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Assessment of Menopausal Problems Among Women

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Abstract
Background:
Menopause is the natural and permanent cessation of menstruation, clinically defined as the absence of menstrual periods for 12 consecutive months, and it commonly occurs between the ages of 45 and 55 years, with the average age being around 52 years. The objectives of the study were to assess menopausal problems among women and to determine the association between the level of menopausal problems and sociodemographic variables.
Methodology:
The investigators adopted a descriptive research design for the study. The study was conducted among 210 menopausal women in selected areas of Varkala municipality, named Kallazhi, Mundayil, Kannamba, Perumkulam and Jawahar Park, and used purposive sampling techniques. Data were collected using a questionnaire that included sociodemographic data and a rating scale to assess the menopausal problems. It was analysed using descriptive and inferential statistics. The chi-square test was used to analyse the association between the level of menopausal problems and socio-demographic variables, including age, educational status, occupation, monthly family income, religion, marital status, type of family, number of pregnancies, total number of children, history of abortion, and age at attainment of menopause.
Results:
The results showed that among menopausal women, 60% had mild problems, 30% had moderate problems, and 10% had severe problems. Among the 210 menopausal women, 99% had physical problems, 99% had psychological problems, and 96% had social problems. A significant association was found between the level of menopausal problems and Education ($p<0.01$), Occupation-($p<0.05$) Type of family- ($p<0.05$) There was no significant association between the level of menopausal problems with age, monthly family income, religion, marital status, number of pregnancies, total number of children, history of abortion, and age at attainment of menopause.
Conclusion:
This study revealed a significant association of the level of menopausal problems with education, occupation, and type of family. The findings indicate that these play an important role in menopausal problems. The findings highlight that early recognition of symptoms, improved awareness, and appropriate supportive interventions are essential to reduce the discomfort, dispel myths, and enhance the overall quality of life of menopausal women. Hence, the study has wide implications for healthcare providers, researchers, and policymakers worldwide.

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I. INTRODUCTION

Menopause is a universal biological milestone marking the transition from the reproductive to the non-reproductive phase of a woman's life.1 According to the World Health Organisation, natural menopause is defined as the cessation of menstruation for twelve consecutive months, occurring in the absence of any pathological or surgical cause.2 Far from being a simple event, it is a complex, multi-year transition characterised by a decline in ovarian hormones, including estrogen and progesterone.3 With the global rise in life expectancy, women today are expected to spend approximately one-third of their lives in the postmenopausal phase, making this period a critical focus for contemporary healthcare.4

The menopausal transition is a multidimensional experience.5 Physically, the reduction in estrogen levels leads to somatic symptoms such as hot flashes, night sweats, sleep disturbances, and joint pain, while simultaneously increasing the long-term risk of osteoporosis and cardiovascular disease. 6 Psychologically, hormonal fluctuations often result in mood swings, anxiety, and chronic fatigue—symptoms that are frequently underreported or misunderstood. These changes can significantly impair a woman's daily functioning and interpersonal relationships, often leading to a diminished sense of overall well-being.7

Socially, this transition often coincides with shifting family roles and career adjustments, further complicated by cultural myths and stigma.8 Because the severity and nature of these symptoms vary widely based on an individual's health, education, socioeconomic status, and cultural background, menopause profoundly influences a woman's quality of life. The diverse ways in which women interpret and adapt to these changes highlight the necessity of understanding both the physiological manifestations and the coping mechanisms that facilitate successful adaptation during this sensitive life stage.9

The present study aims to address the gap in support for women navigating this significant transition. Despite the profound impact menopause has on physical, mental, and social health, it is often relegated to a private struggle rather than being prioritised in public health discourse. By assessing menopausal experiences and the specific coping strategies employed by women, this research seeks to provide evidence-based insights to empower healthcare providers to dispel cultural myths, improve symptom management, and develop more effective, supportive interventions tailored to the community's needs.

II. MATEARIAL AND METHODS

Research design

The present study was intended to assess menopausal problems among women. The investigator adopted a descriptive research design for this study.

Study Setting

The study was conducted in Varkala Municipality, a region of profound historical and cultural significance, widely known as Sivagiri, as it is the final resting place and headquarters of the great social reformer Sree Narayana Guru. The demographic landscape of Varkala is characterised by a diverse population comprising both professionals and non-professionals, with a residential structure that transitions between rural and urban environments. Within this municipality, which currently comprises 33 administrative wards, the study focused on women aged 45–60, a group that constitutes a significant portion of the ageing female population in the region. Utilising a purposive sampling method, the research was localised to five specific areas: Ward No. 5 (Kallazhi), Ward No. 8 (Kannamba), Ward No. 22 (Perumkulam), Ward No. 29 (Mundayil), and Ward No. 30 (Jawaharpark).

Population

The study population consisted of all women experiencing the menopausal transition who were residing in the selected areas of Varkala Municipality.

Inclusion criteria

Women who attained menopause in the age group of 45 to 60 years.

Exclusion criteria

1. Seriously ill women with major systemic disorders like renal disorders, liver disorders, and central nervous system disorders.
2. Women who have attained surgical menopause.

Variables

In the current study, the variable was menopausal problems among women. Variability of menopausal problems can be mild, moderate and severe. Sociodemographic variables include age (in years), educational qualification, occupation, income, religion, marital status, type of family, and monthly family income (in rupees).

Sample size calculation:

$$n= 4pq/d^2, \quad \text{Where } p=85 \quad q=100-p ,$$

$$100-85=15 \quad d=5,$$

$$n=4\times85\times15/5^2$$

=204, size as 210.

The sampling technique used for the present study was purposive sampling technique.

Statistical Methods

Data were analysed using descriptive statistics (frequencies, percentages) to assess menopausal problems among women, and inferential statistics (chi-square test) to assess their association with selected socio-demographic variables.

Data collection process

The investigators obtained formal permission from the Institutional Ethical Committee. The study includes 210 samples. The investigators introduced themselves to each subject and explained the study's objectives. Data were collected from all women experiencing the menopausal transition residing in the selected areas of Varkala Municipality using a convenience sampling technique. Confidentiality was ensured, and informed consent was obtained from selected samples. The data was collected by using a self-structured questionnaire. The data collection process ran from 07/01/2026 to 23/01/2026 and concluded with a thank-you to the subject for their participation.

III. RESULTS

Table 1: Frequency and Percentage Distribution Based on Socio-Demographic Variables

Variables	Frequency	Percentage
Educational status		
•Primary	101	48%
•Secondary	50	24%
•Higher secondary	34	16%
•Degree and above	25	12%
Occupation		
•Government employee	13	6%
•Private employee	16	8%
•Daily wages	38	18%
•Home maker	143	68%
Type of the family		
•Nuclear family	178	85%
•Joint family	32	15%

Source; Primary Data

Sociodemographic variables of menopausal women revealed that;

1. Among menopausal women, 60% of menopausal women belong to the 56-60 years of age group has the majority experiencing menopausal problems, while the remaining percentages are 23% for the 51-55 years group and 17% for the 45-50 years group.
2. In the study, 48% of menopausal women had attained secondary education, 24% held higher secondary education, 16% had primary education, while the remaining 12% held a degree or above.
3. Among menopausal women, 68 % of women are homemakers with menopausal problems, while the remaining occupational groups are: daily wages 18%, private employee 8%, government employee 6%.
4. Based on monthly family income, 45% of women earn up to 5,000, while 38% earn between 5,000 and 10,000. Additionally, 11% have an income of 10,001-15,000, and the remaining 6% have a monthly of above 15,000.
5. Based on religion, 86% of women are Hindu, 9% of women are Muslim, and the remaining 5% are Christian.
6. Regarding the marital status of menopausal women, that 79% of menopausal women are married, 15% of menopausal women are widows, 3% of menopausal women are unmarried, and the remaining 3% women are divorced.

7. In the study, 85% of menopausal women belong to nuclear families, while the remaining 15% belong to joint families.
8. Regarding the number of pregnancies, 48% of menopausal women have two pregnancies are highest, and the rest of 26% of menopausal women have more than two pregnancies, and 17% of menopausal women have one pregnancy, 9 is among menopausal women have no pregnancy.
9. In the study, 49% of menopausal women have two children, 24% have more than two children, 17% have only one child, and the remaining 10% have no children.
10. In the study, the number of menopausal women who had abortions are 88 % women have no history of abortion, 10% of women have one history of abortion, and 2% of women have more than one history of abortion.
11. Regarding the study, at the age of menopause attained, are 64% of women attained their menopause in the age group of 45-50, with the majority, while the remaining percentages are 33% for the 51-55 years of age group and 3% for the 56-60 years of age group.

Table 2: Distribution of menopausal problems among women.

Menopausal problems	f	%
Physical problems	209	99
Psychological problems	209	99
Social problems	202	96

Source; Primary Data

The result shows that out of 210 samples, 60% of menopausal women have mild problems,30% of women have moderate problems, and 10% of women have severe menopausal problems. A chi-square test was conducted to assess the association between the level of menopausal problems and sociodemographic variables. The study shows that out of 210 samples, 99% of menopausal women have Physical problems, 99% of menopausal women have psychological problems, and 96% have social problems.

Table 3: Association Between Level of Menstrual problems and Selected Socio-Demographic Variables

Sociodemographic variables	Mild %	Moderate %	Severe %	χ^2
Education				
•Primary	7.62	7.15	1.42	
•High school	32.39	11.43	3.80	21.178**
•Higher secondary	16.67	5.24	2.38	
•Degree and above	2.86	6.66	2.38	
Occupation				
•Government job	1.90	3.81	0.48	
•Private job	4.76	2.38	0.48	13.08*
•Daily wages	10	7.62	0.48	
•Home maker	42.85	16.67	8.57	
Type of the family				
•Nuclear family	50.96	27.62	6.19	10.265**
•Joint family	8.56	2.85	8.30	

Source; Primary Data

There was a significant association between the level of menopausal problems and education ($p<0.01$). There was a statistically significant association between the level of menopausal problems and occupation ($p<0.05$). There was a significant association between the level of menopausal problems and the type of family ($p<0.05$).

IV. DISCUSSION

The present study was conducted to assess menopausal problems among women in selected areas of Varkala Municipality, such as Kallazhi, Kannamba, Perumkulam, Mundayil, and Jawaharpark. The first objective of the study was to assess menopausal problems among women. The result shows that the menopausal problems among women based on distribution, 60% is having mild menopausal problems, 30% is having moderate menopausal problems, 10% is severe menopausal problems. The above findings were supported by the study conducted by Neelam Kumari and Taruna on menopausal problems among postmenopausal women residing in selected rural & urban areas. The objective of the study was to assess the menopausal problems among postmenopausal women and to find out the association between menopausal problems and demographic variables. This study was conducted in Jagadhri, Yamuna Nagar, Haryana. The non-probability convenience sampling technique was used for 100 samples. Data were collected by using self structured that 59% had mild menopausal problems, 41% had moderate menopausal problems, and none of the women had severe menopausal problems. The second objective of the study was to determine the association between the level of menopausal problems and sociodemographic variables among menopausal women. The results show that there was a statistically significant association between menopausal problems and education ($p < 0.01$), occupation ($p < 0.05$), and type of family($p < 0.05$).

The above findings are supported by the study conducted by Suwarna Madhu Kumar, Vaisali Gaikawad, and Sudeepa D (2016), address perceptions about menopausal symptoms and quality of life of postmenopausal women in Bangalore rural. A convenience sampling technique was used to select 116 postmenopausal women. Data were collected by using a questionnaire. The findings revealed an association between menopausal problems and education ($p < 0.05$), occupation ($p < 0.05$), and type of family ($p < 0.05$). There was a statistically significant association between menopausal problems and socio-demographic variables such as education ,occupation and type of family.

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