

A COMPARATIVE STUDY OF MENTAL HEALTH PROBLEMS DURING MENOPAUSE AND POST-MENOPAUSE MIDDLE-AGED OFFICE GOING, WOMEN

Dr. Usha¹

Assistant Professor (Guest Faculty)

PG Department of Home Science, Purnea University, Purnia, Bihar

Email id - singhusha59@gmail.com, Mobile No-9835583892

Dr. Ranjana Kumari*

Assistant Professor (Guest Faculty)

PG Department of Psychology, Purnea University, Purnia, Bihar

Email id - tejasranjana30@gmail.com, Mobile No-8114587608

ABSTRACT

Background: Menopause is a transition into a new phase of life. Menopause is a normal condition that all women experience as they age. It is the stage when the menstrual period permanently stops. This stage usually occurs between the age of 40 and 60 associated with hormonal, physical, and psychological changes. These changes can occur gradually or abruptly. Psychological problems such as anxiety and depression are reported among women in the menopausal period.

Aims: The aim was to find out the effect of menopausal symptoms on psychological problems such as anxiety and depression among middle-aged women.

Participants and methods: 100 middle-aged women in the age group 45–55 years were selected from a simple random sampling method, 50 were During Menopause, and 50 were Post Menopause middle-aged office going women. For obtaining the data on Anxiety, Depression used GHQ-28 by Goldberg and Hillier (Hindi Adaptation) and Mental Health checklist (MHC) by Kumar P (1992).

RESULT: The present investigation observed moderate to a high level of anxiety, depression, social dysfunction, and somatic symptoms in middle-aged women working as a school teacher. It was interesting to note that the level of these factors was comparatively higher in the post-menopause group than during the menopause group and the present small study could find a statistically significant difference between the groups.

Introduction

Menopause is a transition into a new phase of life. Menopause is a normal condition that all women experience as they age. It is the stage when the menstrual period permanently stops. This stage usually occurs between the age of 40 and 60 associated with hormonal, physical, and psychological changes. These changes can occur gradually or abruptly. Psychological problems such as anxiety and depression are reported among

women in the menopausal period. The middle age of females is mainly affected by hormonal factors. The hormonal changes of the climacteric, chiefly the decline in ovarian estrogen production manifest in the menopause, contribute directly to depression. It is believed that a cause of depression is a change in estrogen levels, which occur during menopause. Menopause also refers to the end stage of a natural transition in a woman's reproductive life when ovaries stop producing eggs and a woman is no longer able to get pregnant naturally. Post-menopause refers to a woman's time of life after menopause has occurred. Menopause usually starts between the ages of 40 and 58 years in developed countries, where the average age is 51 years. For some, it will occur earlier due to a medical condition or treatment, such as the removal of the ovaries. Around the time of menopause, many females experience physical symptoms such as hot flashes, night sweats, vaginal dryness, and a reduced sex drive. It can also lead to anxiety, changes in mood, and a reduced sex drive. It can last for several years, and there are three stages:

Perimenopause is the transitional time that starts before menopause and includes the 12 months that follow a person's last period.

Menopause: starts either 12 months after the last period or when menstruation has stopped for a clinical reason, such as the removal of the ovaries.

Postmenopause: refers to the years after menopause, although it can be difficult to know when menopause finished and post-menopause starts.

During middle age in addition to physical and social changes, some psychological changes also occur which may affect their overall well-being and positive mental health. As working women bear double responsibilities one, at the workplace and other in the family, therefore, excess work, less freedom, high need for motivation, and work-family environment may become a powerful source of stress among these women. Therefore, emotional balance, adjustment process, tolerance level, and other personality attributes are under great threat, which affect negatively the mental health. There may be a chance that if their problems are left unnoticed they might become a mental case in the future. Some suitable interventions and modifications in their lifestyle and coping strategy especially during these periods may help in improving and maintaining their good health.[1]

The objective of the present study was to assess the mental health status of menopause and post-menopause groups of middle-aged working women in a cross-sectional study. The selected subjects were administered two questionnaires and their scores compared.

Signs and symptoms

Around menopause, various physical and mental **changes** can occur, causing symptoms. Some of these **start before** menopause and some continue after it.

The changes involved in perimenopause and menopause include:

1.) **Lower Fertility:** As female approaches the end of the reproductive stage, but before menopause begins, estrogen levels start to fall. This reduces the chances of becoming pregnant.

2.) **Irregular menstruation:** The first sign that menopause is approaching is usually periods occurring less regularly. They may come more or less frequently than usual, and they may be heavier or lighter.

3.) **Vaginal dryness and discomfort:** Vaginal dryness, itching, and discomfort may start during perimenopause and continue into menopause. A person with any of these symptoms may experience chafing and discomfort during vaginal sex. Also, if the skin breaks, this can increase the risk of infection. Atrophic vaginitis, which involves thinning, drying, and inflammation of the vaginal wall, can sometimes occur during menopause.

4.) **Hot flashes:** Hot flashes are common around the time of menopause. They cause a person to feel a sudden sensation of heat in the upper body. The sensation may start in the face, neck, or chest and progress upward or downward.

A hot flash can also cause:

- sweating
- red patches to form on the skin
- Some people experience night sweats and cold flashes, or chills, in addition to or instead of hot flashes.
- Hot flashes usually occur in the first year after menstruation ends, but they can continue for up to 14 years after menopause.

5.) **Sleep disturbances:** Sleep problems can arise during menopause, and they may stem from:

- anxiety
- night sweats
- an increased need to urinate

6.) **Emotional changes:** Depression, anxiety, and low mood are common during menopause. It is not unusual to experience times of irritability and crying spells. Hormonal changes and sleep disturbances can contribute to these issues. Also, a person's feelings about menopause may come into play. For example, distress about low libido or the end of fertility can contribute to depression during menopause. While feelings of sadness, irritability, and tiredness are common during menopause, they do not necessarily indicate depression. However, anyone who experiences a low mood for 2 weeks or longer should see a doctor, who will be able to advise about the best course of action.

Mental Health

Mental health plays a very important role in human life. It plays its role not only in the lives of individuals but also in the life of society. There is no area in human life which is beyond the range of psychological wellness. The term mental health doesn't allude to any aspect part of mental life or anyone's dimension of human character. *"Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality."* (World Health Organizations) (1981)." Like physical wellbeing, mental health is also an aspect of the total personality. Mental health is a list that demonstrates the extent to which the individual has been the option to fulfill his environmental needs, i.e., social, emotional, or physical; and the extent to which he gets himself mentally stressed. This psychological or mental strain is commonly reflected in indications like anxiety, pressure, restlessness, or hopelessness among others.

Review of the Literature

The study conducted by **Syamala T S and Sivakami M.**, said that women living in rural areas are more prone to premature menopause. It is of great concern that, women are attaining premature menopause. Some women are attaining it as early as 30 years. Early menopause may be a risk factor for earlier mortality from diseases related to decreased estrogen levels and may promote the increased incidence of osteoporosis, heart diseases, diabetes, and hypertension, and breast cancer. Natural menopause occurs between the ages of 45 and 55 years with a mean age of incidence around 51 years worldwide. The mean age of menopause in India is 44.3 years. This is the time when a woman's life undergoes a transition from the reproductive to the non-reproductive stage. The data for the study, which was based on the National Family Health Survey of 1998-99, collected information from a sample of more than 90,000 married women aged between 15 and 49 and covering 99% of India's population living in 26 states. The report which was presented in Parliament has said that in India 3.1% of the women are already in menopause by the age of 30-34, and the incidence rises to 8% for the age bracket of 35-39 with menopause setting in quite rapidly after the age of forty. **Syamala T. S.** said that women who marry late need not panic as they have children late, resulting in delayed menopause. The study reported that there are a higher number of illiterate women who are in premature menopause as against those who are educated.

Doctors informally note that Keralites and Punjabis have high bone mass and this could be attributed to a calcium-enriched diet - a high intake of seafood in the case of the former and the high intake of milk in the case of the latter. **Anklesaria B. S.** said that women in the East Asian countries report few menopausal symptoms: this has been linked to their high intake of seafood. **Jankharia** noted that 9 people from the lower

socio-economic strata have a low bone mass because of poor nutrition during childhood and adolescence. While these conditions are not gender-specific, women are affected more because they place a low priority on their nutrition and health. According to doctors, a low-fat diet rich in calcium, frequent intake of green and leafy vegetables, regular exercise, and avoidance of smoking can help reduce menopausal symptoms, which include osteoporosis and cardiovascular diseases. Milk and soybean are recommended as vital ingredients of a healthy diet in old age.

Rashmi Shah has carried out a study of menopausal women and established the mean age for menopause at 44.3 years. As women age, their health becomes a multidimensional issue influenced by factors such as career, changes in home life, diet and physical activity, the economy, society, and the environment. These changes, together with the natural process of aging and the hormonal changes in the reproductive system, affect the well-being of women. The complex, interrelated nature of the process often makes it difficult to distinguish between the symptoms of aging or those resulting from the loss of ovarian functions and factors arising out of socio-environmental conditions. It was only in the last decade that the menopausal syndrome was identified and acknowledged as an issue that affected some women and became a matter of concern to health care providers.

Rani Bang has conducted a study of 100 post-menopausal women. She believed that rural women are affected by psychosomatic factors but they have so many other problems to deal with, which makes menopause seem less important. Bang studied that, as many as 78 percents of the women did not discuss their menopausal problems with anyone and 90 percent did not visit a doctor. When husbands found out the menopausal status of their wives at a late stage, 75 percent of them did not react. The women said that they did not feel the need to inform their husbands since; it was not a husband's business. When asked if there was any change in their level of sexual desire, around 55 percent of the women said that it had decreased. Bang said that their explanations indicated the influence of the age-old belief that sex is only meant for procreation. Similar findings were reported by **Ramamurti P V and Jamuna D** and they conducted a study among rural and 10 semi-urban women. Poonam Kathuria of the Society for Women's Action and Training Initiative, an NGO in Gujarat said that discussions on menopause were held with local women, the response was limited. She said that perhaps this indicates a lack of understanding of menopause as well as the low significance attached to it.

OBJECTIVES

- 1.) To find out the difference of GHQ Sub-scale-1, Anxiety among During Menopause and Post Menopause middle-aged office going women.
- 2.) To find out the difference of GHQ Sub-scale-2, Depression among During Menopause and Post Menopause middle-aged office going women.
- 3.) To find out the difference of GHQ Sub-scale-3, Social dysfunction among during Menopause and Post Menopause middle-aged office going women.

- 4.) To find out the difference of GHQ Sub-scale-4, Somatic Symptoms among during Menopause and Post Menopause middle-aged office going women.
- 5.) To find out the difference of Mental Health level among During Menopause and Post Menopause middle-aged office going women.
- 6.) To find out the difference of Overall scores on GHQ-28 among During Menopause and Post Menopause middle-aged office going women.

HYPOTHESES

- 1.) There is no significant difference of GHQ Sub-scale-1, Anxiety among during Menopause and Post Menopause middle-aged office going women.
- 2.) There is no significant difference of GHQ Sub-scale-2, Depression among during Menopause and Post Menopause middle-aged office going women.
- 3.) There is no significant difference of GHQ Sub-scale-1, Social Dysfunction among during Menopause and Post Menopause middle-aged office going women.
- 4.) There is no significant difference of GHQ Sub-scale-1, Somatic Symptoms among during Menopause and Post Menopause middle-aged office going women.
- 5.) There is no significant difference in Overall scores on GHQ-28 among Menopause and Post Menopause middle-aged office going women.
- 6.) There is no significant difference in Mental Health levels among Menopause and Post Menopause middle-aged office going women.

METHODOLOGY

METHOD OF STUDY

A descriptive survey method was adopted to study the present problem.

Sample

The sample of the study consists of 100 women (50 during Menopause and 50 Post Menopause middle-aged office going women) Sample of the study was selected by simple random sampling from the working as a teacher in government recognized girl's schools of Muzaffarpur city, Bihar (India) in 2020 were selected. The total of 100 subjects was divided into two groups viz., during the menopause period and post-menopause period. Their age range was 45-55 years. Thus, during Menopause and Post Menopause middle-aged office going women ratio was 1:1.

TOOLS USED:

For obtaining the data on Anxiety, Depression used GHQ-28 by Goldberg and Hillier (Hindi Adaptation) and Mental Health checklist (MHC) by Kumar P (1992).

STATISTICAL TECHNIQUE USED

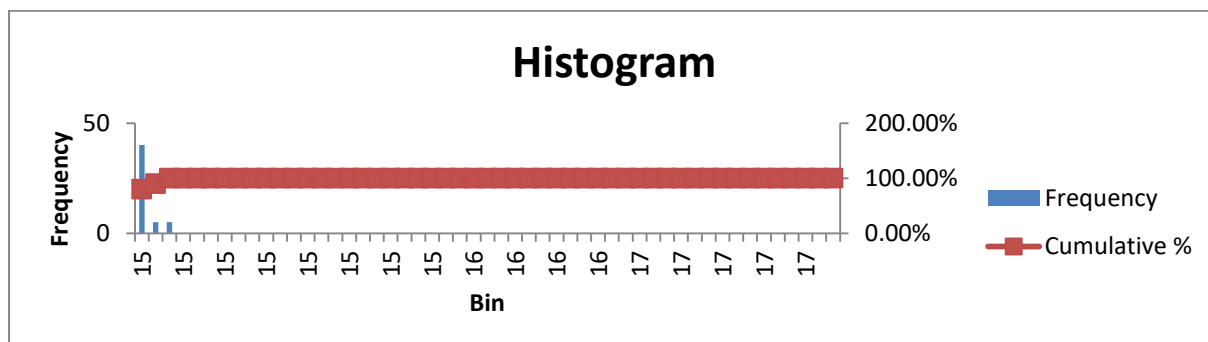
The data were analyzed as follow:

- Mean
- Median
- SD
- t -value

RESULT

Table-1: Show the Mean, Median SD, and t-value of GHQ Sub-scale-1 anxiety among during Menopause and Post Menopause middle-aged office going women.

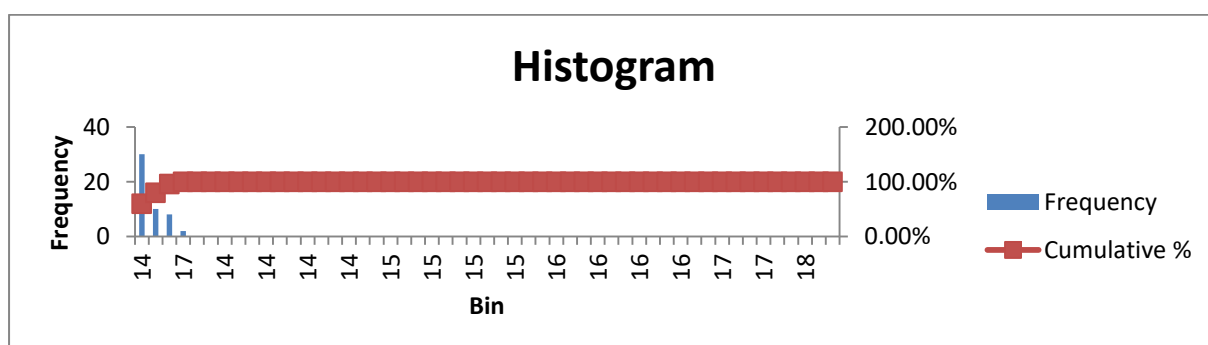
Category	No	Mean	Median	SD	t-value	df	Level of significance
During Menopause	50	13.76	14.5	2.19	6.40	98	0.05 Significant
Post Menopause	50	19.19	16	0.88			



By analyzing Table -1, we can interpret the difference of GHQ Sub-scale-1, anxiety among during Menopause and Post Menopause middle-aged office going women, calculated mean is 13.76 (during Menopause) and 19.19(Post Menopause) respectively, the calculated median is 14.5 (during Menopause) and 16 (Post Menopause) respectively The standard deviation in case of the during menopause is 2.19 and in case of the post menopause is 0.88 and obtained 't' value is 6.40, which is significant at 0.05 level of significance which means that there exists a significant difference between among during Menopause and Post Menopause middle-aged office going women on anxiety level. So our hypothesis H1 stating that there is no significant difference of anxiety among Menopause and Post Menopause middle-aged office going women are rejected and it may be reframed as There exists a significant difference of anxiety among during Menopause and Post Menopause middle-aged office going women.

Table No.02 Show the Mean, Median SD, and t value of GHQ Sub-scale-2, Depression among Menopause and Post Menopause middle-aged office going women.

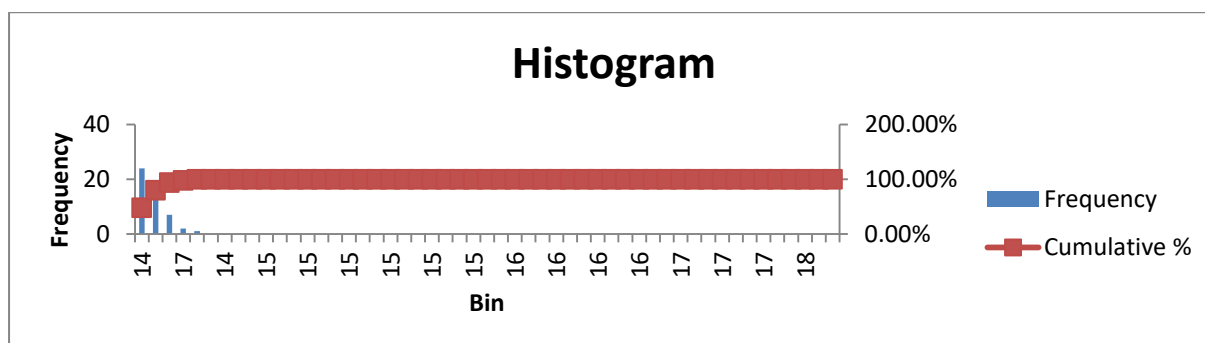
Category	No	Mean	Median	SD	t-value	df	Level of significance
During Menopause	50	13.96	14	1.70	5.09	98	0.05 Significant
Post Menopause	50	15.48	15	1.25			



By analyzing Table -2, we can interpret the difference of GHQ Sub-scale-2, Depression among during Menopause and Post Menopause middle-aged office going women, calculated mean is 13.96 (during Menopause) and 15.48 (Post Menopause) respectively, the calculated median is 14 (during Menopause) and 15 (Post Menopause) respectively, The standard deviation in case of the during menopause is 1.70 and in case of the post, menopause is 1.25 and obtained 't' value is 5.09, which is significant at 0.05 level of significance which means that there exists a significant difference between among during Menopause and Post Menopause middle-aged office going women on Depression level. So our hypothesis H2 stating that there is no significant difference in Depression among Menopause and Post Menopause middle-aged office going women are rejected and it may be reframed as There exists a significant difference in Depression among Menopause and Post Menopause middle-aged office going, women.

Table No.03 Show the Mean, SD, and t value of GHQ Sub-scale-3, Social Dysfunction among Menopause and Post Menopause middle-aged office going women.

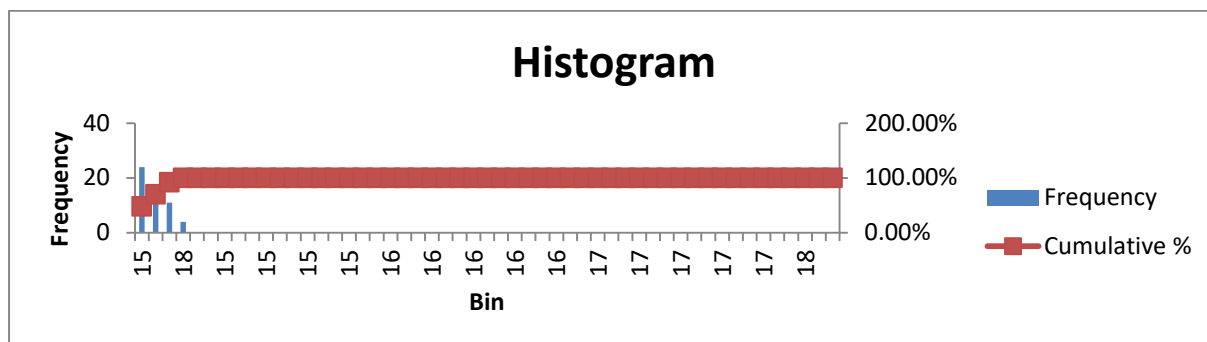
Category	No	Mean	Median	SD	t-value	df	Level of significance
During Menopause	50	14.28	15	1.75	5.34	98	0.05 Significant
Post Menopause	50	15.86	16	1.14			



By analyzing Table -3, we can interpret the difference of GHQ Sub-scale-3, Social Dysfunction among during Menopause and Post Menopause middle-aged office going women, calculated mean is 14.28 (during Menopause) and 15.86 (Post Menopause), the median is 15 (during Menopause) and 16 (Post Menopause) respectively The standard deviation in case of the during menopause is 1.75 and in case of the post menopause is 1.14 and obtained 't' value is 5.34, which is significant at 0.05 level of significance which means that there exists a significant difference between among during Menopause and Post Menopause middle-aged office going women on Social Dysfunction level. So our hypothesis H3 stating that there is no significant difference in Social Dysfunction among Menopause and Post Menopause middle-aged office going women are rejected and it may be reframed as There exists a significant difference in Social Dysfunction among during Menopause and Post Menopause middle-aged office going women.

Table No.04 Show the mean, SD, and t value of GHQ Sub-scale-4, Somatic Symptoms among Menopause and Post Menopause middle-aged office going women.

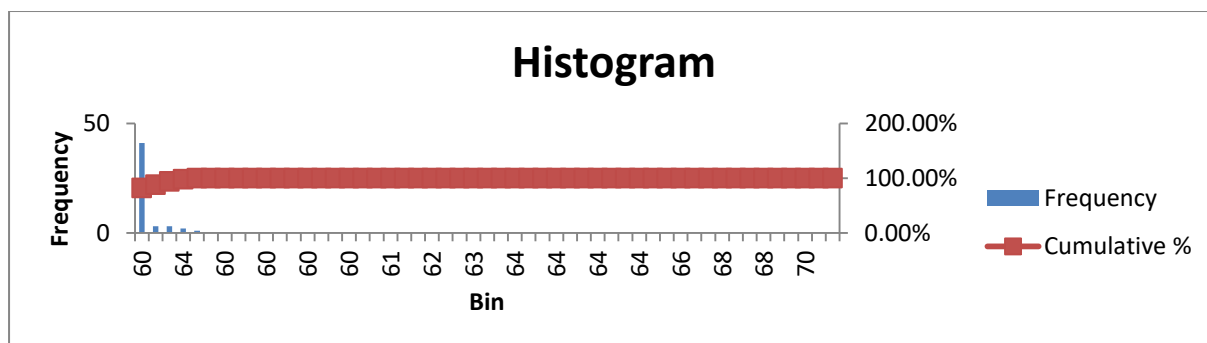
Category	No	Mean	Median	SD	t-value	df	Level of significance
During Menopause	50	15.7	16	1.24	2.25	98	0.05 Significant
Post Menopause	50	16.2	16	0.95			



By analyzing Table -4, we can interpret the difference of GHQ Sub-scale-4, Somatic Symptoms among during Menopause and Post Menopause middle-aged office going women, calculated mean is 15.7 (during Menopause) and 16.2 (Post Menopause), the median is 16 (during Menopause) and 16 (Post Menopause) respectively The standard deviation in case of the during menopause is 1.24 and in case of the post menopause is 0.95 and obtained 't' value is 2.25, which is significant at 0.05 level of significance which means that there exists a significant difference between among during Menopause and Post Menopause middle-aged office going women on Somatic Symptoms level. So our hypothesis H4 stating that there is no significant difference between Somatic Symptoms among Menopause and Post Menopause middle-aged office going women are rejected and it may be reframed as There exists a significant difference of Somatic Symptoms among during Menopause and Post Menopause middle-aged office going women.

Table No.05 Show the Mean, SD, and t value of Overall scores on GHQ-28 among Menopause and Post Menopause middle-aged office going women.

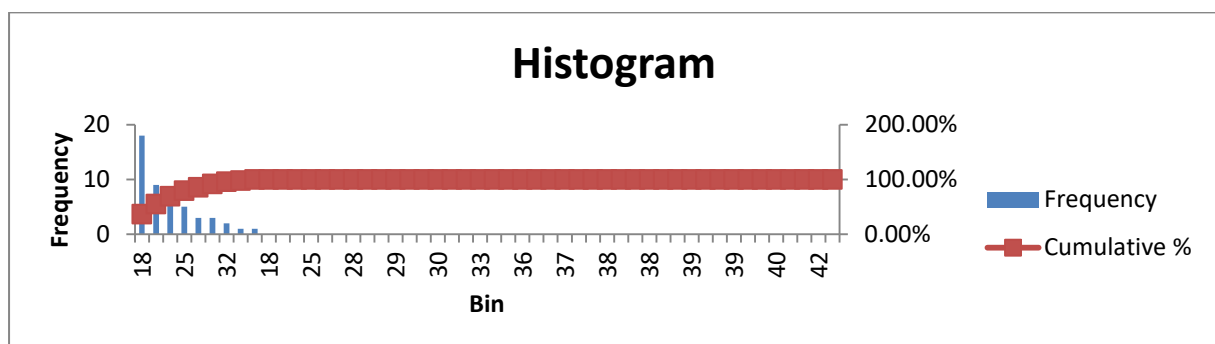
Category	No	Mean	Median	SD	t-value	df	Level of significance
During Menopause	50	57.7	58	3.53	8.58	98	0.05 Significant
Post Menopause	50	63.44	63	3.15			



By analyzing Table -05, we can interpret the difference of Overall scores on GHQ-28 among during Menopause and Post Menopause middle-aged office going women, calculated mean is 57.7 (during Menopause) and 63.44 (Post Menopause) respectively, the calculated median is 58 (during Menopause) and 63 (Post Menopause) respectively. The standard deviation in case of the during menopause is 3.53 and in case of the post menopause is 3.15 and obtained 't' value is 8.58, which is significant at 0.05 level or 0.05 level of significance which means that there exists a significant difference between among during Menopause and Post Menopause middle-aged office going women on Overall scores on GHQ-28. So our hypothesis H5 stating that there is no significant difference in Overall scores on GHQ-28 among Menopause and Post Menopause middle-aged office going women are rejected and it may be reframed as There exists a significant difference of Overall scores on GHQ-28 among during Menopause and Post Menopause middle-aged office going women.

Table No.06 Show the Mean, SD, and t value of the Mental Health level among Menopause and Post Menopause middle-aged office going women.

Category	No	Mean	Median	SD	t-value	df	Level of significance
During Menopause	50	19.76	19	5.23	9.34	98	0.05 Significant
Post Menopause	50	31.92	33	7.46			



By analyzing Table -06, we can interpret to compare the Mental Health level among during Menopause and Post Menopause middle-aged office going women, calculated mean is 19.76 (during Menopause) and 31.92 (Post Menopause) respectively, the calculated median is 19 (during Menopause) and 33 (Post Menopause). S.D. in case of the mental health of during Menopause is 5.23 and in case of the Post, Menopause is 7.46, Obtained- value is 9.34, which is significant at 0.05 or 0.05 level of significance which means that there are exists a significant difference between the mental health of during Menopause and Post Menopause middle-aged office going women. So our hypothesis H6 stating that there is no significant difference in the mental health of Menopause and Post Menopause middle-aged office going women are rejected and it may be reframed as There exists a significant difference in the mental health of during Menopause and Post Menopause middle-aged office going women.

Conclusion

Menopause and the Post-Menopause period in the middle age of women bring some biological changes due to hormonal change that may have a bearing on their mental, physical, and also social well-being. The present investigation observed moderate to a high level of anxiety, depression, social dysfunction, and somatic symptoms and mental health in middle-aged women working as a school teacher. It was interesting to note that the level of these factors was comparatively higher in the post-menopause group than during the menopause group and the present small study could find a statistically significant difference between the groups.

Changes happening in women during 40–60 years of age require appropriate attention. Working women ideally may require more care due to dual role responsibility. It might turn out to be marginally hard to deal with all exercises with the same productivity as in the past. That may cause feelings of guilt, irritation, stress, etc. in these working women. Physical relaxation, emotional support, and essential care are needed for healthy living. Certain modifications in way of life and some modified intercessions can give an improvement of positive sound propensities, reduce stress, and can add quality to their life.

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