Original Article

Age of Menopause and Menopausal Symptoms among Urban Women in Pune, Maharashtra

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Abstract

Objectives: To study the age at menopause, reported symptoms of menopause, and treatment-seeking behavior of urban women. **Methods:** This was a cross-sectional study on purposively selected 156 women from four different sites in Pune city between 40 and 55 years of age. Pretested semi-structured interview schedule was used for data collection. Data analysis was done using SPSS software and the correlation between menopausal symptoms and sociodemographic characteristics was tested using chi-square test. **Results:** Mean age at menopause was 45.8 years. Each respondent reported nearly four symptoms. Most frequently reported symptoms were psychological (n=154) vasomotor (n=78) followed by urogenital (n=68) symptoms. Nuclear family and income levels found to have significant correlation with menopausal symptoms. Less than half (43%) patients used modern medicine while 30% did not seek any treatment. **Conclusion:** It is necessary to critically inspect health needs of women in menopausal transition and incorporate specific components in the programs.

Keywords: menopause, health problems, health care.

Introduction

Menopause is a condition that might disrupt the quality of life during those mid years. About 130 million Indian women are expected to live beyond the menopause into old age by 2015. Menopause is emerging as an issue owing to rapid urbanization, changing life style, and increased longevity in urban Indian women, who are evolving as a homogeneous group. However, most remain oblivious of the short- and long-term implications

of the morbid conditions associated with middle and old ages, simply because of lack of awareness, and the unavailability or the ever-increasing cost of healthcare¹.

In some of the recent studies in Asian countries age at menopause ranged from 47 to 50 years: Pakistan, 49±3.6 years²; United Arab Emirates, 47.3±3.29 years³; Saudi Arabia, 48.94±0.290 SE⁴; and Iran, 49.6±4.6⁵. Cross-cultural studies have documented the wide variations in the symptoms perception and reporting in women from different ethnic origins⁶. Unraveling these complex influences is a challenge to researchers. The current national program on reproductive health focuses on women between 15 and 45 years of age and very less attention is being paid to women beyond reproductive age unless conditions become worse. The information on menopausal symptoms and the way women chose to treat these symptoms are essential for designing appropriate delivery of healthcare services and to ensure easy

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transition to old age. Therefore the present study was aimed at looking into the mean age of menopause and symptoms reported among women between 40 and 55 years of age and their treatment choices.

Material and Methods

This was a cross-sectional study. Subjects were recruited from the four different parts of the Pune, Maharashtra. Purposive sampling method was used to include women willing to participate in the study. The target group was females aged 40-55 years. Total 156 respondents were recruited from the selected sites. A pretested semi-structured interview schedule was used for a face-to-face interview. The schedule included two parts: the first part focused on sociodemographic data such as level of education, occupation, income, marital status, etc. (14 questions), and the second part contained questions about sign and symptoms of menopause, treatment choices, use of hormone replacement therapy, etc. (13 questions). Following items were asked: hot flushes, sweating, heart discomfort, sleep problems, depressive mood (feeling nervous), irritability, anxiety (inner restlessness), bladder problems [difficulty in urinating, increased need to urinate (bladder incontinence)], dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse), and joint and muscular discomfort (pain in the joints, rheumatoid complaints). Each interview took ~20 minutes and consent was taken orally. Each subject received a pamphlet explaining the study and was then asked to take part in the study. Interview was done in private setting so that the confidentiality of the study was ensured. SPSS software was used for statistical analysis. Chi square test was used to compare different quantitative data variables.

Results

As seen from Table 1, ~60% (n=93) of the respondents were in postmenopausal stage and majority (n=76) of them have had experienced it naturally. Total 17 respondents reported surgical menopause. Therefore the mean age at menopause was 45.8 years (± 4.3 SD) for all subjects, while for those experiencing naturally mean age at menopause was increased by 3 years (48.3 years ± 1.9 SD). Majority (74.4%) of the respondents were aware about the symptoms and changes during menopause. Friends, colleagues, and relatives were the chief sources of information. Magazines and media proved to be the main sources of information for 14% of the subjects. Majority of the subjects were married (89.8%), remaining were either single or widowed or separated.

Graph 1: Frequency of reported symptoms of menopause (n=123)

Most of the subjects were housewives (67%) and the rest were employed. Almost 67% of the subjects had studied up to graduation or more while the remaining had completed secondary education or a couple of years of college. More than half (75%) of the respondents were staying in the nuclear family setup.

Graph 1 shows various menopausal symptoms reported by the subjects. In the study 21.15% reported no menopausal symptoms. Majority (70%) were in premenopausal stage. On an average each respondent noticed four symptoms. The most frequently reported symptoms were irritability (48%), nervousness (43.08%), hot flushes (38.2%), and aching joint and muscle discomfort (35.8%). Every third subject reported irritability or nervousness, anxiety, and mood swings. Nearly 15% reported vasomotor symptoms like hot flushes and night sweating which were frequently accompanied by insomnia, palpitation, and breathlessness. Response to the questions on urogenital problems was very low, frequent urination (22%), vaginal dryness (17%), and reduced sexual desire (16.3%) mentioned together only by 13.10%. Huge majority (42.2%) reported nonspecific somatic symptoms like headache (26.8%), tingling sensation (22.7%), along with specific changes like facial hair growth (9.7%), and sudden weight gain (20.3%). Origin of most of the somatic symptoms can be accorded to various other factors.

Of the 123 subjects reporting one or more symptoms, merely 67 (54.5%) took treatment for the relief. Among them only 29 subjects relied on modern medicine while the remaining 38 subjects resorted to alternative therapies.

None of the subjects were on hormone replacement therapy (HRT) at the time of interview but ~4% reported history of using HRT, the mean duration of HRT being

Table 1
Characteristics of the respondents (n=156)

Age group (years)	No. of women	(%)
40-44	49	(31.4)
45-49	48	(30.8)
50-55	59	(37.8)
Education		
Undergraduates	51	(32.7)
Graduates	70	(44.8)
Post graduates	35	(22.5)
Marital status		
Married	140	(89.8)
Unmarried	16	(10.2)
Occupation		
Housewives	104	(67)
Service	34	(22)
Professional/self-employed	18	(11)
Family type		
Nuclear	117	(75)
Extended	39	(25)
Monthly family income (Rupees)		
No response	4	(2.5)
≤10,000	58	(37)
10,000 to 20,000	53	(34)
>20,000	41	(26.5)
Menopausal status		
Premenopause	63	(40.4)
Postmenopause	93	(59.6)

0.36 months (± 1.42 SD). Moreover, the history of oral contraceptive (OCP) use was reported among 17.3% of subjects (mean duration of OCP use was 0.53 month ± 1.55 SD).

Discussion

The mean age at menopause was 45.8 years (± 4.3 SD) for all subjects. Mean age at menopause for the subjects reporting natural menopause was increased by 3 years to be 48.3 years. In the present study, nearly 80% of the subjects reported problems associated with menopause

or experienced it during menopausal transition phase. The most common vasomotor symptoms were hot flushes and night sweats. Irritability and nervousness were the chief psychological symptoms. Share of vasomotor complaints was merely 15% of the total symptom load. More than half (56%) of the postmenopausal subjects reported more than three symptoms and maximum upto ten symptoms. This is perhaps because they reported vasomotor, psychological, urogenital, as well as several somatic complaints. Reporting of symptoms was influenced by income level. Women from income groups <Rs20,000 experienced less number of

(pt 4) symptoms as compared to those with family income of $\geq$ Rs20,000 ($p < 0.00$). It was also observed that psychological symptoms were reported more (70%) among low-income than high-income group (59%). This could be because of several other stressors present in their living environment. High-income group reported more of vasomotor (54 vs 49%) and urogenital symptoms (37 vs 20%) as compared with low-income group. The overall reporting of symptoms was observed to be lesser among the nonworking women (housewives) than their working counterparts (76 vs 85%). This is perhaps because of the stress and burden due to the dual role working women have to perform in daily life. Respondents living in nuclear families faced significantly more ($p < 0.01$) psychological symptoms as compared to vasomotor or urogenital types of symptoms. Changing sexual patterns due to untreated vaginal atrophy can also be psychologically distressing for some women. However, acknowledging and seeking treatment on sexual problems is highly averted in Indian setup. Respondents reported more psychological symptoms, which however, do tend to occur around menopause but it is unlikely that these symptoms were only related to changing hormonal levels. Menopausal state, level of awareness, education, and employment did not show any statistically significant relation with menopausal symptoms.

In this study, only 54% of the total respondents reporting symptoms consulted various systems of medicine. Among them only nearly 43% obtained advice from modern medicine. Remaining consulted various other systems of medicine for getting relief from the symptoms. It was observed that the subjects reporting more than six symptoms were more likely to take help from modern medicine. It was also noticed that somatic problems were given priority and treated either by modern medicine or using alternative therapies. Insomnia, palpitations, joint and muscle pain, were among the symptoms women frequently reported to their doctors. None of the respondents reported professional consultation for emotional problems. Awareness influenced respondents' healthcare utilization, but education and working status had no statistically significant relation on the choice of healthcare. Nearly 45% of the subjects decided not to seek any treatment.

This highlights the immense need for dialogue with the women in the menopausal transition and creates an

opportunity for them to come out with problems rather than using professional help as and when possible. Employed respondents experienced more physical and emotional stress, which put extra burden on their emotional health. Nowhere in our system have we made an effort to address emotional health issues. Public health program must make an effort to generate awareness among women and their healthcare providers; also arrange for accessible and affordable specific counseling and care services to facilitate easy transition of this phase in the life of millions of women in the country.

Conclusion

Several studies mentioned that Asian women welcome menopause and is not considered as a major event in life. However, the present research suggests that women in the menopausal age group carry a major burden of several health problems and not merely vasomotor problems. These health issues are often neglected and may lead to deterioration in the quality of life in later ages. Therefore, this study further recommends that health-care providers must make honest efforts to address such nonvasomotor health problems. Health-care providers need to consider treating these health issues from a lifestyle management perspective and a precaution should be taken not to pathologize menopause.

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