

Exploring the problems faced by menopausal women and the impact of family support during menopausal transition in Pinarayi Panchayat, Kerala: A qualitative study

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1.Introduction

Menopause, a physiological occurrence that affects all aging women, has gained widespread attention since the post-war baby boomers started hitting this age milestone at the end of the 20th

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century. Menopause is the term for the permanent end of menstruation and the cessation of the ability to reproduce. It is the result of approximately 50 years of reproductive processes, which start at birth and progress through ovarian senescence, the menopausal transition, and the postmenopausal period. During the menopausal transition, both reproductive and non-reproductive organs undergo dynamic changes as the result of altered hypothalamic-pituitary-ovarian axis function. Hot flashes, night sweats, irregular uterine bleeding, and vulvovaginal atrophy are among the symptoms associated with the menopausal transition, which is recognized as playing a significant role in their etiology. In addition to mood swings and sleep issues, sexual dysfunction is also frequently observed and may be caused by the hormonal changes brought on by the shift. (1)

Menopause has an effect on quality of life at any age, not just middle age. The effects may last into later years and may contribute to aging-related chronic disorders. The notion that reproductive aging and the timing of menopause may play significant roles in healthy aging is supported by reports that state a late natural menopause is associated with higher rates of breast cancer, but also with lower rates of cardiovascular disease (CVD), osteoporosis, and reduced all-cause mortality. (1)

According to earlier research, menopausal women choose to ask their friends and family for advice rather than going to a doctor, demonstrating that they view menopause as a normal occurrence.

Data suggested that many did not seek formal assistance from healthcare providers or other official sources because they were unaware of the treatments available for menopause.

The study's materials and methods were community-based cross-sectional studies conducted in the field practice area of the Department of Community Medicine's Urban Health Training Center at the M.V.J. Medical College and Research Hospital. The study was conducted between January and March of 2012. The entire menopausal female population in that region made up the study population. The study's participants were 189 postmenopausal women. The study used a pretested questionnaire. Percentages were used to display the data. The average age at menopause, according to the data, was 49.7 years. 56.92% of menopausal women firmly believed that menopause had a negative impact on them. The most typical menopausal symptoms included aching muscles and joints, fatigue, impaired memory, lower back pain, and trouble sleeping. When compared to the physical and psychological domains, complaints about the vasomotor and sexual domains were less common (8).

Menopause is a worldwide phenomenon that is commonly defined as the cessation of menstruation for a period of time equal to three previous cycles, 12 months, or as the moment when ovarian function stops, causing permanent amenorrhea. From menarche until menopause, reproductive health is always prioritized. Thus, menopause-related issues receive little attention. Women's health is impacted by the psychological and biological changes brought on by menopause. Due to the rising number of menopausal women in India, there is a high demand for menopausal health care.

1.1 Materials and Methods

Theoretical frame work

Research suggests that psychological, societal, cultural, and individual factors all affect how menopausal symptoms are experienced (9). Thus, using the self-regulation paradigm to describe how

women conceptualize menopause and manage their actual symptoms is important (10).

The self-regulation theory holds that a motivational system of defining objectives, creating and implementing strategies to accomplish those goals, assessing success, and altering goals and actions as necessary, directs behaviour. Self-regulation models are frequently used to explain actions taken to promote health, including avoiding stress, getting health information from unofficial sources, seeking medical attention, taking prescribed medicine, and engaging in regular exercise (11).

The idea of feedback is the model's fundamental component. In the event of menopause, a woman who recognizes that the situation necessitates specific behavioural modifications would look for knowledge about the effects of her actions and take steps to achieve the desired result. The self-control, willpower, and significance of emotions in driving and directing conduct are also emphasized in this approach.

Research design

A qualitative exploratory research design based on an inductive qualitative method was used to explore biopsychosocial problems and family support for menopausal women during the menopausal transition period. From an epistemological standpoint, the qualitative method is used to collect stories from people through interviews to learn how they have personally experienced the phenomenon.

This strategy helps the researcher comprehend how menopausal women make meaning of their lives and their experiences, since it thoroughly examines women's experiences through in-depth interviews. Investigating these women's menopausal experiences involved a qualitative methodology. This is the most widely used approach in qualitative research across all fields of practice, including the healthcare sector (12). In-depth interviews were employed for this study as a more appropriate investigative approach than focus group discussions for collecting private,

sensitive material such as attitudes and experiences relating to intimate concerns. (13)

Sampling and participants

The identification and selection of individuals or groups of individuals who are aware of or have first-hand experience with a phenomenon of interest is known as "purposive sampling," and it is an essential sampling technique for qualitative studies (14). The research was conducted on 20 North Kerala pinarayi weaving and beedi workers who matched the inclusion criteria. Women who met the requirements and expressed interest in participating were given an interview date, which was chosen depending on the researchers' and respondents' schedules. Data was gathered between October 2 and October 15, 2021.

Table 1. Topic guide.

Women's problems and family support during the menopausal transition	Questions
Physical problems of women during the menopausal transition	Can you tell me about the biological experiences you face during the change in your menstruation? Could you describe the signs and symptoms you experienced as you transitioned into menopause? Could you describe the effects of the transition period on your general health?
Psychological problems of women during the menopausal transition	Can you tell me about the psychological experiences you face during the change in your menstruation? Could you tell me what psychological symptoms you have encountered during the menopausal transition?
Coping with the symptoms	1. How do you manage or cope with symptoms of the menopausal transition? How does your family support you during the menopausal transition period?

The sample size was calculated based on the idea of saturation. A minimum of 5 participants and a maximum of 50 participants are required, according to Dworkin (15), to have a sufficient number of participants to use for in-depth interviews. After 20 respondents in this survey, no new themes appeared. However, in order to ensure that data saturation was attained, the research boosted the recruitment of respondents up to 20 postmenopausal women.

Data collection

Individual in-depth interviews were conducted in the month of October 2021. A voice recorder was used to record the interviews with the consent of the participants. All interviews were conducted in Malayalam and lasted between 15 and 20 minutes. The interviews took place individually in a private room in the workplace. An interview guide was developed and used for interviewing the subjects (table 1). This guide addressed the topics of menopausal transition experiences, issues related to menopausal problems, and family support.

1.2 Results

Thematic analysis was used to manually examine the study's data in accordance with Braun and Clarke's recommendations (16). To facilitate data immersion during analysis, the transcript was first read. Then, codes were found by underlining specific words or phrases in the text. The codes were organized into categories based on linkages, and initial observations of the data were noted. The codes were grouped into meaningful clusters through these categories, which made it easier to identify themes. This method of analysis has the benefit of allowing for the direct acquisition of information without the imposition of predefined classifications.

The researcher, who is proficient in both Malayalam and English, transcribed the full transcript from Malayalam to English. To capture the genuine meaning, the tone of voice, silences, and pauses were noticed in the verbatim transcription of the interviews. The researcher examined the transcripts of the interviews.

To get a full understanding of the data, the initial step entailed several evaluations of the narrative text that had been transcribed. The second phase involved separating meaning units—words, phrases, or paragraphs—that were related to the perimenopause experience from the rest of the text. In the third phase, the meaning units were examined to make sure they had enough data relevant to the study's goal. In the fourth phase, the meaning units were reformulated into shorter, condensed phrases, summarizing the experience.

The text was taken into account as a whole during the condensing and coding procedure. In the fifth phase, the fourteen (14) codes were examined for differences and similarities and arranged into six

(06) subcategories. Likewise, subcategories were divided into three (03) categories and contrasted based on differences and similarities. “Perimenopause is a transitory stage of aging” emerged as the overarching topic.

Demographic Characteristics

As indicated in Table 2, 20 menopausal women between the ages of 45 and 55 voluntarily participated in this study. All participants were married, were Hindus, and had at least two kids. Around half of them had secondary education. Most women had experienced menopause within the last three years.

Table 2. Participant characteristics

No	Pseudonym	Age	Religion	Marital status	Number of children	Education level
1	A	49	H	Married	3	SSLC
2	B	46	H	Widow	2	SSLC
3	C	52	H	Married	3	SSLC
4	D	47	H	Married	2	SSLC
5	E	50	H	Married	2	SSLC
6	F	48	H	Married	2	SSLC
7	G	53	H	Married	3	SSLC
8	H	52	H	Married	2	SSLC
9	I	49	H	Widow	2	SSLC
10	J	51	H	Married	3	SSLC
11	K	46	H	Married	2	SSLC
12	L	48	H	Widow	2	SSLC
13	M	51	H	Married	2	SSLC
14	N	53	H	Married	2	SSLC
15	O	48	H	Married	2	SSLC
16	P	50	H	Married	3	SSLC
17	Q	49	H	Married	2	SSLC
18	R	53	H	Married	2	8 th
19	S	52	H	Married	2	SSLC
20	T	46	H	Widow	2	SSLC

H =Hindu.

Menopausal women’s experiences

To describe the women's experiences with physical and psychological issues, as well as familial support, during the menopausal transition period, three themes were found.

The listed categories are

1. Starting a brand-new phase of life
2. Awareness regarding menopause
3. Lack of family support

Theme 1: Starting a brand-new phase of life

The results showed that individuals thought menopause was the start of a new life. They also perceive symptoms as approaching old age and a stage of health degradation. One of them brought it up:

"I have constantly gotten unwell ever since menopause. I'm prone to fever, coughing, and the flu. I had felt this way for about two years. This year, I've needed to visit the clinic almost monthly due to illness. After my medical examination, everything was deemed to be in order. I have no idea why it occurred. Since menopause, my general health has not been great. Prior to this, I rarely got sick."

Theme 2: Awareness of Menopause.

The results of this study confirm the alterations that women go through after menopause. Some participants talked about their symptoms, both physical and mental. One of them said this:

"My entire body was in anguish. I occasionally experienced soreness in my legs (pointing to both legs). The muscles are hurting, as well as the rest of the body. Since menopause, this condition has developed. They used to say that once you hit menopause, you are vulnerable to all illnesses.

At the time, I met a doctor and shared my experience with muscle spasms. The doctor claimed that stress was to blame. The doctor inquired about my job as well. In essence, these are all menopause symptoms.

One woman said, for instance, "I definitely feel bad emotionally. I do occasionally feel considerably better, though. Back then, I wasn't particularly sentimental, and I had some control over it. But I've come to see that I've changed. I have a sensitive side. I occasionally felt really irritable. Despite the fact that it wasn't too horrible, I could see that I had changed. I could tolerate this before.

As it should be, though, I experienced easy sensitivity, sadness, and irritability during my menopausal state."

Theme 3: Lack of Family Support.

Support from the family is crucial in reducing the stress level of perimenopausal women. Having a helping hand and a caring touch is a relief for the women. One participant commented:

"I alone want to do all the household activities; after that, I want to come for this beedi work. Again, after reaching home, I only want to cook food and wash clothes. So along with that, this body aches and pain makes me so irritable and makes me angry at all times. So that makes for an uncomfortable situation at home. All will neglect me and make me alone, telling me I am always sick and such an angry woman, even my husband used to tell me (tears in her eyes). If all household work is being shared by all members, it's so nice to live. Recently, I saw a video on WhatsApp telling how an enjoyable life can be led by sharing all the household work by each and every member. No leave from work for a woman is concerned, and no rest for her... (pause) Always work, work, work....."(showing actions with the hand)

Discussion

According to the study, menopausal transition is a period that marks the beginning of a new stage of life.

Starting a brand-new phase of life

According to the study, menopause is seen as an aging process that affects one's health. Comparable to earlier research, this outcome (17) shows that the participants totally accepted the idea that menopause is the ultimate stage of life.

Worsening health and bodily function, incapacity, dependence, and being a burden to others have all been linked to the aging process (17). The majority of the ladies emphasized changes in their bodies' images, skin tone, and facial features. As they grew older, they perceived menopause

negatively as a period when all of their beauty, youth, and femininity would fade. This impression, however, also reflects the notion that women typically accept menopause as a normal phase that all women must go through.

Participants in this study discovered that the most often reported complaints were physical and psychological. Vasomotor symptoms were followed by joint and muscle pain as the most prevalent physical complaints among the women. This outcome is identical to earlier research from other Asian nations (18).

Contrarily, a number of studies in Asian and Western nations have found that vasomotor and urogenital symptoms are more common than our study participants thought (19). Estrogen may be the cause of the difference in symptom prevalence. Fluctuations in lifestyle and cultural influences during the perimenopausal stage, as well as large methodological variations between researchers, may potentially be the cause of variations in results. However, the aging process may be accompanied by bodily symptoms like fatigue and musculoskeletal issues (20).

Parallel to this, additional research revealed that the majority of menopausal women were unaware of hormone replacement therapy and were unsure of how long their menopausal symptoms would endure (2). While some women showed an adequate comprehension of the short-term impacts of menopause, they showed a lack of understanding of the long-term repercussions and exhibited a negative attitude towards therapy (3). Additionally, Stanzel et al.'s analysis of 19 studies (11) revealed that cultures where menopause was seen as a common ailment had an impact on self-management techniques for menopausal symptoms. Poor treatment-seeking behaviour was caused by inadequate health-related information and awareness of menopause, as shown in the aforementioned research (4).

Research has identified a number of hurdles that prevent menopausal women from getting care, including insufficient health literacy relating to menopause and the perception that obtaining help is not a high priority. Menopause is viewed as a normal part of the aging process; there are few

health services available, they are expensive, and there are financial concerns. According to some studies, many menopausal women seemed to "normalize" their symptoms or to see menopause as a normal occurrence, and frequently wanted menopause-related information from friends and family (5)

Although women frequently felt alone, they were unwilling to discuss menopause openly or seek medical advice. Several women felt unsatisfied with the therapy and care they had received for menopause and thought the resources and assistance they had were insufficient. The majority of women across all nations and cultures did not seek help because they believed that menopause was a normal stage of life (2).

Twenty-eight postmenopausal women from the lower socioeconomic strata of the Indian state of Haryana participated in a study that examined the differences in menopause experience. To gather information about the women's perceptions and menopause experiences, the researchers conducted in-depth qualitative interviews with the women. They analysed the interviews thematically and identified three dominant narratives: menopause as a typical biological process, an insignificant event that goes unnoticed among the hustle and bustle of life; menopause as silent distress, the distress brought on by the intersection of poverty, gender, and patriarchy; and menopause as freedom—freedom from social constraints and monthly distress. These stories are separate, yet they frequently co-occur; for instance, some women find liberation after going through a difficult time. The individuals also show a need for emotional and social support throughout menopause, as well as a desire to be understood rather than treated, according to the authors. (6)

Middle-aged women's life expectancy has grown due to demographic and epidemiological changes, which have raised the burden of menopausal-related morbidities and negatively impacted quality of life (QOL). A study was conducted to determine the frequency of menopausal symptoms and how they affect rural middle-aged women in Haryana, India, aged 40 to 60. Among the study participants, 70.2% had a reduced QOL. 70.8% of the poor QOL was attributed to psychological

problems. A comprehensive strategy that includes lifestyle and behavioural change is needed to enhance QOL and lessen menopausal symptoms in these individuals (7).

The majority of the participants in this survey are quite weary of performing home tasks by themselves. The findings of this study are confirmed by findings from a different study, which showed that women with higher levels of family support and resilience were substantially less likely to experience menopausal symptoms. This, in turn, may make it easier for medical professionals to recognize these symptoms and seek the proper preventive treatment (21). According to a different study, women's transition to menopause was marked by anxiety about the future and its repercussions, as well as a need for reassurance. In addition, women looked to their families, peers, and medical professionals for assistance with their concerns (22).

With regard to menopausal health issues in north Kerala, the knowledge gained from this study raises questions about how to enhance women's health-seeking behaviours. It also calls attention to the need for implementation of health promotion strategies in the community, in order to achieve a better quality of life by attaining subjective well-being among middle-aged women.

Conclusion

Alternatives to treat the symptoms must be adapted to the current sociocultural context, which includes accepting aging while also keeping a healthy lifestyle. The value of family support must be acknowledged. Her family's support makes her life incredibly satisfying and pleasurable. So, in order to maintain a healthy family, this study strongly urges perimenopausal women to adopt behaviours that promote their health, as well as to educate their family members about these transition periods.

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