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Psychological Climacteric Symptoms Toward Menopausal Problems Among Women

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Abstract: Menopause is associated with a loss of estrogens; estrogen has important neuro and psycho protective activities, thus its decline and/or instability may trigger or aggravate mental disorders including psychotic ones. The aim of the present study was investigated to Menopausal problems among women. The random sampling method was used in this study. Total sample consisted 200 women. 100 Outdoor working women and 100 Indoor working women. The sample was selected from Bhavnagar District. The research tool of Menopausal Problems scale developed by Tiwari & Sahoo (1971). In this research Menopausal Problems inventory was used for data collection. 2 x 2 factorial designs were planned where types of work and types of area were considered as independent variables and Menopausal Problems as dependent variables. Accordingly, 2 x 2 ANOVA was carried out to test the Hypothesis. The result revealed to There is significant difference between Menopausal Problems of Outdoor working women and Indoor working women. Second is there is no significant difference between Menopausal Problems of urban area and rural area women. And last there is significant interaction effect between Menopausal Problems of types of work and types of area.

Keywords: Menopausal Problems, Physical Problems, Emotional Problems, Personality Problems, Sexual Problems, Urinary/Digestive Problems.

Introduction:

Menopause is an inevitable developmental event that women encounter at an age of 42–54 years. The drop of estrogen levels that accompanies cessation of menstruation is associated with multiple vasomotor, physical,
neuropsychological, and sexual symptoms, which may hamper quality of life. Menopause transition is characterized by a massive drop of estrogen levels (the main feminine sex hormone), ovarian failure, and menstrual irregularities. Menopause is described as cessation of menses for 12 sequential months after the last period. It is a universal physiological condition that annually affects more than 500 million women aged 42 to 55 years with an average age of onset of 51 years. Hormonal changes that accompany the onset of menopause trigger the development of several physical, sexual, vasomotor, and psychological symptoms. Compared with premenopausal women, menopausal women express a wide range of psychological symptoms including poor memory and concentration, depression, anxiety, insomnia, fatigue, irritability, and a high level of distress, which may impede coping and decrease quality of life in this group. Furthermore, severe neuropsychiatric symptoms may reflect the development of age-related pathologies such as cognitive impairment associated with Alzheimer's disease, especially during the prodromal stage, but get misinterpreted as symptoms of natural aging and go uncared for, which can have serious health-related drawbacks. Forgetfulness and reductions in attention, processing speed, and verbal fluency (indicated by difficulty finding words) are common cognitive problems endorsed by menopausal women and women in the menopause transition. Declines in memory represent the second most

frequent menopausal symptom after vasomotor symptoms and joint stiffness, and the severity of these symptoms can be quite alarming. Estrogen deficiency alters brain structure and function, resulting in symptoms of cognitive aging and susceptibility to Alzheimer's disease in genetically vulnerable individuals. In particular, estrogen, a neurosteroid with multiple neuroprotective effects, interacts with brain cells through its widely distributed estrogen receptors (ERs) β and α to regulate key processes relevant to executive functioning and memory: signal transduction and neurotransmission (e.g., of acetylcholine, serotonin, noradrenaline, and glutamate) in the prefrontal cortex, synaptic plasticity, production of neurotrophic factors such as nerve growth factor, neurite growth, dentate gyrus neurogenesis, DNA repair, mitochondrial production of adenosine triphosphate, and production of internal antioxidants. Symptoms of depression, anxiety, and sleep disturbance are other neuropsychiatric symptoms linked to cognitive performance at midlife transition in women, but they do not explain memory declines in menopause. Women are at a greater risk for depression than men, and such risk heightens with aging. Women in menopausal transition are at two- to fourfold higher risk for major depressive disorders than premenopausal women. Perimenopausal women often experience different depressive symptoms (e.g., low mood, lack of motivation, lack of pleasure sense, and disrupted sleep), which can severely impair their quality of life.

Menopause is a period of natural physiological adaptation which occurs in women when the finite numbers of ovarian follicles are depleted due to decreased levels of reproductive hormones. This decrease in reproductive hormone levels may be mild and present with no obvious disturbances in some women while in others, severe and unbearable health and psychological challenges may demand medical intervention. This study is aim to the menopausal Problems among women.

More important than the immediate symptoms of the menopause are the effects of hormonal changes on many organ system of the body. The most extensively studied of these are the cardiovascular and the skeletal systems. Both are adversely affected by the inevitable ageing process as well as by postmenopausal hormonal changes. The effects on the cardiovascular and skeletal systems have been documented in developed societies, but little research has been carried out in developing countries.

Related Reviews:

1. Rezarta Lalo., et al. "Menopausal Symptoms and Women's Quality of Life Outcomes: Literature Review". EC Gynaecology 6.5 (2017): 167-172.
2. Bansal P, Chaudhary A, Soni RK, Kaushal P. "Menopausal problems among rural middle aged women of Punjab". Int J Res Health Sci. 2013;1(3):103-109.

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Objective:

1. To study of menopausal problems among outdoor working women and indoor working women.
2. To study of menopausal problems among urban area and rural area women.
3. To study of interaction effect between menopausal problems of types of work and types of area.

Hypothesis:

$H_0$1. There will be no significant difference between menopausal problems of outdoor working women and indoor working women.

$H_0$2. There will be no significant difference between menopausal problems of urban area and rural area women.

$H_0$3. There will be no significant interaction effect between menopausal problems of types of work and types of area.

Variables:

(A) Independent Variable:

(1) Types of Work: Outdoor Working Women and Indoor Working Women
(2) Types of Area: Urban area and Rural Area

(B) Dependent Variable:

To get score on Menopausal Problems among outdoor working and indoor working women.

Procedure:

Main aim of this study is to get information about the outdoor working and indoor working women. Menopausal problems being other important variable types of work and types of area.

In this research 2 x 2 factorial design was used for the study variable like Menopausal women being of women reference of types of work and types of area do they contained difference in which matter or not? It was be decided to take samples in equal numbers of generated variables under this research method of main and interactive.

This research was adopted 2 x 2 factorial design with 2 types of work (Outdoor working and Indoor working women) and 2 types of area (urban and rural).

2 x 2 factorial design

N = 200, n = 50

A1		**A2**	
Outdoor Working Women (100)		**Indoor Working Women (100)**	
B1	B2	B1	B2
Urban Area	Rural Area	Urban Area	Rural Area
n=50	n=50	n=50	n=50

Sample:

The aim and object of this research is to study of Menopausal Problems among outdoor working and indoor working women. For this purpose area of Bhavnagar District was selected for this research 200 outdoor working and indoor working women who are connected with urban area and rural area women of Bhavnagar district. There are selected randomly from the list so that sampling procedure with sample random sampling procedure. Out of which 100 would be outdoor working women and 100 would indoor working women. Out of which 50 would be urban area women and 50 would be rural area women selected as a sample.

Tools:

For this research to collect the required information following tools was used.

Menopausal Problems Scale:

In order to measure the Menopausal Problems of the women. We was used the Menopausal Problems scale developed by Tiwari & Sahoo (1971). There are 40 statements in this scale it is divided into five factors.

Number of statements according to adjustment scale.

Section	Statement
Physical Problems	1 to 11
Emotional Problems	12 to 21
Personality Problems	22 to 24
Sexual Problems	25 to 31
Urinary/Digestive Problems	32 to 40

In this scale reliability of coefficient has been found to 0.89 and validity is seen very high.

Statistical Technique:

Here is the study 'F'-test was used for data interpretation.

Result and Discussion:

The objective was to study of Menopausal Problems with reference to types of work and types of area of the women. In this context, 3 null hypotheses (Ho.1 to Ho.3) were constructed. For this purpose 2 x 2 factorial design was framed. To examine these null hypotheses, statistical techniques of two ways ANOVA was used. The result obtained from presented in table No.1 to 3

Table No – 1.

(N = 200)

Mean and SD of Menopausal Problems with reference to types of work and types of area of the women.

		Types of Work	
Types of Area		Outdoor Working Women	Indoor Working Women
	Urban Area	Mean = 116.28	Mean = 78.12
		SD = 36.92	SD = 33.84
		N = 50	N = 50
	Rural Area	Mean = 108.86	Mean = 91.98
		SD = 32.27	SD = 25.69
		N = 50	N = 50

Table No – 2

(N = 200)

ANOVA summary of Menopausal Problems with reference to types of work and types of area of the women.

Source of variance	Sum of Squares	Df	Mean sum of squares	F
Types of work	37867.52	1	37867.52	35.27**
Types of area	518.42	1	518.42	0.48 NS
Types of work * Types of area	5660.48	1	5660.48	5.27*
Error (SSW)	210462.36	196	1073.79	
Total (SST)	254508.78	199		
Level of significant :**P>0.01, *P>0.05 & NS = Not Significant				

Table No – 3.

(N = 200)

Mean score of Menopausal women with reference to types of work and types of area of the women.

Independent Variable		N	Mean	Difference between mean
Types of Work	Outdoor Working Women	100	112.57	27.52
	Indoor Working Women	100	85.05	
Types of Area	Urban Area	100	97.20	3.22
	Rural Area	100	100.42	

1.1: Menopausal Problems with reference to outdoor working women and indoor working women.

To study about there is significant difference or not between Menopausal Problems of outdoor working women and indoor working women, null hypothesis No.1 was constructed.

Ho.1. There will be no significant difference between outdoor working women and indoor working women.

When 'F' – test was applied to check the difference between the Menopausal problems of outdoor working and indoor working women by 'F' – test, significant F value was found. The F value of types of work Table No.2. is 35.27 and which is statistically significant at 0.01 level. Table No. 3. Result reveals that mean score of Menopausal Problems of outdoor working and indoor working women are 112.57 and 85.05 respectively and the difference between two is 27.52 which is high and not negligible. Hence the null hypothesis No.1. is rejected and it is conclude that there is significant difference between the Menopausal Problems of outdoor working and indoor working women. Outdoor working women possess high score of Menopausal Problems than the indoor working women. This difference can also be seen from Graph No. 1 designed on the basis of obtained results.

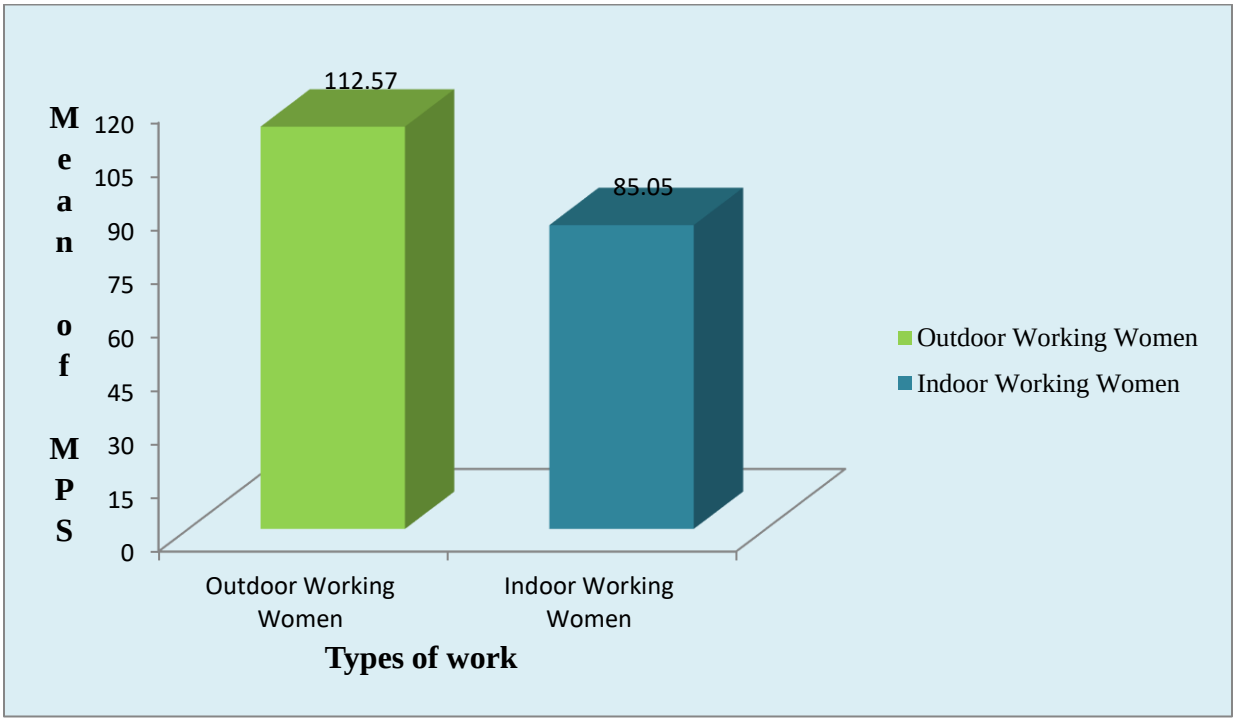
As per findings and analysis of random sample of outdoor working women and indoor working women we suppose that there are some factors which more affect outdoor working women than the indoor working women. Like due to busy schedule and double responsibilities create a high stress level on outdoor working women so they can't able to give sufficient time to herself also we can suppose that the daily routine and food habits of both are very different so we conclude that due to this kind of reasons menopausal problem is more affects to the outdoor working women.

Graph No. 1

Chart showing mean score of Menopausal Problems with reference to outdoor working women and indoor working women.

X = Types of work (outdoor working & indoor working women)

Y = 1.00 Cm = 15Average Score.



1.2: Menopausal Problems with reference to urban area and rural area women.

To study about there is significant difference or not between Menopausal Problems of urban area and rural area women, null hypothesis No.2 was constructed.

Ho.2: There will be no significant difference between menopausal problems of urban area and rural area women.

The 'F' value of types of area table No.2. is 0.48, the present value is statistically not significant, also show the table No. 3 that the mean scores of Menopausal Problems of urban and rural area women are 97.20 and 100.42 respectively and the difference between two is 3.22 which is also very negligible. Hence the null hypothesis No.2 is maintained and it is conclude that there is no significant difference between Menopausal Problems of urban and rural area women.

1.3: Menopausal Problems with reference to types of work and types of area of the women.

To check the interaction effect of types of work and types of area on Menopausal Problems of the women null hypothesis No. 3 was framed.

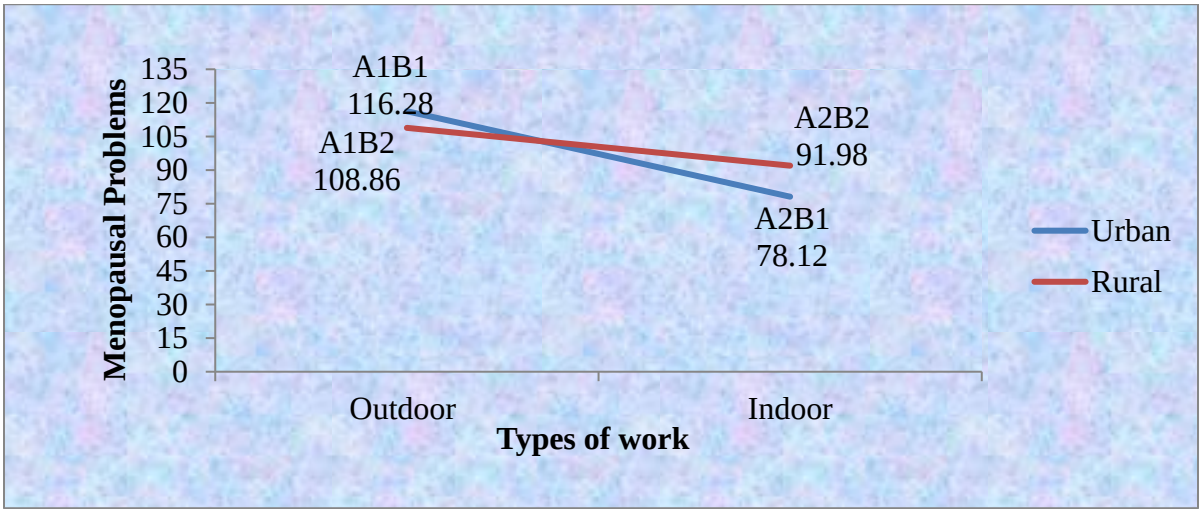
Ho.3: There will be no significant interaction effect between Menopausal Problems of types of work and types of area.

To show the Table No. 2 the F value of interaction effect between types of work and types of area is 5.27 which is statistically significant at 0.05 level. To show the interaction effect of types of work and types of area on Menopausal Problems significant impact found. Hence the null hypothesis No.3 is concluding that there is significant interaction effect of types of work and types of area of Menopausal Problems of the women. This interaction effect can also be seen from Graph No. 2 designed on the basis of obtained results.

By random sample and analysis of outdoor working and indoor working women we can say that Area and types of work are two noticeable point that affects their menopausal problems because types of work either it is physical work or mantel work both is less or more but at the end all this activity are related to their neurosystem. Which is directly affects our body and its functions and menopausal problems are one of part of it. Also sometimes area of working one of a big responsible reason for indoor working women and outdoor working women like hygiene and kind of activities what they are doing is one of prominent reason behind all.

Graph No. 2

Chart showing mean score of menopausal problems to types of work and types of area of women.



Conclusion:

(1). The outdoor working women menopausal problems are more than the indoor working women.

(2). There is no significant difference between menopausal problems of urban and rural area women.

(3). There is significant interaction effect between menopausal problems of types of work and types of area among women.

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