

## Impact of socio-economic factors on health problems of menopausal Muslim women, a study in Anantapuramu District, Andhra Pradesh.

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**Abstract:** Menopause is a Universal phenomenon, there is a considerable variation among women regarding the age of attaining menopause. Generally women of higher socio-economic status have better health indicators. Poor education, low income, adverse living and working conditions, stress are the socio-economic factors associated with poor Women's health.

**Objective:** To assess the impact of socio-economic factors on health problems of Menopausal Muslim women.

**Material and Methods:** A descriptive study was conducted among 300 post menopausal women in urban areas of Anantapuramu district. A schedule was used for data collection. A purposive sampling technique was used for selection of sample.

**Results:** The results of the study shows that most of the women 153(53 percent) were got menopause at the age of 41-45 years. The analysis of the symptoms experienced by Menopausal women showed that hot flushes, night sweats, joint and muscle pains, back pain, dryness of vagina and most of them having decrease in sexual desire. 48 percent (144) women were suffering with hypertension, 19.6 percent (59) were having diabetes, 8 percent (24) were having T.B, 1.3 percent (4) were having cancer and 2 percent (6) were having asthma 26.7 percent (80) were undergone hysterectomy operation.

**Conclusion:** The new phase of life can be busy and fulfilling as one would like to make it. Women should stay physically as well as mentally. There is a necessity of a multidisciplinary approach to the problems of menopause with more stress on promoting and preventing interventions. There should be a provision of relevant health services, health education and promotional activities to cope up with the health needs of women in their post menopausal years.

**Key words:** Health problems, peri menopausal women, post menopausal women

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### I. Introduction

Women's health has been a global concern for many decades. The focus of women's health researchers and health policy planners has also shifted towards post-menopausal women since recent trends suggest an increase in their number and life expectancy, A total of 130 million Indian women are expected to live beyond menopause by 2015. Under current demographic trends, menopausal and post menopausal health has emerged as an important public health concern in India owing to improved economic conditions, rapid lifestyle changes and increased longevity. Generally, women have more complex and stressful ageing process as men do, as a consequence of hormonal changes that during menopausal transition. The onset of these physiological developments not only marks the end women's reproductive function but makes them more vulnerable to new set of health problems including cardiovascular diseases, Osteoporosis and so on.

Menopause is the time in women's life when her period stops. It happens because the women's ovary stops producing estrogen and progesterone hormones. It occurs often after the age of 45 years with the general increase in life expectancy, many women are likely to live for more than 20 years after menopause, spending about one quarter of their lives or more in a state of estrogen deficiency. Some of menopausal symptoms experienced by these women can be severe enough, affect their normal daily activities. Unfortunately majority of these women are not aware of the changes brought about by menopause. The menopause is emerged has an issue owing to rapid globalization, urbanization awareness of increased longevity in urban middle aged Indian women are evolving as homogenous group. Improved economic condition and education may cause the attitude of women to be more positive towards the menopause.

Problems relating to menopause can be multifaceted. Various researchers have identified the biopsychosocial problems of menopause. Studies reveal that hot flushes, osteoporosis, skin problems, somatic complaints and urogenital problems are some of the physical problems of menopause. Physical problems may also be associated with certain psychological problems such as anxiety, depression and cognitive disturbances (Nusrat Nisar and Nisar Ahmed Sohoo Nov, 2009)

A quantitative descriptive study detailing how women with varying mobility impairment view the menopausal transition. The study has been conducted among 19 women aged 40 to 64 years are interviewed

regarding their menopausal experience (Danielle AJM Schoenaker-2014). Results described their experience as minority group of women with these abilities using a women ways of knowing frame work. Overall, most women described menopause as back burner issue but maintain the need for accurate information from which to make informed decision that impact future health and functional outcome.

World Health organization defines quality of life as individual perception of their position in life in the context of cultural and value system in which they live and in relation to their goal expectations, standards and concerns. People are now demanding a better quality of life. Therefore; governments all over the world are increasingly concerned about improving the quality of life of their people by reducing morbidity and mortality, providing health care and enhancing physical, mental and social well-being. It is concerned that a rise in the standards of living of all the people is not enough to achieve satisfaction or happiness. Improvement of quality of life must also be added and this means increased emphasis on societal policy information of societal goals to make life, livable for all those who survive. Most studies on quality of life among menopausal women were conducted in developed countries with different socio-cultural realities, which may influence not only on the perception of quality of life but also the experience of menopausal symptoms.

Over life time the health of women is usually worse than that of men. More over certain health problems are more prevalent among women than men and certain health problems are unique to women /affect women differently than men. Accordingly to the National population policy 2000, the complex socio-cultural determinants of Women's health and nutrition have cumulative effects over life time. In India social, cultural and economic factors continue to inhibit women from gaining adequate access to even the existing public health facilities.

With life expectancy close to 80 years the average women is post-menopausal for 1/3<sup>rd</sup> of her life. Life style modification, adequate intake of calcium and vitamin-D, regular weight bearing exercise, screening, early identification and appropriate interventions may prevent many chronic conditions that cause morbidity and mortality during post-menopausal years.

## II. Methodology

A descriptive study was conducted among 300 menopausal Muslim women in urban areas of Anantapuramu district of Andhra Pradesh. In this study the sample was selected from Anantapur, Kadiri, Hindupur, Rayadurg and Gooty mandals of Anantapur district. A purposive sampling technique was used for selection of sample for the study. The data was collected by using a schedule. The schedule consists of socio-economic, demographic profile include age, educational status, occupation, income, status of menopause symptoms and health problems of menopausal women in the study area.

## III. Results

The study population comprised of 300 women with menopausal stage. The age range at menopause was reported to be from 40-55 years. Out of total women enrolled in the study, 65.7 percent were married and 34.3 percent were single (unmarried/widowed/divorced).64 percent of them were illiterate and 36 percent were literates. Dietary pattern revealed that 91 percent of the women were non-vegetarian and 9 percent were vegetarians.78 percent of women income less than Rs.5000/- 58 percent of women were having habit of beverages and only 58 percent of women gave history of smoking and alcohol. (Table-1)

**Table-1-Socio-Economic Demographic Characteristics of Menopausal women**

S.no	Socio-Economic Characteristics	Demographic	Frequency	Percentage
1.	Age Distribution	35-40years	14	4.6
		41-50 years	128	42.7
		>50 years	158	52.7
2.	Education	Illiterate	192	64
		Primary education	89	29.7
		Secondary education	14	4.7
		Degree	05	1.6
3.	Occupation	House wife	117	59
		Daily labor	111	37
		Govt.employee	06	2
		Private employee	06	2
4.	Income	<5000	234	78
		5001-10,000	45	15
		10,001-15,000	16	5.3

	15,001-20,000 >20,000	02 03	0.1 1
5.	Marital Status Married Single	197 103	65.7 34.3
6.	Dietary habits Vegetarian Non-Vegetarian	27 273	9 91
7.	Family life style Traditional Modern	285 15	95 5
8.	Number of children 1 child 2 children 3children 4 children >4 children	33 136 83 32 16	11 45.3 27.6 10.5 5.3
9.	Menopausal status Pre menopause Post menopause	58 242	19.3 80.7
10	Habits Smoking Alcohol Beverages Tobacco chewing Nuts Nil	7 7 174 18 25 69	2.3 2.3 58 58

**Table-2: Association between socio-economic factors and health problems of menopausal women.**

S.no	Socio-economic factors	Chi-square value	Degree of freedom	Table value
1.	Age	26.899	10	18.31 **
2.	Education	27.602	15	24.99 **
3.	Occupation	64.981	15	24.99 **
4.	Income	84.5	20	31.41 **
5.	Type of family	9.9	5	11.07
6.	Number of children	24.3	20	31.41

**\*\* p<.001**

Association between socio-economic factors and health problems of menopausal women was done using chi-square test as shown in table-2. The study revealed that there is significant relationship between age, education, occupation and income with health problem. There is no significant with type of family, number of children with health problem of menopausal women.

(2013) Jennifer Stewart Williams conducted study on impact of socio-economic status on changes in the general and mental health of Australian women. The results of the study revealed that higher socio-economic women reported better health than lower socio-economic women and socio-economic status significantly modified the effect of time on both general and mental health in favour of higher socio-economic women.

#### **IV. Discussion:**

In our health system women of the reproductive age group are given more importance. The post menopausal women (more than 45 years) in urban areas are neglected. A study on the menopausal systems in rural area of Tamilnadu, India reveals that the most frequently reported symptoms were vasomotor(60.9percent) followed by sleep related symptoms(40.1 percent ) and anxiety (35.4 percent ) only 46 percent of the post menopausal women who had any one symptom had taken treatment. Another study on health problems of post menopausal women in rural India revealed that women experienced all the three types of menopausal health problems. Vaso motor, psychiatric and somatic, majority experienced somatic symptoms like tiredness (88.4 percent) and headache (78.4 percent). Among the psychiatric, depression episode are experienced by 13.6 percent of the subjects. In this study 78.3 percent reported muscle and joint pains, 82 percent felt tiredness during working, 55 percent gained weight, 64 percent had hot flashes, 25 percent had problem during sexual activity, a few women 7.3 percent had urinary tract infections, 36.7 percent had mood swings, 72 percent complained low sexual interest and 93.3 percent women were not taking any hormonal therapy.

In a study of the menopausal problems in women in Southern Thailand, the results showed that the three more prevalent symptoms in perimenopause were aching in muscles and joints, experiencing poor memory and change in sexual desire. In the four domains (vasomotor, psychological, physical and sexual symptoms)

more suffering was reported in perimenopausal and post menopausal than in pre menopausal subjects (peeyananjarassn.et.al, 2006).

Generally women from developing countries tend to view menopause and its symptoms as a natural process that does not require medical care, so they are less aware about the health related issues of menopause.

Moreover, a culture of silence prevents them from seeking health care. However recent studies have shown that educated women from developing countries are now seeking treatment for menopausal women (Jacantha veigas, journal of biology and agriculture). In this study there was a positive and significant association between socio-economic factors on health problems of menopausal women.

## **V. Conclusion:**

The findings of the study show that most of the women complained joint and muscle pain followed by weight gain, vasomotor symptoms, vulvo-vaginal symptoms etc. Most of the women under low economic status, poor education, low income, adverse living and working conditions and stress of the social and economic factors associated with poor health. There is a necessity of a multi disciplinary approach to the problems of menopause with more stress on promotive and preventing interventions. National health authorities should examine the implications of the projected rapid growth in the number of post menopausal women between 1990 and 2030. They should anticipate the provision of relevant health service, health education and promotional activities to cope with the health needs of women in their post menopausal years.

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