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A study assess the menopausal sign & symptoms, coping strategies & experiences of women who have attained menopause in selected areas of Pune city

Jyoti Sandip Pathak and Supriya Pottal-Ray

Abstract

Purpose: To explore the experiences of women who have attained menopause.

Introduction: Middle age is one of the turning points in one's life as it brings along many changes. It roughly starts in the early 40s, when for most of the people; it is the best period in their life when their achievement is at the highest point. But at the same time they may undergo changes i.e physiological reproductive & psychological changes¹. While providing care to these clients, there were many areas to be explored, hence the present qualitative study titled as "A study to assess the menopausal sign & symptoms, coping strategies & experiences of women who have attained menopause in selected areas of Pune city," was undertaken. The aim of the study was to explore the experiences of women who have attained menopause in selected areas of Pune city.

Material & method: A qualitative research study was conducted & non probability purposive sampling method was used. The 15 menopausal women was included in the study. The case study method were used as research strategy to collect data. The semi structured tool consisted of two sections i.e demographic variables & 6 open ended questioner, under the signs & symptoms, coping strategies & experiences of women who have attained menopause. Face to face interview was conducted with making field note during the interview. The data analysed by content analysis i.e coding data, multiple codes, theme & sub theme categorized.

Result: The analysis resulted in the emergence of 7 interrelated themes and sub themes in the study such as menopausal experience, natural process, distress related to menopausal change, coping strategies, support system, cultural belief & apprehension.

Conclusion: The findings of the study revealed that significantly contributes towards the awareness and menopause education programme should incorporated under national programme of the reproductive health.

Keywords: Menopausal sign & symptoms, coping strategies & experiences of women who have attained menopause

Introduction

Methodology

Research approach

In this study the researcher used a "qualitative approach" to explore the experiences of women who had attained menopause. Also a qualitative approach was found to be appropriate to assess the menopausal sign & symptoms, to identify the coping strategies & to explore the experiences of women who have attained menopause in selected areas of Pune city.

Research methodology

In order to achieve desire objectives of the study, qualitative phenomenological research study was conducted & non probability purposive sampling method was used. In this present study, the sample consisted of 15 women who had attained physiological menopause. Researcher has selected 15 respondents after data satisfactory to obtain required primary data. The sample selection inclusion criteria for the study was,

- Women above age group of 45-60 yrs.
- Women who have attained physiological menopause over 1year

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Exclusion criteria

Women with critically ill

After obtaining administrative approval and written consent from the participants, tool was administered for data collection. Data collection was accomplished by using tool comprised of

Section I: It included demographic variables such as age, religion, education, marital status, No. of children. Age of menarche, age of menopause, Information regarding menopause.

Section II: It consisted of 06 semi structured open ended question regarding assessment of sign & symptoms, identifying coping strategies & experiences of menopausal women.

The case study method were used as research strategy to collect data. The semi structured tool consisted of two sections i.e demographic variables & 6 open ended questioner, under the signs & symptoms, coping strategies & experiences of women who have attained menopause. Face to face interview was conducted with making field note during the interview. The data analysed by content analysis i.e coding data, multiple codes, theme & sub theme categorized. The case study method used as research strategy to collect the data. The researcher conducted face to face Interview with making field notes as techniques of data collection. The researcher used a semi structured open ended questionnaire as a tool for data collection.

Interview Guide

The researcher used semi structured interview method. The researcher used demographic questions along with open ended questions to gather the data from the respondent. All the interviews were conducted at the participant’s home. The duration of the interview and the number of questions

varied from the participant to the other. Duration of the interview was 45-60 min for each participant. The participant required two or three interview sessions. Field notes were taken immediately during the each interview session. Field notes included all the needed data & included participants body language their emotional expression and important factors code by them. Researcher were conducted Interview in 4 phases i.e initiation phase, orientation phase, substantive phase, closure / termination.

Procedure for data collection

- Ethical committee clearance
- Permission from the authorities of the areas
- Data collection plan in terms of data collection method, time, place, person.
- Prior permission taken from the corporate, local leader
- Prior to data collection informed written consent taken from participants.
- Purpose of the study explained to the participants.

Data Analysis

Content analysis was used to analyse the data which was gathered from personal interviews. According to Moore & McCabe (2005), this is the type of research where by data gathered is categorized in themes and sub-themes, so as to be able to be comparable. A main advantage of content analysis is that it helps in data collected being reduced and simplified, while at the same time producing results that may then measured using quantitative techniques. Moreover, content analysis gives the ability to researchers to structure the qualitative data collected in a way that satisfies the accomplishment of research objectives.

**In this study the data analysis done as follows
Analysis of the Data**

Table 1: Overview of the analysis process.

Step –I Transcription	Verbatim transcription of the content of each individual interview based on filed notes was done. Verbatim was translated from Marathi to English
Step-II Reading and reading	Immersion in the data, reading and reading of transcript several time was done to understand the content of interview
Step-III Initial noting	Identified specific ways participant talked about the phenomenon. An unstructured commentary was done. Identified the meaning units from the whole content.
Step –IV Developing codes	Based on step –III Reducing volume of data but capturing complexity. Codes were identified as per the meaning units.
Step-V Searching for connection across emergent themes	Mapping how the code appear to fit together and related to research questions. Grouping codes together to develop super-ordinate theme
Step- VI Moving to the next case	Move the next case, try to set aside (bracket) assumption and knowledge of the previous text.
Step –VII Looking for pattern across cases	Connection between/across interviews, of most potent/consistent themes, identify, individual and shared meanings.

Validity

The tool was given to 33 expert for seeking opinion on questions formed. The changes and views were incorporated with the conscience guide.

Reliability

According to Polit *et al* (2001:314). This involves giving feedback regarding preliminary findings and interpretation to participants and securing their reaction. Data of the people under study was checked throughout the interview. This was achieved by the researcher’s summary, paraphrasing or repeating the participants’ words. The

researcher asked the participants whether the interpretation was a true or fair reflection of their perspective. In this study this was carried out after interpreting and. analysis of the data gathered during the interview.

Peer Review

According to Lincoln and Guba (1985:161) peer review means involving some colleagues who are competent in qualitative research procedures to re-analyse the raw data, listen to the researcher’s concern and discuss them. In this study, the researcher enlisted the help of the research guide & statistician to reanalyse the data.

Result

Objectives of the Study

1. To explore the experience of women who have attained menopause
2. To assess the menopausal sign & symptoms of women who have attained menopause
3. To identify the coping strategies of women who have attained menopause

Major Findings

Table 2: Section I: Demographic Variables, N= 15

Demographic Variables	Frequency	Percentage
1. Age		
a) 45-50 years	8	53
b) 51-55 years	6	40
c) 56-60 years	1	7
2. Religion		
a) Hindu	13	87
b) Muslims	2	13
c) Christian	-	-
d) Other	-	-
3. Education		
a) Primary	12	80
b) Secondary	2	13
c) Higher secondary	-	-
d) Graduate	1	7
e) Illiterate	-	-
4. Marital Status		
a) Married	13	87
b) Unmarried	-	-
c) Widow	2	13
d) Divorced	-	-
5. No. of Children		
a) 0-2	4	27
b) 3-5	11	73
6. Age of menarche		
a) 13-14 years	11	73
b) 15-16 years	4	27
7. Age of Menopause		
a) 45-47 years	11	73
b) 48-50 years	4	27
8. Information regarding menopause: Yes / No If yes, from where?	Yes-15	100
a) Health team member	02	13
b) Media	-	-
c) Friends	9	60
d) Family members	4	27

The above table shows that all 15 respondent were from the age group of 45-60 years. Out of 15 participants, 8(53.33%) were in the age group of 45-50 years, 6(40%) participant age was between 51-55 years, 1 (6.6%) participant was between 56-60 group of age. 13 participants belonged to Hindu religion & 2 followed Muslims religion. 12 participant had primary education, 2 participant was secondary education, 1 participant was graduate. 13 participant were married and 2 were widows. 11 participants had children's between 3-5, 4 participant had children's between 0-3.11 participants attained menarche between 13-14 years of age & 4 participant attained menarche between 15-16 years of age.11 participant attained menopause between 45-47 years of age & 4 participant attained menopause between 48-50 years of age. All 15 participant had information regarding menopause. 9 participants receive

information from friends and 02 received from health team member & 04 participant received information from family member.

Table 3: Overarching themes identified with their related sub themes, N=15

	Theme	Subtheme
1	Menopausal experience	1.1 Optimism (positive reaction towards menopause) 1.2 Negative (negative experience towards menopause)
2	Natural process	2.1 Developmental Phase
3	Distress related to menopausal change	3.1 Physical sign & symptoms 3.2 Reproductive tract sing & symptoms 3.3 Psychological sign & symptoms
4	Coping strategies	4.1 Psychological (Confident & hope) 4.2 Relief from minor ailments 4.3 Associated medical ailments 4.4 Hormone therapy 4.5 Spiritual 4.6 Life style changes
5	Support system	5.1 Family 5.2 Friends 5.3 Health team members
6	Apprehension	6.1 Sexual 6.2 Need for accurate information
7	Cultural belief	7.1 Abstinence from rituals

Theme 1: Menopausal Experience

This is the central or core theme of the study. It was observed that, all other theme and sub theme leads to the women response toward the menopause experience. The sub themes were category into positive experience towards menopause & the negative experience toward the menopause. Out of 15 participants 11 (73%) women had negative response towards menopause as they were troubled with menopausal changes& 4 (27%) women were had positive response toward their menopause. Sub themes as Optimism (positive reaction towards menopause) & Negative (negative experience towards menopause) were coded.

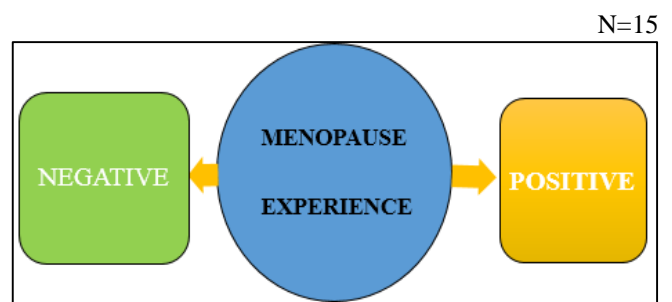


Fig 2: Theme 1: menopaual experiences

Sub theme 1.1: optimism (positive reaction towards menopause)

4 (27%) participants experienced positive reaction towards menopause as they said, they didn't required any hospital treatment for their menopausal complaints, able to cope up with menopausal changes, no monthly tension about menses, no worry about changing pads, free to travel any where & can participant in family function.

❖ The participant said that, "Feels Very happy, (*Khhup anandi vaatate*),! Permanently I stopped my menses.

(Mazi Menstrual cycle Kayamchi band zale) I didn't trouble so much as other women suffers..... Menopause didn't affect on my routine life. *(Routin life var kahi effect zala nahi)*..... When I got irregular mensuration with heavy bleeding I scared about my menses but within 11/2 year I stooped my menses.....some menopausal symptoms occurred me, but Smoothly I coped up with these symptoms.....I didn't required any treatment for my menopausal complaints. *(Mala Menstrual cycle stop zahlya mule Kontyahi complaints sathi treatment chi garaj bhasali nahi)*”

Sub Theme 1.2: Negative (Negative Experience towards Menopause)

The 11 participant reported that negative experience toward menopause as menopause affected their routine life, not abled to take rest, lots of trouble, badly affected with

menopausal health issues & complaints of menopausal sign & symptoms, I tired for hospital investigation & treatment, medication not able to cope up with menopausal signs & symptoms.

❖ The participant reported, “Menopause affected on my routine life! *(Menopause mule mazya daily routine life var parinam zala)*! I am not able to perform my daily activity as compare to previously..... I am not able to cope up with my menopause as it has started many health issues *(Aarogyachya tavrari suru zalya)*..... Many time, I went to the hospital.....I fade up with hospital investigation, various procedure (vaginal examination) & medication.....*(Hospital mule vaitag ala ahe)*.....My figure changed. I look like old lady.....*(Mi vayaskar Disate)*.....”

Theme 2: Natural Process:

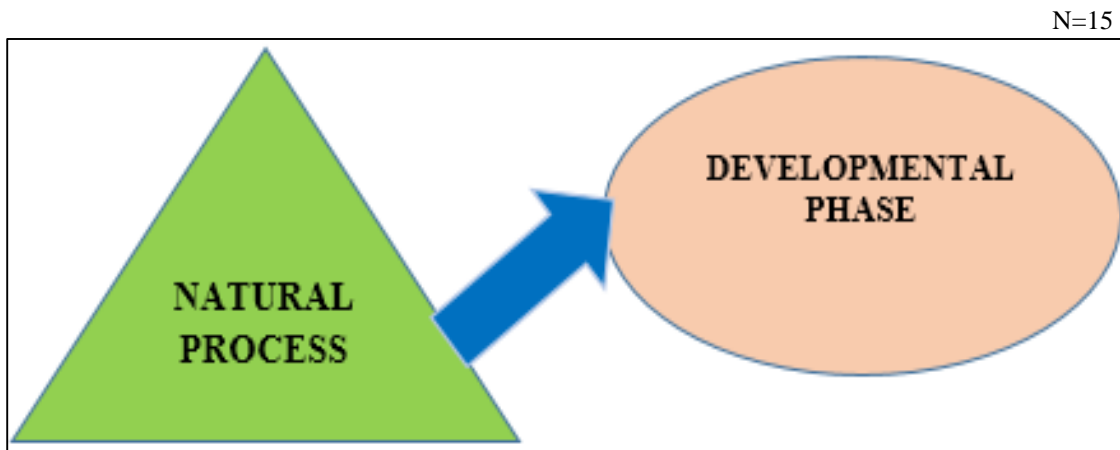


Fig 3: Theme 2: Natural Process

The 8 (53%) women said that the menopause is the natural process & it occurs due to aging process. Sub them as developmental process.

Sub theme 2.1: Developmental phase

The 8 (53%) participant said that menopause is natural process of aging, sign of ageing, indicator of old age, Some participant said that menopause occurs after later age of 45 years, some women were said that it occurs between age of 40-45 years, other said that it occurs in a age group 45-50 years.

❖ The participant said that, “Menopause is part of women life,*(Baichya Life madhala Bhaag aah)*.....Menopause occurs due to ageing process of life*(Vadhatya age mule)*...As life starts with birth & ends with death.....same as in every women life menstrual occurs and it ends in a menopause.....many women had menopause after 45 years.....Naturally I had menopause at 48 years *(Mala naisargic ritya pali stop*

zali).....I tolerated the problems regarding my irregular menstrual cycle for more than 1 year.....With out any intervention naturally I had menopause...”

❖ The another participant also said that, “Menopause occurs in women due to age growing process *(wadhatya age mule)*...We can not stop menopause....In particular age group it occursMostly after 45 years of women age....I got menopause at 48 years of my age..... According to me menopause indicates that you become older *(Tumhi Vayaskar hoot ahat)* now.....”

Theme 3: Distress Related To Menopausal Change

All the 15 post menopausal women were reported similar one or more sign & symptoms during their menopausal transition. These sign& symptoms were categorized under subtheme as the physical, reproductive & psychological sign & symptoms.

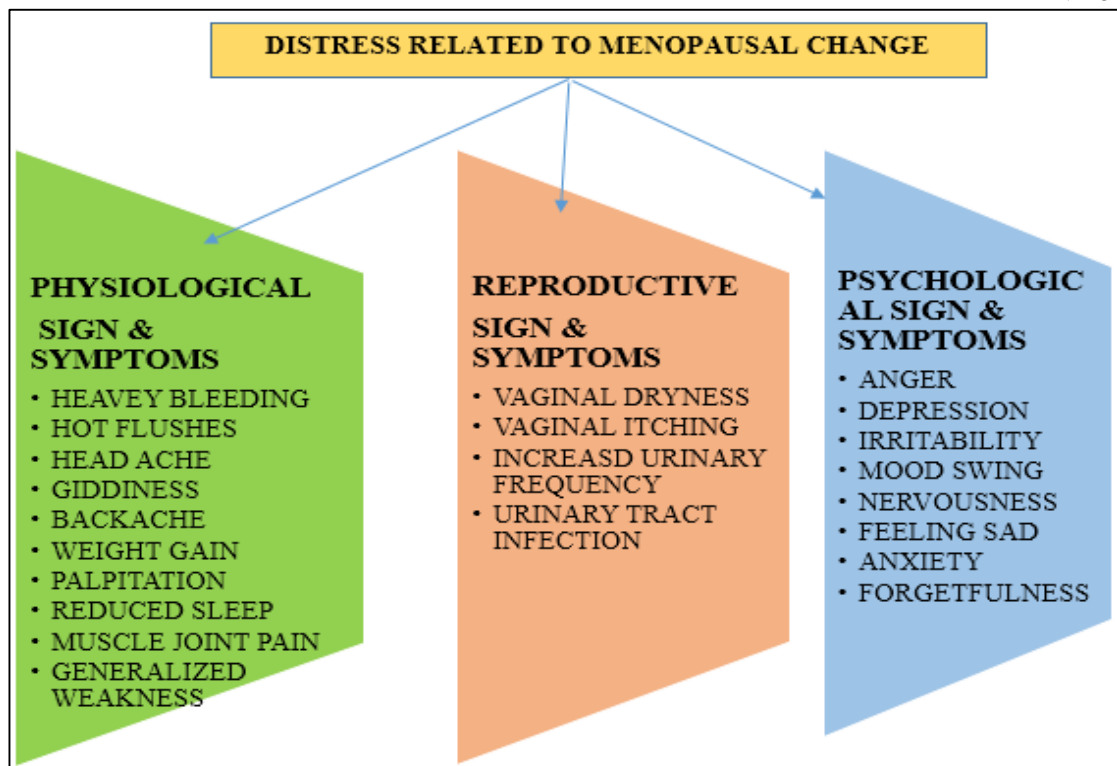


Fig 4: Theme 3: Distress Related To Menopausal Change.

Sub Theme 3.1: Physical Sign & Symptoms

15 (100%) participant reported heavy bleeding, hot flushes, palpitation, night sweating, weight gain, hair fall problems, muscle & joint pain with generalized weakness, back ache, sleep disturbance.

The participant reported that, "I started with irregular menses with excessive bleeding....I had my periods every 15 day. I suffered with back ache, joint pain, even felt generalized weakness.....I have a difficulty in sleep... Many time I felt that heat stroke in my body....I use get increased my heart beats....I am not abled to perform my activity.....my diet was normal still suddenly I gained weight 5 kilo in a one month....I use to get headache....."

The participant said, ".....I am not abled to concentrate my work.....I have difficulty to sleep.....Suddenly I get heart palpitation with sweating....."

- ❖ The participant told that, "As I stopped my menses last 4 years, many health issues aroused.... I started with heavy abnormal menstrual cycle frequently I needed to change the padit comes every 3-4 months. I had back ache, muscle pain..... Due to increase in my weight. I unable to walk properly as I have complaints back ache, muscle & joint pain. I am not able to do work properly due to pain..... Suddenly I feels heat stroke in the body (*achanak ushnateche wadal yayache*).....I feels restless & excessive sweating.....My heart beats runs fast.....It happens in a day or night time also. But mostly in a night time I experienced my body increased temp...."

Sub Theme: 3.2: Reproductive Tract Signs & Symptoms

4(26.66%) participant reported, they have reproductive & genito urinary complaints as increase urinary frequency, unable to control on bladder, vaginal dryness, vaginal itching.

- ❖ I avoid to travel outside as I have increase urinary frequency.... Sometime feels dry in vagina & itching since last 1 month.....6 month back I had infection in the urine.....I treated with antibiotics for 7 days....."
- ❖I have increased with urinary frequency. Sometime every ½ hrly I feel urge to void it. Also have feel dry vagina & itching....."
- ❖ Another participant also reported same that, "I am not having control on my bladder....I feel to void urgently....It is not happen before it.....I think my vagina become dry, sometime feeling of itching also...."

Sub Theme 3.3: Psychological Sign & Symptoms

9 (60%) participant reported similar psychological sign & symptoms as anger, irritable, mood swing, fear, nervous, sadness, loneliness, depressive, poor concentrate & forgetfulness.

- ❖ The participant said, "....I experience my mood swings. I was too clam & quite. Now, I am very sensitive. I don't have control on my emotions. Suddenly I get irritate & loose my temper. I use to shout on my family members. They think that, I torcher them. Sometimes I didn't feel to talk any one. I feel anxiety that nobody understand me. All are taking care of me but still I feel lonely & depressive.

Theme 4: Coping Strategies

15 (100%) participant reported that they used different coping strategies to reduce anxiety & stress. Sub them as Psychological (Confident & hope), Relief from minor ailments, associated medical ailments, Hormone therapy, Emotional, Spiritual, Life style changes.

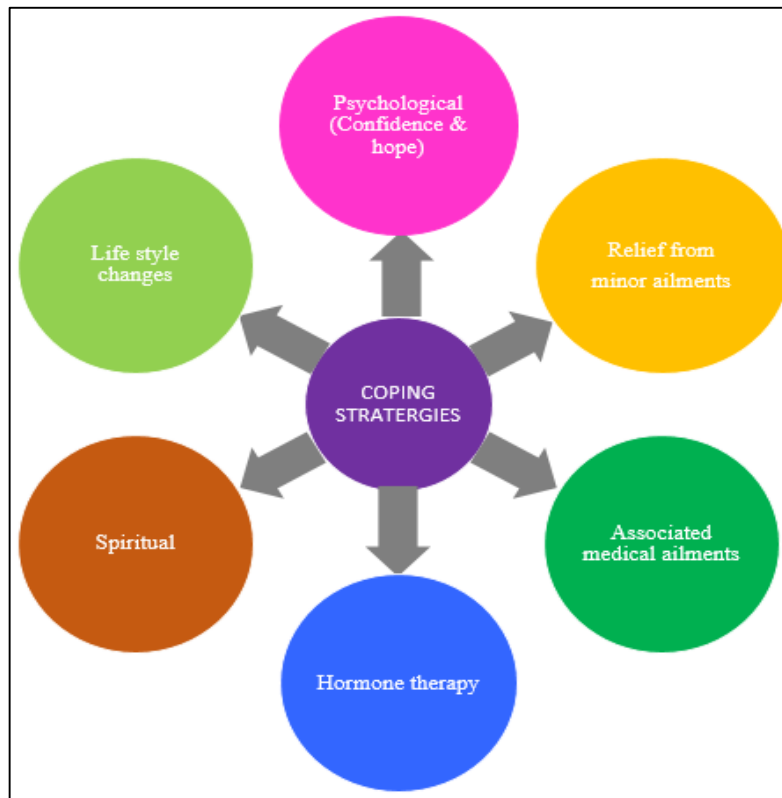


Fig 5: Coping Strategies

Sub Theme 4.1: Psychological (Confidence & Hope)

07 (47%) women were aware about menopause and its changes. They were prepared psychologically to accept these changes as part of life, change in a positive way, aware that menopause is due ageing process.

❖ The participant said that, “However Menopause is part of women life.....She has to face this phase of changing life.....I aware (*Mala mahit hote*) that many health complaints arises during this phase. I accepted that I also has to under go this phase. I bared my self (*Mi sahan kele*).I never went to the hospital related my menstrual irregualation, heavy bleeding & other complaints which I have faced.....

❖ The participant also said that, “....Stooping menses permanently is sign of ageing.....I aware that as my age increases definitely change will occur in my body. I heard that from other women, they had their menopause mostly after 45 years, they were faced many complaints like heavy bleeding, weight gain, hair loss ect. So I prepared myself as these are the part of life changes.....I never went to the hospital during my menstrual transient”

Sub Theme 4.2: Relief From Minor Ailments:

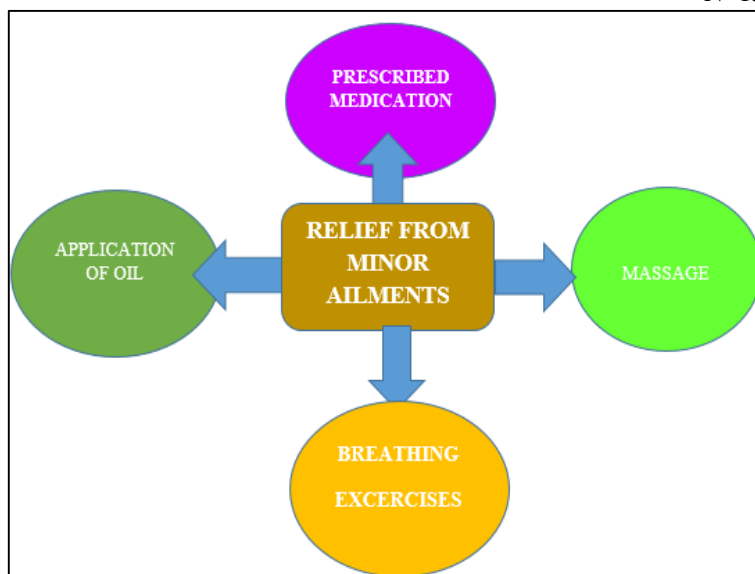


Fig 6: Sub Theme 2.2: Relief From Minor Ailments

7 (47%) participant were reported for to treat minor elements, they are using prescribed medication, massage, and breathing exercises & application of oil.

- ❖ The participant reported that “..... As I had menopause, I started my health issues like pain, headache, and weakness very frequently..... I always goes to the hospital & takes prescribed medications.....It reduces my pain & feel better..... ”
- ❖ The participant reported that “.....Last 6 month back I had sever back ache & joint pain, I took message with oil for joint pain at home only. My friend was suggested for this massage to get relief from pain. One experienced lady comes daily to my home for message she knows how to give message& learned from her.... After massaging I relief from pain for some days.....Sometime I use to do massage myself...”
- ❖ The participant reported that “...I use to get restless, palpitation, excessive sweating for few seconds to few 15-20 minutes. During this time, I feels that I will died now that much heart palpitated...For these I use to take mostly fresh air deep breath (*Mokali fresh hawaa ghe*

ani fan jorat lavte) & putting fan on high speed as much possible... I use get relief from head ache by simple head message with coconut oil & also it using to control on hair loss. Now I am using simple coconut oil daily, but hair loss is there...”

- ❖ The participant said, “When I get my heart beats too fast....I scared to die....Suddenly I feel my body heated....I feel better after excessive sweating.....that time use to open the windows & take deep breath with fresh open air..... During abnormal menstrual cycle I started complaints hair fall. Preciously I didn’t have the complaints of hair fall.... I just ignored my complaint. I didn’t take any treatment for the same. I completely loss my hair within a year, so I started to use wig...”

Sub Theme 4.3: Associated Medical Ailments:

3 (20%) participant reported that they was admitted for abnormal bleeding & has underwent diagnostic investigations to rule out the cause of abnormal bleeding, treatment for low haemoglobin level, hypertension after their menopause.

N=15

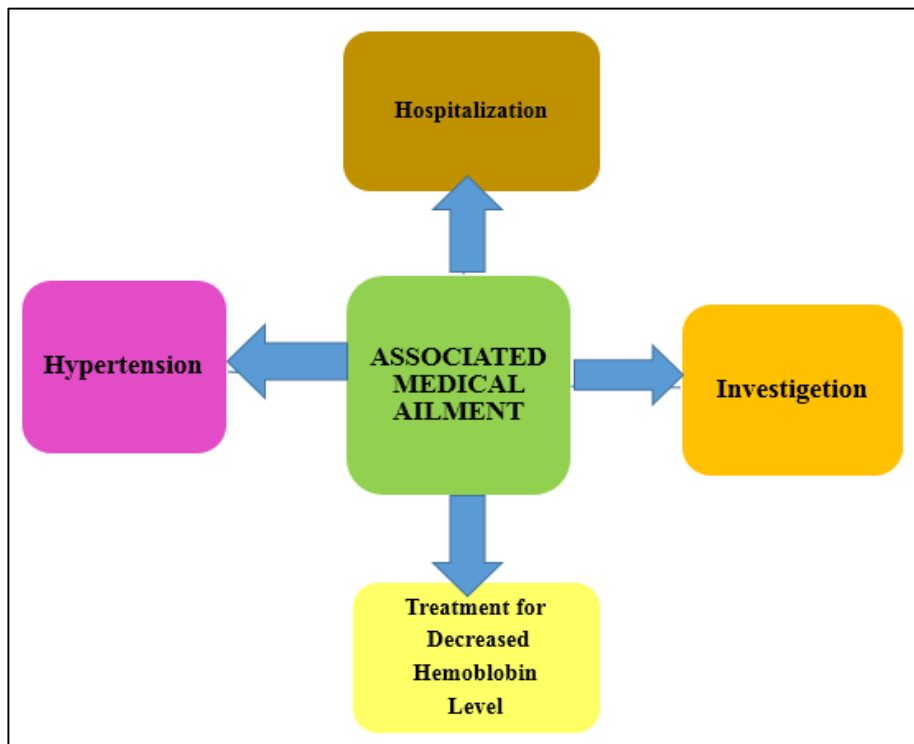


Fig 7: Sub Theme 4.3: Associated Medical Ailments

- ❖ The participant said “..... When I was in kitchen, doing some works, suddenly I felt down. Immediately my son taken me to the hospital.....That time I had weakness & giddiness due to heavy bleeding. After blood investigations & sonography, it was found small uterine cyst in sonography & low hemoglobin level in the bloodI was admitted for 5-7 days for to control bleeding & treat low hemoglobin level advised iron rich e.g all green vegetables, jaggery, beet root ect.....”
- ❖ The participant reported that, “I had period after 7-8 months with heavy bleeding. I scared because every hourly I used to change the pads. I feel generalized weakness. I thought that something is wrong with me & immediately I went to the hospital with my sister in law. I was admitted 4-5 days. After investigations.....It

was found that there is decreased hemoglobin level below normal level, that I received 1 bottle blood transfusion, I have under gone Dilation & curettage procedure. The reports was found normal. During hospitalization I received 3 times injection to control on bleeding....within 2 days bleeding was controlled....”

- ❖ Another participant told, “Recently 2-3 month back, suddenly I had palpitation & excessive sweating. I always experience it.... I ignored but that time I scared & thought that I will die now! There was no one in the home. So my neighbor took me our family doctor. After checking BP, it was increased. Then doctor prescribe me Tab. Amlol 5 mg once in a day ... Now I am taking tablet regularly once in a dayWeekly monitoring my blood pressure in the hospital.....”

Sub Theme 4.4: Hormone Therapy:

N=15

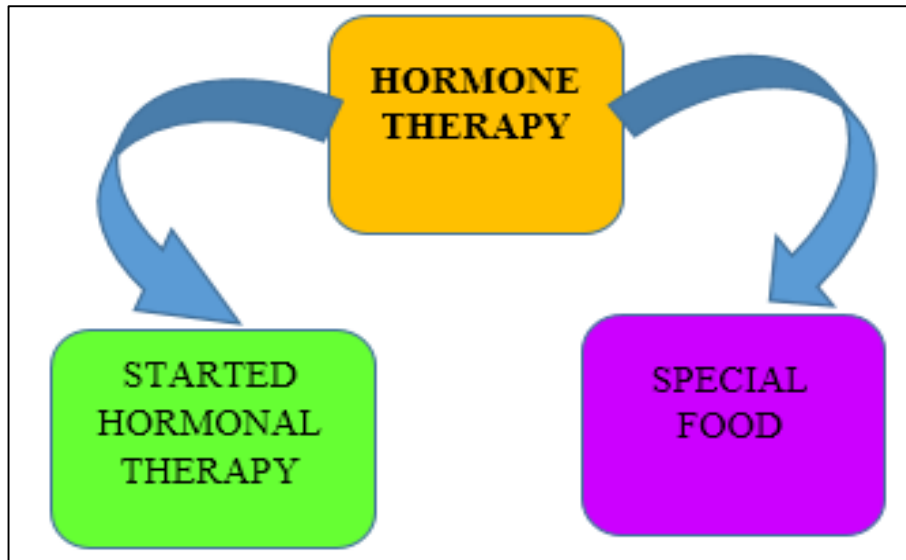


Fig 7: Sub Theme 4.4: Hormone Therapy

2 (13.33%) participant reported about the use of hormonal therapy & started with special food during menopause.

❖ The participant told, “.....I consulted to the gynecologist, He has advised some blood investigation & sonography. It was found small uterine cyst in sonography & low hemoglobin level. He told that it will manage by some tablets. So I completed 3 months tablets course for the heavy bleeding & uterine cyst.....”

❖ The participant told, “When I was admitted in the hospital for heavy bleeding, generalized weakness.... I have under gone some investigations, after that doctor has advised special diet chart which is rich in calcium & iron.e.g milk & dairy products, fish, eggs, leafy green vegetables, nuts, and enriched grain products& fruits Strictly I use to follow that diet chart.....”

Sub Theme 4.5: Spiritual

N=15



Fig 9: Sub Theme 4.5: Spiritual

6 (40%) participant were reported spiritual belief to cope up with the menopausal changes. Women were have faith in god. Some women were believe that women power & god. Women were belief that they are gifted with menses, during

menstrual transition, she has to suffer with some problems & gods only gives the power or some kind of energy to women to face this crucial phase of life.

- ❖ The participant told “..... Being a menopause it is very difficult phase but (Smile!)....but god is there (*Dev he*)... he gives me some kind of energy... (*To Vegalya prakarachi ek Shakti deto*)...That’s the called women power& it god gifted to every women. When my menses comes every 15 days with heavy bleeding. I waited & think that it will stop.....I suffered lot of complaints during my menopause but I faced very

smoothly ...It is because of “God blessing”.....he given strength to me. (*Devane mala Shakti dili*).....”

Sub Theme 4.6: Life Style Changes

7(47%) participant reported that they changed their life style to reduce anxiety or to stress. They use to spending time with family or with friends, eating recommended food, listening to music or reading.

N=15

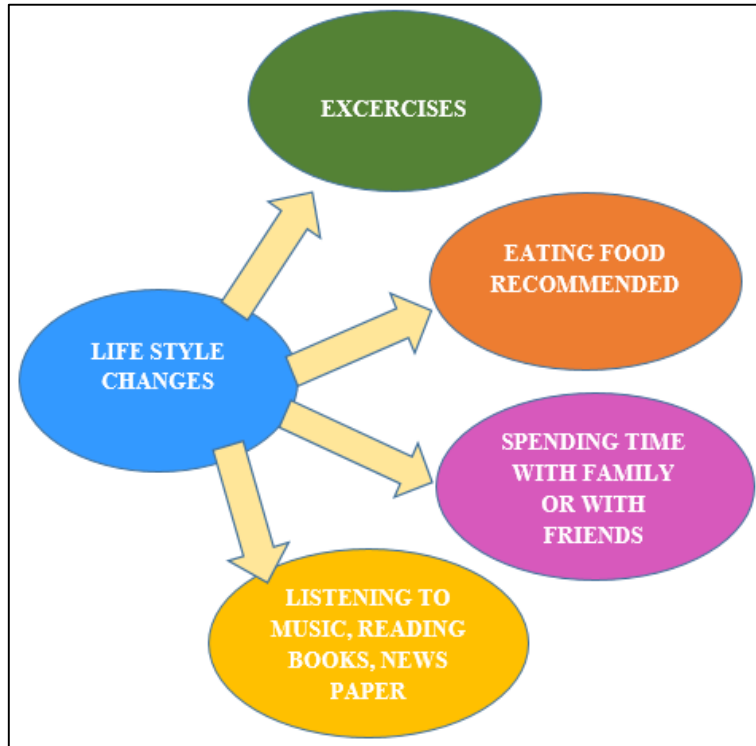


Fig 10: Sub Theme 4.6: A Life Style Changes

- ❖ The participant told, “Gradually I increased my weight. I face difficulties in performing daily activities....I worried about my weight gain.....So I started daily walk at least 2 kilo meters. Also I keep myself engage in house hold activities. (*Ghar kama madhe vyast rahate*) This is also exercise for me (*Mazya sathi to ek vyayamch ahe*)....My weight is 76 kg, Last month I lost 3 kg weight still I want to reduce more to perform my activity normally.....”
- ❖ The participant said, “My mood swing always. I am short temper. I use to get irritable angry on my family

member.....Unnecessary I use get anxiety & tension.....That time I listen a melody song, devotional songs.I keep my self engage in doing house hold activities.....Sometimes when I feel lonely I use to go neighbor’s house for chatting.....Daily I pray for god.....I use to have healthy diet which is rich in calcium & iron.....”

Theme 5: Support System,

N=15

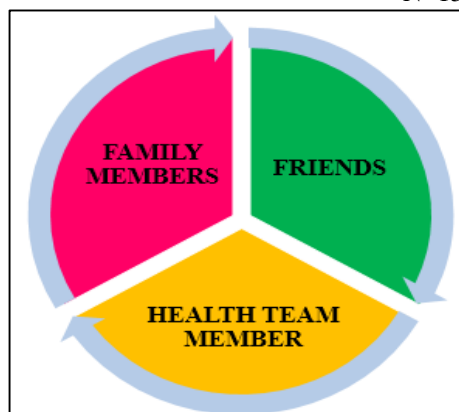


Fig 11: Theme 5: Support System

12(80%) women were supported by the husband, other family member's, friend & health team members were plays the greater role to face the menopausal changes & cope up with these changes. Sub theme as family, friends and health team members.

Sub Theme 5.1: Family

4 (27%) participant told that their family members are care taker & never ignore health, understood condition& gives support.

- ❖ The participant told that, “When I came to know about my friend, she diagnosed as cancer that time I worried about menopause... I immediately talked with my husband.... He told that, don't be scared! Every things will ok! We will consult for doctor, take early discussion, he told that, he will be their. That time I feels better almost I reduced my tensionand feels that somebody is their to take care of me.(*Mazi kalgi ghyayla konitari ahe*).....”

Sub Theme 5.2: Friends

5 (33%) participant told that they were shared their menopausal complaints with neighbor,peer grouped female or female friend. After sharing the problems, the women were got some information related to the menopause & their health issues. These information were help the women to understand the menopausal phase & changes, problems & their management.

- ❖ The participant told that, “When I started irregular menstruation....I scared...No one is there to shared this problem.... firstly I told my problem to friend. She advised me for consultation...We both consulted to the gynecologist at right time....I am very thank for her....She always there to help me any time (*Ti kontya hi veli madat karayla aste*).....”

Sub Theme 5.3: Health Team Members

3 (20%) women reported that they had fear that after menopause they were get diseases like cancer, they have to under go various investigations, fear of surgical removal of uterus. But after consulting family physician, gynaecologist & by nurse the women were reduced their anxiety as getting adequate correct information about the menopausal changes, treatment & management.

- ❖ The participant reported that “.....When I got fear about getting cancer that time my sister in laws & me consulted doctored.....doctors has given information regarding changes occurs during menopause, it treatment & management,....He explained in simple language that I have understood & reduces my anxiety (Doctor yani agdi soppya bhashe madhe sarve sagitle,tya mule mazi chinta door zali)..... ”

Theme 6: Apprehension

N=15

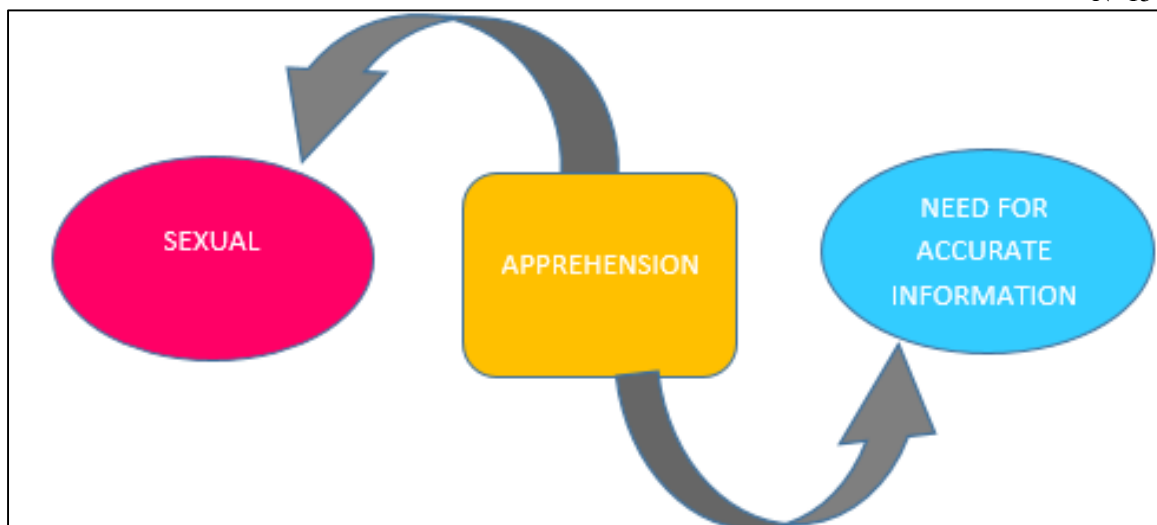


Fig 12: Theme 6 Apprehension

Sub Theme 6.1: Sexual

2 (13%) participant said that they do don't feels about their sexual life as there child grown up.

- ❖ The participant shared that “.....We have good relationship among both. I didn't face any problem in marital life. We have completed more that 25 years of our marriage. We both decided that our child grown, so we controlled our feelings.....”

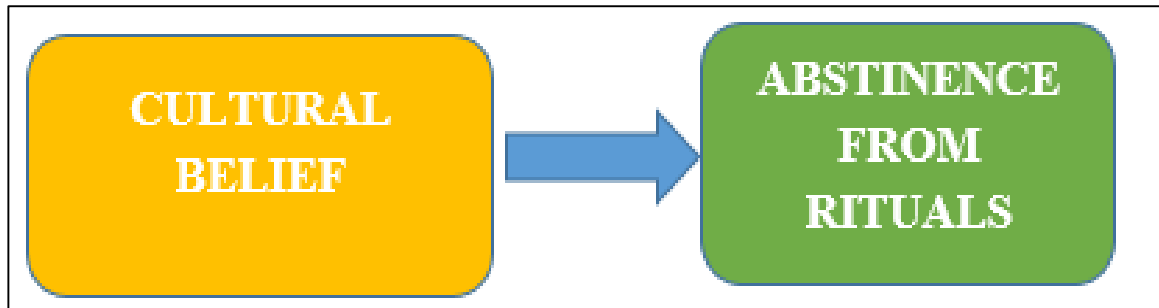
Sub theme 6.2: need for accurate information

3 (20%) women need an accurate information about menopausal changes, management & treatment during menopausal period.

- ❖ The participant shared that “..... my menses goes off permanently, I get scared.... How other women suffers after menopause like cancer & there uterus needs to remove out..... Now there is no use of uterus. So I always worried & thinking that if it remains in side body, I will get disease (*Mala ajar hoil*).... So it will be better for me if it will get removed from my body.....”

Theme 7: Cultural Belief:

N=15

**Fig 13:** Theme 7: Cultural Belief

2 participants (13%) reported that during their menstrual cycle they were not allowed to participate in religious activity. Sub them as abstinence from the rituals.

Sub Theme 6.1: Abstinence from Rituals

- ❖ The participant told, “.....In our home we follows our religious rules regarding menstrual period very strictly. It happened many time that my menses comes during main festivals like Diwali, Dashera, navratri, ganpati. That time I was troubled as no one is there to make “Nevedyam” for the god.....”
- ❖ The participant told, “.....We follows our religious & customs, during menstrual cycle women not allow to read “Kuran” or do “Namaz”.....(Parvangi nahi Kuran read karyala, Namaz kalayla)

Discussion: In this section the major findings of the present study have been discussed with the reference to the results obtained by other researcher.

Major findings of the study

The major finding are categorized under the following sections

Section I: Demographic Variable

All 15 respondent from the ages between 45-60 years. Out of 15 participant, 8participant ages between 45-50 years, 6 participant ages between 51-55 years, 1participant ages between 56-60 years. 13 participant belongs to Hindu religion & 2 from Muslims religion.12 participant had primary education, 2 participant had secondary education, 1 participant had graduate. 13 participant married and 2 was widows. 11 participant had no. of children’s between 3-5, 4 participant had no. of children’s between 0-2.11 participants had menarche at the ages between 13-14 years of age & 4 participant had menarche at the ages between 15-16 years of ages.11 participant had menopause ages between 45-47 years & 4 participant had menopause ages between 48-50 years. All 15 participant were have information regarding menopause.

Section II: 6 Semi structured questioner regarding menopausal sign and symptoms, coping strategies & experience of menopausal women

Menopausal transient and changes & experiences varies from women to women. The study findings organized by categorizing themes and subthemes. The data were analyzed in the emergence of seven distinct but interrelated themes with several sub themes in the study of reasons leading up to

the distress related to menopausal change, coping strategies, support system, natural process, cultural belief, Apprehension & menopausal experience. The result of this study are consistent with existing research and provides information regarding the menopausal issues and experience of women who have attained menopause.

Discussion

A qualitative research design was selected in order to rely on subjective perspectives of the participant rather than on researcher hypothesis. Therefore the focus of this discussion is a comparison with the research literature.

The data was analyzed in the 7 distinct themes with several sub themes in the study was menopausal experience, distress related to menopausal change, coping strategies, support system, natural process, cultural belief & Apprehension.

All themes are discussed with review of literature as follows. This shows similarities in the findings of the research studies done at different places or countries.

Theme 1: Menopausal Experience

In this study revealed that out of 15 menopausal women, 11(73.33%) women was reported that negative response toward menopause as they suffered lots physical, psychological as well as urogenital problems.4(26.66%) menopausal women reported positive response toward menopause as they don’t suffered many.

Sub theme under main theme was Optimism (positive reaction towards menopause) Negative (negative experience towards menopause)

- ❖ A qualitative research study done by Murphy, M M (2012) on “Exploration of the experience of menopause” in Arab women in Qatar. The study result shows that, the majority of women considered menopause as a maturing experience, although the term ‘menopause’ was considered to have negative connotations. Postmenopausal women described menopausal symptoms consistent with general knowledge, but many premenopausal women were unaware of symptoms, even if they knew someone who had experienced menopause. Postmenopausal women was more socially active than before and was able to participate in religious activities that they previously could not attend during menses. The study concluded that, Qatari and non-Qatari women had many similarities in how they perceived and experienced menopause, although they collectively believed that the experiences of Western women are different ^[2].

A study conducted by Rosie Bauld, Rhonda F. Brown (2009), on "Stress, psychological distress, psychosocial factors, menopause symptoms and physical health in women." The study included one hundred and sixteen women aged 45-55 years. The study concluded that, Women with high emotional intelligence appear to hold more positive attitudes to menopause and experience less severe stress, psychological distress and menopause symptoms and better physical health. These results suggest that women who expect menopause to be a negative experience or are highly stressed or distressed may be more likely to experience a more negative menopause^[3].

❖ This study supported by Prof Dr. Alakananda¹, (2015), A study conducted on "Age of Menopause and Menopausal Symptoms among women attending Gauhati Medical College and Hospital, Guwahati, Assam, A cross sectional study included 200 postmenopausal women attending Gynaecology outpatient department to evaluate the age at menopause and prevalence of menopausal symptoms, also to determine the awareness and attitude towards menopause and the treatment seeking behavior among these women. About 58.5% perceived menopause in a positive attitude. 80.5% of women had one or more menopausal symptoms. The common symptoms of menopause seen in this study was muscle and joint pain (63%), fatigue (55.5%), hot flush (52.5%), insomnia (52%) followed by night sweat (48.5%). Other comorbid conditions was found to be hypertension 23%, dyslipidemia 14%, diabetes 9% and arthritis 24.5% women. Vasomotor, psychosomatic and urogenital symptoms was more prevalent among women in the early postmenopausal period whereas psychological symptoms was more prevalent in the late postmenopausal period. Majority of the women 63.5% were unaware about menopause. Only 30.5% took treatment for menopausal symptoms. Education, occupation, lifestyle and income had statistically significant association with menopausal symptoms. The high prevalence of menopausal symptoms observed in this study proves that menopausal symptoms are common but due to lack of awareness, they do not seek medical advice^[4].

Them 2: Natural Process

In this study 8 (53.33%) women says that menopause is natural process occurs between 45-50 years of age. Few women says that as women ages, the menopause occurs each and every women has to go under menopause phase Sub theme under the main theme was developmental process.

The findings supported by Mansoureh Yazdkhasti, 2*Reza Negarandeh, a qualitative study done on "Menopause: two sides of the same coin", by 19 menopausal women, selected from four menopause clinics in Tehran, Iran. Semi-structured interviews were employed to collect data. Transcripts were coded using a five-step process, and then compared with each other to identify categories, subthemes and theme. The result shows that, during the data analysis, 732 initial codes were clustered in ten categories and two subthemes. "Paradoxical experiences" was one theme emerged through data analysis. The participants of study referred to menopause as a natural life phase could be considered as two sides of the same coin. The study

concluded that, menopause was thought to be a natural process which was characterized by positive and negative features. Understanding these features and their implications in these women's lives may assist healthcare workers in helping their clients with menopause^[5].

The above findings supported by Sharda Sidhu, Avneet Kaur and Mandeep Sidhu (2005), A cross sectional study was conducted in Amritsar district of Punjab to determined median age at menopause and frequency of various related clinical symptoms among 539 women aged 40-50yrs. 256 women (47.50%) of the study population were classified as postmenopausal. The study recommended that prevalence of menopausal symptoms is quite high, but women consider menopausal symptoms as a natural change of life^[6].

Theme 3: Distress Related To Menopausal Change

The sub theme in the distress related to menopausal change were physical, Reproductive & Psychological sign & symptoms.

It was seen in this study most of the women frequently reported common physical sign & symptoms like hot flushes, night sweating, hair loss problems, muscle & joint pain with generalized weakness, sleep disturbance increased frequency of urination. The reproductive sign & symptoms were commonly reported that abnormal bleeding, participant reported vaginal dryness & itching. Most of participant reported common psychological sign & symptoms was angry, irritable, mood swing, anxiety, nervous depressive, loneliness. Poor concentrate, forgetfulness. These findings are supported by many other studies. A qualitative study done by Lindh-Astrand L¹, Hoffmann M, Hammar M, Kjellgren KI, (2007), on "Women's conception of the menopausal transition" semi-structured interviews was conducted for 20 women after their first-time visits at outpatient clinics of gynecology for discussion of climacteric symptoms. The interviews was audio-taped, transcribed and analysed using a phenomenographic approach. The study concluded that, women's conceptions of the menopausal transition was individual and contained both physical and psychological symptoms but also expressed a more holistic view of the menopausal transition. The transition was described as a natural process affected by endocrine and life-style factors as well as by the psychosocial situation and by ageing^[7].

❖ A community based cross-sectional house to house survey was conducted by Sagar A. Borker (2009). The 106 postmenopausal women included in the study at Anjarakandy, Tamilnadu. The study revealed that, The mean age of attaining menopause was 48.26 years. Prevalence of symptoms among ladies were emotional problems (crying spells, depression, irritability) 90.7%, headache 72.9%, lethargy 65.4%, dysuria 58.9%, forgetfulness 57%, musculoskeletal problems (joint pain, muscle pain) 53.3%, sexual problems (decreased libido, dyspareunia) 31.8%, genital problems (itching, vaginal dryness) 9.3%, and changes in voice 8.4%. Only 22.4% of women knew the correct cause of menopause. The study concluded that all the ladies were suffering from one or more number of menopausal symptoms. Ladies should be made aware of these symptoms, their causes and treatment respectively^[8].

Theme 4: Coping Strategies

Sub them was Psychological (Confident & hope), Relief from minor ailments, associated medical ailments, Hormone therapy, Spiritual, Life style changes.

The participant of this study reported physical, reproductive & psychological changes. The coping strategies used by women, it varies women to women. It was found that menopausal women psychological prepare that they will have menopause and related issues. The menopausal women was confident about her menopausal changes. Few participant was took some treatment for minor elements like pain,vaginal bleeding, vaginal dryness, urinary infection, anemia etc. 2 participant reported associated medical ailment hypertension and anemia. Few participant adapted life style changing by engaging in daily routine activity, healthy diet pattern & exercises. Participant was believing on spiritual.

❖ A supportive findings by Mansoureh Yazdkhasti, the study done on “Empowerment and Coping Strategies in Menopause Women”(2015), The reviews shows that Most interventions for menopause women have focused on educational intervention, physical activity/exercise, healthy diet, stress management, healthy behaviors, preventing certain diseases and osteoporosis. Health education intervention strategy is one of the alternative strategies for improving women's attitudes and coping with menopause symptoms, identified as several of the subcategories of health promotion programs ^[9].

Theme 5: Support System

In this study 12 (80%) women got strong psychological support from the family members. The husband, other family member's, friend & health team members was plays the greater role to face the menopausal changes & cope up with these changes.

The above findings supported by Sushmitha RK, Judith AN, (2011) a cross sectional study done on “Determining Bio-psychosocial wellbeing and family support of menopausal women in selected Hospitals of Udupi, District Karnataka” It included 100 menopausal women aged between 45-58 years. Bio psychosocial wellbeing was assessed by using family Support scale and Rating scale on Bio psychosocial wellbeing. 24% had high Bio psychosocial wellbeing, 75% moderate and 1% poor wellbeing and 50% of he respondent received good family support, 42% received moderate support. Only 8% percent of respondent received poor family support ^[10].

Theme 5: Apprehension

In this study 2 (13%) said that they don't feel about their sexual life as there child grown up.

Aaron R¹, Muliylil J, Abraham S (2002) A cross sectional study on “Medico-social dimensions of menopause” The

study revealed that, Sixty-nine per cent of them complained of diminishing abilities after menopause. Twenty-three per cent felt that sexual life ends with the onset of menopause. Sixteen per cent reported that their husbands had become disinterested in them after menopause and 11% were apprehensive about the loss of femininity. Fifty-four per cent of postmenopausal and 32% of premenopausal women were currently not sexually active. Fifty-nine per cent of postmenopausal and 38% of premenopausal women expressed loss of sexual desire and this difference was statistically significant ^[11].

Theme: Cultural Belief

In this study 2 (13%) participant reported that during their menstrual cycle they were not allowed to participant in religious activity. Sub theme as abstinence from the rituals Although there is a lack of knowledge on ethnic commonalities and differences in the menopausal symptom experience, it has been reported frequently that some cultural values, meanings, and attitudes are associated with menopausal symptom experience of specific ethnic groups, including those related to aging; middle age; the end of reproductive life; menstruation; women's bodily experiences; women's social status; physical, psychological, and psychosomatic symptoms; sexuality; women's work; industrialization; Western and traditional medicine; hormone replacement therapy; the medical and pharmacological industries; and immigration transition. However, little is known about how culture--including cultural values, meanings, and attitudes--influences menopausal symptom experience ^[12].

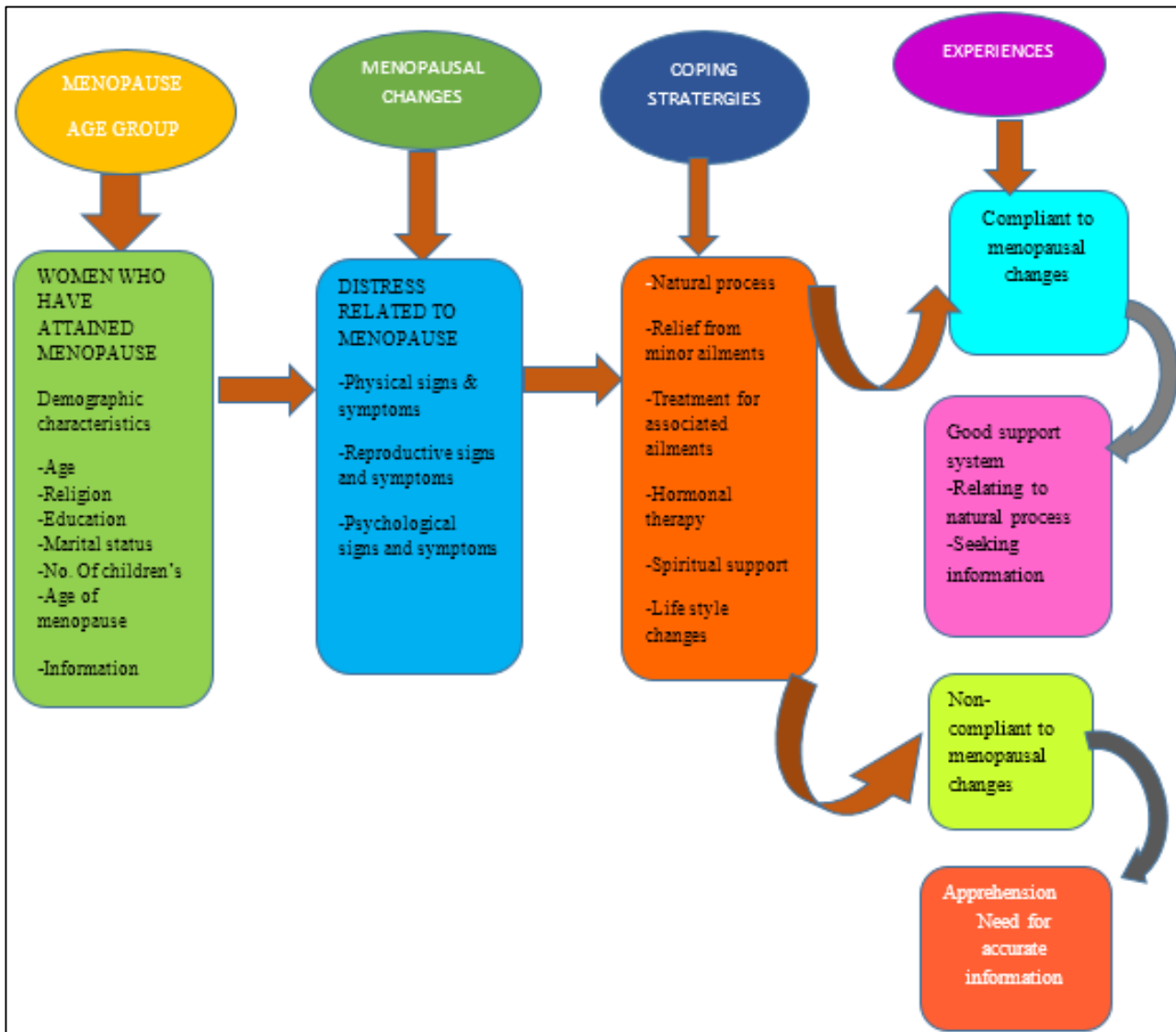
Conclusion

Menopause is not a disease, it is just a natural phase of every women's life during this phase many physiological, uro-genital, psychological changes occurs. With appropriate lifestyle changes it will pass away easily. But most of the women unaware about these changes. They faced difficulties to cope up with this phase. So the ageing women need awareness & education about menopause. The findings of the study revealed that significantly contributes towards the awareness and menopause education programme should incorporate under national programme of the reproductive health.

Menopausal experiences have been explained in various dimensions by the samples. The data when analysed gave certain important findings.

Keeping in mind the themes and sub-them emerged from the data a diagrammatic representation of the present is being constructed, for a better understanding of the findings related to the study

Schematic Representation of Study



Limitations

- Menopausal age group between 45-60 year.
- Women who have attained physiological menopause.
- Selected areas of Pune city.

Recommendations

On the basis of the research findings, the following recommendations can be offered for the future study.

1. A study can be replicated on large sample
2. The study can be done in different setting of hospital/old age home.
3. A quantitative study can be under taken with large sample size
4. A comparative study can be done both in urban & rural area
5. A study can be done at different phase of menopause i.e pre-menopause, post menopausal women
6. The study can be done for comparing physiological & surgical attained menopause.
7. The study can be carried out to assessment of quality of life after menopause.

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