

Socio-cultural beliefs and perception of menopausal symptoms: A study in urban Indian women.

A Choudhary^{1*}, P Choudhary¹

¹Department of OBGYN, SGRRM&HS, Patel Nagar Dehradun, Uttarakhand - 248001

Abstract

Objective of the exercise was to study and assess severity and the types of menopausal symptoms in perimenopausal women in urban India and to verify whether psycho-socio-cultural beliefs and attitudes influence the perception of menopausal symptoms.

Methods: Subjects in this exercise were women between forty to sixty years of age. The tool used was a detailed questionnaire.

Results :The results were assessed according to Menopause Rating System.

Conclusion: Family centric Indian women consider menopause as a natural progression in life with minor nuisance value, self limiting symptoms and a life free from fear of pregnancy and inconvenience of menses. Unlike their western counter-parts, Indian women experience lesser symptoms with lesser severity, which do not merit treatment like HRT. Prevalent socio-cultural beliefs, attitudes towards menopause, family and self values in an Indian woman play a major part in her perception of menopause and its consequence.

Key Words:Menopausal Symptoms, MRS Scale, Socio-Cultural Beliefs

INTRODUCTION

Menopause and climacteric as a major physiologic milestone, is an inevitable part of a woman's life, which every woman has to face. Nowadays with better lifestyle, better health care facilities and longer life span more and more women live well past the age of menopause and survive to endure the consequences of menopause. Estrogen deprivation is the major cause of most of the symptoms of menopause. The current trend will continue in future also where the gynecologists will cater to more and more patients in the peri and post menopausal age groups.^[1]

Most women experience some symptoms due to falling estrogen levels in menopause and perimenopause; these can be categorized as menstrual irregularities, vasomotor, physical, psycho-sexual, genitor-urinary symptoms.^[2] Many of these symptoms may be experienced few years before the actual menopause. Major health concerns are the consequences of long term estrogen deficiency namely osteoporosis, cardio-vascular problems, atherosclerosis, strokes, etc. and their resultant morbidity. Nature and severity of symptoms varies widely and is influenced by age at menopause, type (surgical/natural), BMI, lifestyle, diet/nutritional status, climate, occupation, socio-cultural beliefs and attitudes. The menopause is a gradual change involving physical-psychological-socio-cultural processes. Different studies in different cultures and geographical areas reflect that prevalent lifestyle and socio-cultural factors influence women's experience of menopause. For the majority of healthy Indian women, the menopause is a relatively natural event. Women living in western countries in general report more symptoms than those from non-western cultures.^[3]

Address for correspondence*

Dr Anjali Choudhary, 15, Subhash Road, Opposite Income Tax Office, Dehradun, Uttarakhand-248001, E-mail – anjusun@yahoo.com,
Mobile – 09760459691

OBJECTIVE

The study was conducted in an urban medical college cum hospital in India to assess the menopausal symptoms experienced by women. The objective was to determine whether the socio-psychological background, cultural beliefs and attitudes in the region affect the perception of menopausal symptoms. Additionally the authors attempted to assess the severity and type of menopausal symptoms and compare them with the data and conclusions available from similar studies from other parts of the world.

MATERIALS AND METHODS

A total of 112 Women between the age group 40 and 60 years were interviewed face to face. This was done using a questionnaire elaborating various physical, social, psychological symptoms experienced by the patients. The women were interviewed by trained health care professionals and assessed objectively. The questionnaire included personal information, nature, severity and frequency of symptoms, lifestyle, beliefs and attitudes. Severity of menopausal symptoms was judged using menopause rating system (MRS). MRS takes into account eleven menopausal symptoms and grades them according severity into mild, moderate, severe and none categories. Relevant details of personal and past life and family history was also recorded. The lifestyle history including diet and nutrition, exercise, nutritional supplements, stress level and its management were recorded and assessed. Women were asked about their views, attitude, fears and concerns regarding menopause along with their views on treatment. The women were interviewed in local language. Data obtained was tabulated, for assessment of demography, severity and nature of symptoms. Conclusions drawn from the data were compared with symptomatology of women of other areas, to decide whether the prevalent geographical location, lifestyle, socio-cultural beliefs influence the nature of symptoms

RESULTS

The mean age at which women attained menopause in the sample was approximately 47 years (upper and lower limit of

distribution was five years). Four menstrual patterns were noted, before these women reported cessation of menses namely, Oligomenorrhea, menorrhagia, abrupt cessation and metropathia hemorrhagica. Approximately 25% of the sample was working women while 75% were house wives. Most women had basic education and approximately 15% had attained higher education. The most common symptoms experienced were backache, joint pains and vaginal dryness. Severe vasomotor symptoms were

experienced by nine women. Mild hot flushes were experienced by 36 women. All women reported some amount of anxiety, depression and insomnia. The symptoms that bothered them most were backaches, joint stiffness, and occasional hot flushes. As expected, obese women had less severe vasomotor problems than the leaner women.

Women were reluctant to talk about their sexual problems but some women reported decreased libido and sexual

Table 1: Menopausal symptoms experienced by women (N=112)

	Mild	Moderate	Severe	None
Hot Flushes	36	21	9	46
Insomnia	28	17	5	62
Mood Changes	25	9	4	74
Joint pains	15	12	16	69
Depression	17	15	9	71
Vaginal dryness	20	8	4	80
Decreased libido	13	6	5	88

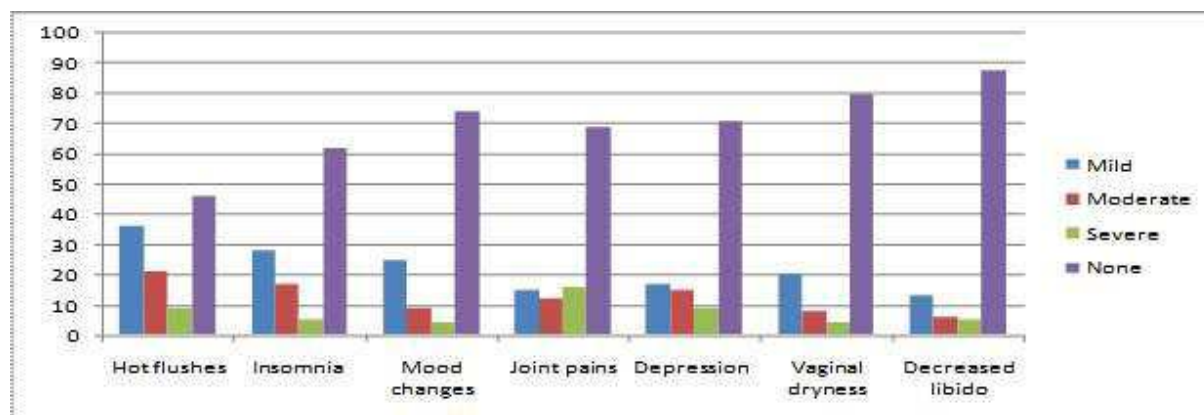


Figure 1: Menopausal symptoms experienced by women (N=112)

Table 2: Behavioral Pattern on Menopause (Counts) (N=112)

Exercise Pattern		Calcium intake pattern	
Regular exercise	38	Regular exercise	7
Occasional Exercise	27	Occasional Exercise	18
No exercise	47	No exercise	87
Attitude towards Menopause		Understanding of Menopause	
Casual	67	Natural event	100
Concerned	8	It's a diseases	4
No opinion	37	No opinion	8

Table 3: Menstrual Pattern

	Menstrual Pattern
Oligomennorrhea	33
Ammenorrhea	34
Menorrhagia	27
Metrophathia	18

some women. Many of these symptoms like hot flushes, Night sweats, and vaginal dryness are directly related to the declining estrogen levels, and may begin few years before the actual cessation of menses and continue in post menopausal period for about a year or two [2]. Other symptoms like anxiety depression, mood swings, irritability, and sleep problems have much more complex origin, suggesting that the menopause is a bio-psycho-socio-cultural transition affected by many other factors than just the hormonal changes [1]. Recent prospective studies highlight the complex way in which lifestyle and cultural factors influence a

Table 3: Comparative studies from different countries

Study	Country	Authors	Results	Publication
Ambiguities of aging: Japanese experience and perceptions of menopause.	Japan	Locks[3]	3% of homemakers, 10% of working women experience hot flushes	Cult Med Psychiatry 1986
The evolution of menopausal symptoms. The menopause in Japan	Comparative study in USA, Japan, Canada	Avis NE, Kaufert PA, Lock M, McKinlay SM, Vass K.[9]	Japanese women experience more of headaches joint pains than hot flushes	Baillieres Clin Endocrinol Metab 1993
Climacteric and menopause in seven south East Asian countries	Hong Kong, Indonesia, Korea, Malaysia Singapore, Philippines, Taiwan	Boulet etal [8]	Asian women experienced milder menopausal symptoms	Maturitas 1994
The European Menopause Survey 2005	Europe	Andrea R. Genazzan[6] ¹	Almost all women reported to have experienced climacteric symptoms, and 63% of the women rated them as being severe	Gynecological Endocrinology 2006
.Is there A menopausal syndrome?. Menopausal status and symptoms across racial/ethnic groups.	Menopausal Symptoms among African American, White, Chinese American, Asian American women	Avis NE, Stellato R,[7]	Whites and African American women had highest incidence of vasomotor symptoms, Asian American women had fewer symptoms	. Soc Sci Med 2001
Menopausal symptoms and symptom clustering in Chinese women.	China	Ho SC, Chan SG, YipYB, Cheng A, Yi Q, Chian[4]	Only 10 % of Chinese women experienced ho flushes	Maturitas 1999

activity due to vaginal dryness. Approximately 60% of women were vegetarian and less than 7% took calcium supplements regularly. Majority of the women's daily routine did not include any regular exercise and they believed that their daily work was exercise enough. A large number of the women also indulged in occasional morning walks. Most of these women believed that menopause is a natural transition and not a disease and hence does not require treatment.

DISCUSSION

As per the corollary 'What has begun must end', every menarche must culminate in menopause. Although a natural phenomenon it may be complicated with cumbersome and life altering symptoms and make day to day activity difficult for

woman's experience of menopause.^[3] Majority of healthy women in India feel that menopause is a fairly natural event which requires minor lifestyle changes, although women in western world report more severe symptoms than those in non-western countries.^[2] This highlights the necessity to look more closely at other aspects like prevalent cultural beliefs and attitudes in the regions that affect the perception of menopausal symptoms.^[1] This is despite the fact that most of menopausal symptoms are attributed to declining estrogen levels inherent to basic physiology of menopause and the physiology of menopause is same everywhere.

Menopause as physiological event has been extensively studied but little attention is given to the socio-cultural aspects.

Over the times and across different ethnicities views on menopause show a wide variation. Women in the western world and Europe experience severe form of hot flushes and psychosexual symptoms.^[2] When severity of menopausal symptoms like hot flushes, psychological symptoms, depression are compared between women of different countries significant variations are noted. There is marked contrast between a very high prevalence of hot flushes reported by women in North America, and Europe and a relatively low incidence noted in Asian women.^[1,7,9] Is it possible that Asian lifestyle could have such dramatic effects on women's health? It would be interesting to note that women's education levels, prior knowledge and access to information and health care also influence their perception of severity of symptoms. Recent studies in Asia present a somewhat different picture of symptoms. In a well known large study by Boulet et al, in women of Asian origin conducted in Hong Kong, Indonesia, Korea, Malaysia, Singapore and Philippines and Taiwan a milder form of menopausal syndrome was noted, than that observed in Western countries.^[7]

Women's perception of symptoms is affected by Psychological factors and attitude toward menopause. Factors like anxiety, stress, thoughts, beliefs, self esteem, and self image influence their experience of hot flushes. Negative attitude, lack of social support, low self esteem, fear of losing self control and control over her appearance makes a woman feel more depressed. In Asia and in India menopause is looked upon as new phase in a woman's life and a sense of liberation, as if they have been given a second lease on life without the fear of pregnancy and the monthly inconvenience of menses. In our observation majority of women felt that menopause is a natural transition. In a well documented study by Lock on Japanese perimenopausal women,^[3] the prevalence of hot flushes was low: Three percent of the homemakers and ten percent of working women experienced them. In our experience only nine women complained of severe vasomotor symptoms.

In our study Urban Indian women exhibited a positive attitude towards menopause which coupled with a good social support system made them experience psycho-somatic problems including depression on a lesser scale. Bowles stated that a woman's experience of menopause is largely governed by the beliefs and attitude inherent in the socio-cultural atmosphere [2]. Indian women are more family centric, reared to consider themselves as nurturers, care givers and not concerned with effects of aging, declining hormones and its effect on their health and physical appearance. Western women value their physical and sexual attractiveness, reproductive capacities and youthfulness. The idea of menopause and its effect on body and physical appearance is viewed negatively. In addition there is a general belief that women going through menopause are irritable and moody [11]. Though there is no scientific proof of this. Most Indian women do report some symptoms, mostly psychosomatic, vaginal dryness, hot flushes and night sweats but only in milder forms, easily tolerated and not given much significance. Family support, social support psychological catharsis offered by friends and relatives may play a major role in alleviating the psychological problems. Cross cultural Comparative data reveals that reported symptoms vary greatly in different counties, and ethnic groups. Asian and Indian societies assign reproduction and child-rearing as the primary role for women, and the women derive more meaning from their role in reproduction and rearing.^[5]

Many Indian women, especially housewives do

consider themselves as redundant and useless after menopause as the children have grown up by this time or moved out. The spouses are too busy with their jobs to give attention. The feeling of being left alone at home, without a purpose in life, adds to the depression and anxiety. This gets compounded with the menopausal symptoms. However this could be just due to a phase of life and not due to actual menopausal physiological changes. Women in India derive fulfillment in their roles as mothers, wives and homemakers, and consider they have a complete personality by being the centre of their homes and have no time to dwell upon the issues like aging and menopause. A study of menopausal women in South India concludes that aging women gain higher social status in Indian societies and do not take menopausal symptoms seriously.^[13] Similar study in Karachi, Pakistan compares menopausal symptoms in three socioeconomic classes, report much lesser severity of symptoms in lower cadres but overall hot flushes were reported by lesser women than those in western women.^[10] Our observations coincide with findings in other Asian countries like Japan, Indonesia, Philippines, Korea, wherein different studies demonstrated that menopausal symptoms experienced in these ethnic communities are of milder variety than those experienced by Western and European women [1,6,7]. Thus, factors such as cultural beliefs, values, and attitudes toward menopause determine the experience of individual women of that stage of life as negative and troublesome or positive and liberating.

CONCLUSION

Psychology plays a major role in a person's perceptions of a symptom. Family centered Indian women consider climacteric and menopause nothing more than a natural transition with minor symptoms, which resolve fairly well with time. Severe form of vasomotor symptoms requiring hormone replacement therapy is not observed in Indian women. Different studies in Asian countries have results comparable to those in India. This highlights the fact that local socio-cultural beliefs, psychological mindset and attitude toward menopause affects its perception. Perhaps larger studies with multidisciplinary research involving gynecology, endocrinology, psychology, and sociology are needed to understand the complex nature of menopausal symptoms and its perception. There is need to understand why does it vary considerably between different cultures and ethnicities though the physiology of menopausal changes is same everywhere.

REFERENCES

- 1 Myra Hunter, Melanie Rendal Bio-psycho-socio-cultural perspectives on menopause, Best Practice Research Clinical Obstetrics & Gynaecology Volume 21, Issue 2, April 2007, Pages 261–27 Psychological Issues in obstetrics and gynecology
- 2 Alia Collins Ph . D . , socio - cultural issues in menopause, Chapter 4, *Psychosom Med*. 1990;52(4): 410
- 3 Lock M. Ambiuities of aging Japanese experience and perceptions of menopause. *Cult Med Psychiatry* 1986: 10 (1) 23
- 4 Ho SC, Chan SG, Yip YB, Cheng A, Yi Q, Chan C. Menopausal symptoms and symptom clustering in Chinese women. *Maturitas* 1999;33(3):219–27.
- 5 Unal Ayranci, Ozgul Orsal, Ozlem Orsal, Gul, Arsalan, Menopause status and attitudes in Turkish midlife female population : An Epidimiological study, *BMC Women's*

-
- Health ,January, 2010,10:1
- 6 Andrea R. Genazzani, Hermann P. G. Schneider, Nick Panay and Esme A. Nijlan, The European Menopause Survey 2005: Women's perceptions on the menopause and postmenopausal hormone therapy , *Gynecological Endocrinology*, 2006, Vol. 22, No. 7 , Pages 369-375
 - 7 Avis NE Stellto R, Crawford S,Bomberger J,GanzP, Cain V, Kanawa-singerM.Is there A menopausal syndrome? Menopausal status and symptoms across racial /ethnic groups.*Soc Sci Med* 2001 52 (3) 345-56
 - 8 Boulet MJ, Oddens BJ, Lehert P, Vemer HM., Visser A. Climacteric and menopause in seven South-east Asian countries. *Maturitas* 1994;19(3):157-76.
 - 9 Avis NE, Kaufert PA, Lock M, McKinlay SM, Vass K. The evolution of menopausal symptoms. *Baillieres Clin Endocrinol Metab* 1993;7(1):17-32. 15
 - 10 Wasti S, Robinson SC, Akhtar Y, Khan S, Badaruddin N. Characteristics of menopause in three socioeconomic urban groups in Karachi, Pakistan. *Maturitas* 1993;16(1):61-9.
 - 11 .Beverley N. Ayers, Mark J. Forshaw and Myra S. Hunter Albery N. The menopause, Pages: 348-353*Pub Med* ,May 2011.
 - 12 Adekunle AO, Fawole AO, Okunlola MA, Perceptions and attitudes of Nigerian women about the menopause. *J Obstet Gynaecol.* 2000 Sep;20(5):525-9.
 - 13 George T.Women in a south Indian fishing village : Role identity,Continuity and the experience of menopause.*Health Care Women Int.* 1996 17 (4) :271-81
-