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## Exploration of Socio-Medical Dimensions Impacting Menopause in Rural Puducherry: A Community-Based Qualitative Study

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### Abstract

For a long time, healthcare professionals around the world have been quite concerned about the health of women. But only the health of mothers and adolescents is a concern and the life course strategy is not keeping up. This study was done to explore the medico-social dimensions of menopause among perimenopausal and early postmenopausal women and to determine the socio-cultural beliefs and attitudes over menopause. A qualitative study was conducted in a rural area of Puducherry among women in perimenopausal and early postmenopausal stages by complete enumeration by Focussed Group Discussion. Three groups were formed, each group consisting of two women from perimenopausal stage, two women from early and two from late post-menopausal stage. Constant Comparison Analysis and Classical Content Analysis were used. All women had a uniform practice of isolation for the first three days of their menstrual cycle which continued till their first delivery. Regarding the use of napkins, all participants uniformly used old clothes as sanitary napkins. Even perimenopausal women had not tried to use commercial pads. Most participants felt happy in initial few months of their menopause but after experiencing the postmenopausal symptoms they had wished to have regular periods. Menopause and its symptoms had variability among nation, race and individual perception. It was influenced by multiple factors like age, socioeconomic status, psychological factors, socio cultural factor, peer group effect, diet and lifestyle etc.

## INTRODUCTION

Globally health of women has been of great concern to the health care providers for past many years<sup>[1]</sup>. Firstly, this concern regarding women's health in India was focussed mainly on maternal health and contraception, which means for the last two decades the health care for Women, was largely towards safe motherhood and reproductive health<sup>[2]</sup>. In recent years adolescent health has also been given importance by initiating adolescent reproductive and sexual health (ARSH) programme. However issues over women's health beyond the reproductive age have been remained as a neglected one till now<sup>[3]</sup>.

Secondly there is no standard data related to postmenopausal women in India as we have for under 5 children, school going children, eligible couples and geriatric population especially from rural areas which is the place where most of the women of this age group are expected to reside and it is the place where there is lack of services to these women<sup>[4,5]</sup>.

The Gender Spiral where the number of boys and men at the younger age group are more whereas increased numbers of women are seen in older age group. The reason being increased life expectancy of women compared to that of men. This difference in the demographic transition influences the variety of services like public health, social protection and so on that needs to be provided especially to women<sup>[6]</sup>. As the current geriatric health care services is essentially towards the overall health problems of the elderly no special direction has been headed for the women in post reproductive stage<sup>[7]</sup>.

According to the current estimates (2012), life expectancy for women is 72.7 years as against 68.1 for males<sup>[8]</sup>. This increase in life expectancy, a woman spends about one third or two and a half decades of her life after menopause<sup>[9,10]</sup>. It makes post-menopausal life as significant as before the menopause<sup>[11]</sup>.

In general the effect of menopause has made the women to have a complex old age compared to that of men which is believed to be the hormonal changes that cause such an outcome<sup>[12]</sup>. Thus anthropologist and evolutionary biologist have been working on this particular issue for many decades to study and to explore the evolutionary origin and significance of menopause in a women in her post reproductive phase<sup>[13]</sup>. Researchers have found that the oestrogen level that decreases during menopause to be the reason for menopausal symptoms which affects physical and psychological wellbeing of the menopausal women. Thus women in the post-menopausal period are at high risk and most vulnerable group which they are unaware<sup>[14]</sup>.

The symptoms of menopause are the effects of hormonal changes on many systems in the body most widely the cardiovascular and musculoskeletal system affecting their quality of life<sup>[15]</sup>. Recently Study from women Health initiatives says that persistent vasomotor symptoms is a marker for subclinical CVD<sup>[16]</sup>. Apart from these vasomotor symptoms there are much more range of menopausal symptoms like hot flushes, vaginal atrophy, memory loss, urinary problem etc. There exist underlying variations for the prevalence of menopausal symptoms among the Asian women versus Western women. But the menopausal symptoms have been widely studied in women from western countries, but very few information is available for women of non-western ethnic groups<sup>[17]</sup>.

These problems have a long lasting effect on the women and their family. Menopause has been felt as a positive event in the life of women in some villages in India in contrast to the Western countries. This is resulted among the women to perceive menopause as a beneficiary effect which makes them free from cultural limitations imposed on younger women and the burden of childbirth as well as the discomforts associated with menstruation. Post-menopausal women in India are said to enjoy a higher social status assigned to ageing women<sup>[18]</sup>.

A large number of studies on menopausal women were done at developed country but a handful has been done in developing countries which were also a hospital based study rather than community based study<sup>[19,20]</sup>. Thus a need was felt to study the changes taking place in women after menopause and also the influential factors of menopause.

This study will also draw the attention of Health care providers and policy makers to initiate programs and provide appropriate health care for the large population of women living in their post reproductive or in post-menopausal period. Additional emphasis should be made to implement programmes that will critically help to sensitize and intensifies the awareness of menopause among women in India<sup>[21]</sup>. To study the medico social dimensions of menopause among perimenopausal and early postmenopausal women and to map the menopausal symptoms among them.

## MATERIALS AND METHODS

This is a part of a larger study where a qualitative study was conducted in Seliamedu, a rural field practising area of a tertiary care hospital, for a period of one year and six months among perimenopausal and early postmenopausal women. The study was conducted after obtaining ethical clearance from the Institutional Human Ethics Committee, Mahatma Gandhi Medical College and Research Institute

(PG/2014/08). The study included all women over 40 years of age who had lived in the selected rural area for more than a year and whose last menstrual cycle was regular and lasted no longer than five years. Women who had undergone hysterectomy, received hormonal therapy, were seriously ill, physically challenged, deaf and dumb and women who were not in their house for three successive visits were excluded from the study. The Stages of Reproductive Aging Workshop (STRAW) staging system for reproductive ageing in women (2012) was used to classify the women<sup>[8]</sup>. Prior to the start of the study, a pilot study was done at the nearby village (Pinnachikuppam) with 30 subjects to assess the feasibility and reliability of the questionnaire. Cronbach's alpha coefficient was 0.842.

Complete enumeration of perimenopausal and early postmenopausal women was done by house-to-house survey using a pre-structured and pre-tested semi-structured questionnaire, which was in the local Tamil language. Visits were done for one year. So at the end of the study, 148 women were interviewed for larger study. For qualitative research (Focus Group Discussion) purposive sampling was done i.e. three groups were formed, each group consisting of two women from perimenopausal stage, two women from early and two from late post-menopausal stage were selected. Series of two discussions were conducted in each group. Each session lasted for about an hour. Discussions were audio recorded and note making was done. The discussion was about the menstruation, their practices during menstruation and the present generation practices, thought about menopause, feeling after menopause etc.

International literatures has found that body mapping as a powerful tool for provoking perceived health status and for promoting self-assessment in the identification of health and other related issues<sup>[22,23]</sup>. Initially free listing was done where the symptoms were not told in complete so we used the method of body mapping where an outline figure of women was given to the women. In that figure the interviewed women were asked to draw the areas where they experience symptoms after attaining menopause. A multiple responses symptoms were obtained. Six women were reluctant to do body mapping after convincing they also did body mapping. The purpose of using body mapping in this study is to engage the participants to critically realise their current symptoms and to draw their perceived symptoms

After completion of data collection, the data were entered in Microsoft Excel sheet and frequency of all variables was checked for the completeness and data cleaning was done with appropriate corrections. Data

was done by using Statistical Package for the Social Sciences software (SPSS) for Windows (IBM) version 20.0. For focus group discussion, Constant Comparison Analysis and Classical Content Analysis were used. Audio recordings were translated followed by transcription to codes then either grouped to themes or count has been made. The encoded transcripts were analysed.

## RESULTS AND DISCUSSIONS

Results of body mapping of the present symptoms of the menopausal women. This figure shows the how the menopausal women mapped their present symptoms to the body image. The results are as follows. Among the Menopausal women 25% (37) of women did not have any problem. Other 111 (75%) had mapped their body with various symptoms. Among the women who had symptoms pain in the Knee joint was at the lead of 50 (33.8)% followed by neck pain 30 (20.8%). Other symptom include pain in the breast, other joint pain, epigastric pain, abdominal pain, pain in the loin and groin etc. (Fig. 1).

The basic characteristics of six women from each group with a total 18 women for Focussed Group Discussion is mentioned in (Table 1).

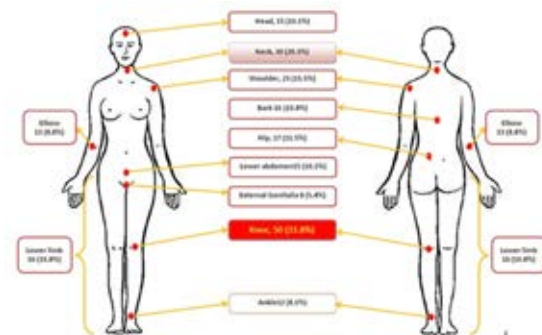


Fig. 1: Body Mapping of the menopausal symptoms (N = 148)

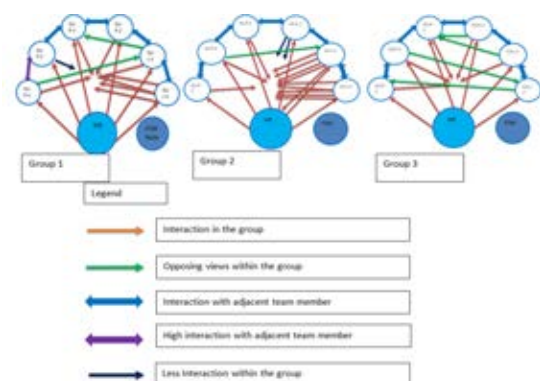


Fig. 2: Sociogram of focus group discussion (N = 18)

**Table 1: Summary of the characteristics women in FGD (n = 18)**

Group	Characteristics	Perimenopause		Early post menopause		Late Post menopause	
Group-1	Participants Reference	P1 G1-P-1	P2 G1-P-2	P3 G1-E-1	P4 G1-E-2	P5 G1-L-1	P6 G1-L-2
	Age	45	48	50	55	62	59
	Education	Illiterate	3	2	2	Illiterate	Illiterate
	Occupation	Coolie	HW	Coolie	HW	HW	HW
	Parity	2	3	UM	3	2	4
	Physical appearance	Thin, neatly dressed	Hesitant to talk			Eldest	
Group-2	Participants	P7	P8	P9	P10	Topic deviation P11	Most interactive P12
	Reference	G2-P-1	G2-P-2	G2-E-1	G2-E-2	G2-L-1	G2-L-2
	Age	40	43	52	49	60	58
	Education	Illiterate	Illiterate	7th	Illiterate	Illiterate	Illiterate
	Occupation	Coolie	Coolie	Coolie	Coolie	HW	HW
	Parity	1	3	2	3	0	4
	Physical appearance	Free hair				Big bindi	More interactive
Group-3	Participants	P13	P14	15P	P16	P17	P18
	Reference	G3-P-1	G3-P-2	G3-E-1	G3-E-2	G3-L-1	G3-L-2
	Age	53	47	50	52	62	56
	Education	8	7	Illiterate	8	Illiterate	Illiterate
	Occupation	HW	Coolie	Coolie	HW	Coolie	Coolie
	Parity	3	2	2	3	3	3
	Physical appearance	Youngest		Bold dominative	Silent observer	Eldest	Wore no blouse.

HW-Housewife

**Awareness About Menstruation:** The initial discussion was on the process of menstruation. They described menstruation as a monthly process of bleeding which would stop during pregnancy and lactation. Sometimes bleeding would occur even when the woman was lactating. The younger among them, the perimenopausal said that the bleeding came from the uterus. The younger women in perimenopausal stage were eager to know more about the process but the older ones were disinterested, stating the futility of this knowledge. However P1 mentioned it was always beneficial to gain knowledge as it would be useful for educating the grandchildren.

**Practices Followed by Participants During Menstruation:** All women had a uniform practice of isolation for the first three days of their menstrual cycle which continued till their first delivery, after which there was no isolation. But another strict practice during these three days was not to touch any person or thing until they clean themselves by taking head bath. Restriction for touching food items, going to the temple or to have sexual relationship were some of the common practices. P3 highlighted that she used to ask her friends, relatives or passerby to add raw rice to the boiling water for cooking during the three days of menstruation.

Regarding the use of napkins, all participants uniformly used old clothes as sanitary napkins. Even perimenopausal women had not tried to use commercial pads. Their justification was the cost factor and means of disposal. They stated that now the younger generation had started using sanitary pads P5 mentioned that there is lack of awareness about the proper disposal of sanitary pads among the users which is creating an unfavourable situation in the public. The same was told by P2 adding on about the stray dogs opening the garbage with sanitary pads and producing problem in the community. All agreed that

it was important to dispose pads properly. Women in Aranganoor and Kudiyiruppupalayam village told that the common belief is that crawling of a “naegilu (snake), kaeranam (Lizard)” on the washed cloth which was used as sanitary napkin or the sanitary pad would lead to lifelong infertility generally termed as “Nagathosham”. So a careful process was followed to safeguard these clothes. P4 highlighted that in current practice isolation is not followed in any regards including separation from husband.

About the food habits avoidance of non veg food including egg during the menstruation because they believed that it causes foul smell. P8 felt, that zero intake (complete avoidance) of non veg food like egg during their menstruation was one of the reason for their struggles and sufferings faced by them after menopause which was accepted by P6.

**Tamil Terminology for Menopause:** Entry into actual topic on menopause, started with commonly used term for menopause in their language. To a surprise the participants don't use any specific terminology for menopause. Indeed they represent menopause as stoppage of menses in Tamil “kadaisiya thalakulichathu, pokku ponathu”.

**Awareness About Menopause and Seeking Health:** All participants who were in early and late post-menopausal stage shared menopause to be a natural process like menarche and pregnancy for a women. Perimenopausal women added to it saying menopause an ageing process. P9-11 highlighted that they have sought the advice of health professional when their menstrual cycle was irregular. But they were counselled and advised that these irregularities were normal and is a sign of their menopause.

P13 shared that she was worried when she attained menopause at an early age compared to her peer group who were still experiencing the normal

menstrual cycle. This had forced her to go for consultation, where she was counselled about menopause which had made her more comfortable and accept the reality and move on with life. She was happy that she was relieved from monthly pain and the cultural restrictions.

P7 disagreed stating that even though they were relieved from those restriction during the menstruation period, they were exposed to a big challenge in facing the physical changes that was taking place in their body which was causing mental and physical stress. P14 additionally told that menstrual pain lasts only for a day or three but the discomfort after menopause symptoms continues every day. P18 voiced out that she attained menarche at an early age hence she attained menopause early. Her age of menarche was 12 years

The rest of the participants shared that they were not bothered whether they have menopause or not. But P18 who had not done sterilisation said that she is relieved from the fear of being pregnant. Also many of the women were unaware of the hormone replacement therapy but aware that postmenopausal bleeding to be a warning sign of cancer.

P6-9 were welcoming menopause as they have no problem or restrictions for going to temple or going to any other place. In addition it was highlighted that they were free from the burden of monthly bleeding and also limitation/restriction in doing their daily activities during those days. Participants P5-7, 13 felt that it would be better if they get their menstrual cycle as usual to avoid the problems like body pain, joint pain, dyspnoea while walking for a short distance etc. since they were experiencing the above changes after attaining menopause. P14, P17 insisted that they felt bloated after the menopause and believe that they will be free only if the bad blood comes out. P2 felt discomfort after menopause that something is locking inside her body "kata pota pola". P16 felt happy in initial few months of her menopause but after experiencing the symptoms she wished to have her regular periods which she feels is the only way to get rid of the present problem.

**Husband's Attitude After Menopause:** Most of the participants concurred that there is no change in the attitude of their husband, except for P8 who confessed that her husband takes more care after menopause like helping her in household activities, consults doctor immediately when she feels sick. Rest of the participants admitted that their husband were not bothered about whether they attained menopause or not.

**Felt About Sexual Activity After Menopause:** All voiced out that it is the end of sexual life. They also believed that after menopause involving in sexual activity may

cause "soothagam" which means haemorrhoids. P3 who experienced the problem of "soothagam" i.e. profuse bleeding per anum immediately after the sexual relationship. For which she was hospitalized and operated. Based on the ordeal she had gone through she completely stopped having sex. P1, P5 perceived that menopause had nothing to do with sexual relationship but the felt that they have got grandchildren only made them to have sexual restriction.

P9 expressed about the compulsion and domestic violence she faced by her husband to involve her sexual relationship especially after consuming alcohol. This attitude of her husband makes her felt depressed. She voiced out that she is helpless and was not able to find a solution for this problem. The reason for her lack of interest in sexual relationship is because of the pain she experienced after sexuality.

Focus Group Discussion was done in Tamil their local language among 3 groups of 18 women (6 women in each group., two in perimenopausal stage, two in early postmenopausal stage and two in late postmenopausal stage) Each of the Groups were formed by the residents of the same village. For building rapport initial discussion was about menstruation and their practices which is not discussed here as the focus of the study was on menopause. To start with topic per se Tamil version of menopause was asked to the participants for which there was no answer from them.

Similar study conducted by Subha Ray at West Bengal in her Focus Group Discussion had felt the same problem when she tried to find the terminology for menopause in the participant's local language (Bengali). Although they knew what menopause was, the participants were totally unaware of the corresponding term for menopause in Bengali<sup>[24,25]</sup>.

The present study revealed that all the 18 women knew about menopause as a process of aging and few of them were able to say the age of menopause correctly. Similar results were shown in an FGD conducted at West Bengal and Nigeria<sup>[25,26]</sup>. Ibraheem *et al.* in their group discussion had studied that Nigerian women felt that all the changes that were taking place in their body were physiological and due to the aging process and menopause which was the similar finding in the present study<sup>[27]</sup>.

In the present study a difference of opinion was seen among the perimenopausal women who were expecting to attain menopause whereas early and late postmenopausal women wish to have their regular menstrual cycle. But a contradictory reporting was found in a study conducted by Morrison *et al.* in which perimenopausal women were desperate about the pathological changes occurring after menopause<sup>[27]</sup>. Perimenopausal women have positive attitude towards



menopause as they were free from conception and monthly problem which was also a finding in a systematic review quoting the same reason for positive attitude towards menopause<sup>[28]</sup>.

Morrison *et al.* in their study found that the premenopausal women have used terms like scary, manic, anxious, crazy, unstable and fear to mention about menopause. Perimenopausal women from the same study said that she was super excited of menopause. Also the postmenopausal women felt that they were very much empowered and were entering into a phase of new womanhood after menopause<sup>[27]</sup>. Jurgenson *et al.* in their study under GRAMS had found women to saying "loss of womanhood" after menopause<sup>[29]</sup>.

Hunter *et al.* in their study provoked their negativity towards menopause because of the symptoms which were extremely bothersome<sup>[30]</sup>. Anoulet *et al.* in their study shows the positivity from the participants as they felt menopause to be beneficial for them. The way they were benefited was they were free from pregnancy (babybugs) and contraceptive uses, financial constraints and increased time spent to take care of themselves<sup>[31]</sup>.

Though few women from this study had got medical advice during their erratic period of menopause they were still unaware of the menopausal symptoms and often neglect to receive medical advice. Similar findings had been expressed in a FGD done by Subha Ray also<sup>[24]</sup>.

From the FGD results majority of women felt there was decrease or loss of interest in sexual activity and this was attributed to the ageing, cultural taboos, having grandchildren, lack of privacy. Aaron *et al.* in their study had found the similar reason for the loss of interest in sexual activity<sup>[5]</sup>.

Women in the current study revealed about the reduction in their sexual activity after menopause and similar findings were reported by Ibraheem *et al.* and Adekunle *et al.* that these women felt that during menopausal period they can take care of their grandchildren in a better way. Their point of view seems to be a support for Grandmother Hypothesis (menopause an adaptability change to take care of their grandchild) which explains how menopause had its origin in human life and how the infertility in late life can bring about evolutionary adaptability and advantage<sup>[27,32]</sup>. But the study group from Morrison *et al.* felt that this was the stage for them to take care of themselves rather than family<sup>[26]</sup>. This impact may be due to the effect of western cultural while in India women were more family oriented. This findings were also supported by the findings of McCloskey<sup>[33]</sup>.

But a contradictory reporting was found in a study conducted by Martin *et al.* two decades back where

the participants in their study after menopause enjoyed their sexual life as they don't have the fear of getting pregnant.

**Limitations:** The cultural specificity of the practices and beliefs identified may not apply to women from different cultural backgrounds, thereby limiting the applicability of the findings. The data collected through Focus Group Discussions are based on self-reports, which may be influenced by recall bias or the desire to conform to perceived social norms.

## CONCLUSIONS

In conclusion, menopause is a complex life stage influenced by a myriad of factors. Addressing the needs of perimenopausal and postmenopausal women requires a multifaceted approach that considers medical, psychological and socio-cultural dimensions. Studies with larger, more diverse populations can provide a broader understanding of menopausal experiences across different socio-cultural and economic backgrounds. Combining the qualitative insights from this study about women perceptions with quantitative measures can offer a more comprehensive understanding of menopausal health and inform evidence-based interventions. By doing so, healthcare systems can better support women through this significant transition, enhancing their health and quality of life.

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