices as well as private firms must take initiative towards this. Offices can set up provisions for availing leave of absence during days of extreme symptoms. They can provide support within the office walls for working women.
- Promoting medical research in this area is vital to further understanding this phenomenon and adapt treatment methods to the Indian setting.
- Action on Menopause is a step towards empowering women and the various feminist and activist organisations can come together and work towards this noble cause.

Menopause Wellness Clinic

Menopause Wellness Clinic is an idea to bring together the various support structures that will help a woman navigate menopause effectively. It could include the following.

- Gynaecologist, the medical professional with expertise on female reproductive organs who can help identify the symptoms of menopause and suggest the right medication and strategy for treating the physical casualties of menopause. Gynaecologists can prescribe medications for hormonal therapy that will be required to balance the decline of hormone levels during menopause.
- Counsellor, the professional in mental health who can arrange for therapy sessions and help the woman through her mental and psychological turmoil during menopause. A notable strategy is Cognitive Behavioural Therapy, which is a brief, non-medical approach that can be helpful for a range of health problems, including anxiety and stress, depressed mood, hot flushes and night sweats, sleep problems and fatigue. CBT helps people to develop practical ways of managing problems and provides new coping skills and useful strategies. For this reason, it can be a helpful approach to try because the skills can be applied to different problems, and can improve wellbeing in general.
- Yoga can help in focusing and gaining control over one's body and mind. Ayurvedic remedies for troubles of menopause are also worth considering.

Currently in the field of menopause care gynaecological help is only available at Taluk level and above. Counselling and mental health treatments are seldom made available for women suffering from menopausal symptoms. Menopause Wellness Clinics can integrate all aspects of menopause care.

XV. LIMITATIONS TO THE STUDY

The process of research undertaken for this paper presentation is not devoid of limitations. The following are the major limitations to this study.

- The lack of advanced medical and scholastic research in the topics related to menstruation and menopause in the Indian context proved to be a hurdle. Menstruation and menopause both being taboo among several sections of the society discourage any sort of conversations and discussions on these subjects and as a result, reduces the amount of available studies that could be referred to in the preparation of this paper. The author had to extensively refer to studies outside India that were accessible and then draw up valuable inferences to tackle queries characteristic to the Indian scenario.
- The study suffers from time constraints. Menopause, being a complex physical-psychological-emotional phenomenon, requires extensive research and great attention to detail in order to provide deeper insights.
- The study also suffers from bias of the researchers and authors of the material referred to in the preparation of this paper. A plausible way to tackle this is to conduct primary quantitative research in the subject area but such an effort is currently not feasible to the scope of this endeavour.

→ Finally, this study is limited to its author's personal bias. However, special care has been given to eradicate any such biased discrepancies with a dedicated try to uphold objectivity.

XVI. CONCLUSION

Establishing a system to deal with the menopausal issue might be really beneficial. By raising awareness about menopause, we can assist women handle the physical and mental difficulties that come along with this normal stage of life and achieve early symptom identification. In turn, this can support women in leading pain- and discomfort-free lives.

However, grassroots empowerment in the field of health must be achieved through a bottom-up strategy. Local self-government organisations provide the ideal setting for taking this kind of action. LSGs can start a new wave of acknowledgment and adequate handling of menopause concerns by launching awareness campaigns about menopause and opening menopause clinics and support centres. Through such initiatives, everyone can benefit from health empowerment.

Healthcare policy must prioritise fostering menopause-friendly values in every home and workplace. It is crucial to build an atmosphere that supports the health and well-being of women going through menopause, and local self-government organisations might serve as access points to such efforts. This can be accomplished by offering training and assistance to medical professionals, as well as by raising public awareness of the significance of menopausal treatment. By doing this, we can develop a healthcare system that is more welcoming and helpful that meets the needs of all women, regardless of their age or stage of life.

In conclusion, the development of menopausal clinics and support facilities can significantly contribute to the development of a more supportive and inclusive healthcare system that meets the requirements of women experiencing menopause. We can empower women to live a healthy and satisfying life by spreading information about menopause, offering support, and enlisting local self-government authorities in menopause management initiatives. Menopause-related concerns need to be prioritised in healthcare conversations and legislation in order to build a more just and equitable healthcare system that meets the needs of everyone, regardless of gender or age.

XVII. FINDINGS

1. In the Indian scenario, the awareness among women regarding menopause, its various symptoms, physical and mental effects and the need to take care of themselves is exponentially low.
2. Social stigma and taboo around sexual topics transfer to menstruation and menopause, leaving important discussions and actions to be insignificant or non-existent.
3. Menopause affects the working woman in their professional as well as their personal life. It hinders their progress and flourishing in the workplace as well as causes physical and mental distress at home.
4. Menopause is associated with deteriorating Quality of Life as health is a major factor in calculating QoL and health issues can significantly bring down the value of QoL.
5. The workplace has to be more accommodative of menopausal women, making sure their physical and mental needs are met, giving special care to making the workplace menopause-friendly.
6. Health institutions at the Primary level can ensure adequate facilities are provided to women of the country to assist them during the turbulent times of menopause. This includes awareness campaigns, personal healthcare workshops, access to medications, therapy, etc.
7. Menopause Wellness Clinics are innovative spaces that combine efforts of medical professionals, psychologists, personal trainers, etc. to proactively provide care for women during menopause.

XVIII. REFERENCES

- [1] Smitha K.C. (2022), A Systematic Review Of Menopause Symptoms And Available Treatments - International Journal of Creative Research Thoughts - Volume 10, Issue 6, June 2022
- [2] WHO (1981), Research on Menopause - Report of a WHO Scientific Group, World Health Organisation - Technical Report Series 670
- [3] Bharti, J And Choudhary P. (2021), Menopause- Transition Journey In A Woman's Life From Being Fertile To Infertile: A Brief Note. EPRA International Journal Of Research And Development, 6(9)
- [4] Harsimran K And Patil R K, Mandeep M And Patil H C. (2020), A Survey On Osteoporosis In Postmenopausal Women In Bathinda Region. International Journal Of Research And Analytical Reviews, 7(1).
- [5] Menon, S., & Pandey, A. K.(2021), A Comparative Study On Physical Component Summary And Mental Component Summary Of Peri-Menopausal And Postmenopausal Women. International Journal Of Yoga, Physiotherapy And Physical Education, 6(2),
- [6] Kulkarni, P. N (2021), Review Of Useful Panchakarma Modalities For Psychological Problems In Menopausal Syndrome. International Journal Of Innovative Science And Research Technology, 6(9),
- [7] Maharrshi, A., Gahlot, N., Kumar, U., & Paliwal, A. (2022), Menopause Related Quality Of Life Among Females Of Rural Field Practice Area Of A Tertiary Care Centre In Jaipur. European Journal Of Molecular & Clinical Medicine, 9(02)
- [8] Arunajyothi Bhole (2019), A Study To Assess The Knowledge Regarding Psychological Wellbeing Among The Menopausal Women In Villupuram, Journal For Innovative Development in Pharmaceutical and Technical Science (JIDPTS) - Volume:2, Issue:12, December:2019
- [9] Jennifer Whiteley, Marco daCosta DiBonaventura, Jan-Samuel Wagner, Jose Alvir, and Sonali Shah (2012), The Impact of Menopausal Symptoms on Quality of Life, Productivity, and Economic Outcomes - J Womens Health (Larchmt). 2013 Nov; 22(11)

- [10] National Institute on Aging, NIH, US Dept of HHS (2021), What Is Menopause? (<https://www.nia.nih.gov/health/what-menopause#:~:text=Menopause%20is%20a%20point%20in,between%20ages%2045%20and%2055.>)
- [11] Office on Women's Health, US Dept. of HHS (2021), Menopause - Menopause basics (<https://www.womenshealth.gov/menopause>)
- [12] Mayo Clinic (2020), Menopause
- a. (<https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397>)

