



# Influence of Socio-Economic Status on postmenopausal problems of rural women of Dharwad District

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## ABSTRACT

The influence of SES on postmenopausal 40 rural women was studied during 2015. The women who attained menopause and belonging to 35-55 years age range were selected from 4 villages of 2 talukas of Dharwad District. The postmenopausal symptoms were measured by using Menopause Rating Scale (MRS) developed by Barlin. (1992) with 11 items. The responses on each item was scored as 0-4 as none to very severe. MRS was categorized as low (0-14), medium (15-29) and high (30-44) further it was divided into somatic, psychological and urinary symptoms. The Socio Economic Status (SES) of family was assessed by using Socio Economic Status scale developed by Agarwal *et al.* (2005). Correlation was used to assess the relationship between SES and postmenopausal problems. Results revealed that in case of SES majority (63%) fell under lower middle, while 20% of them were poor and 16% in upper middle category. It was noted that 75% of women completed education upto primary level and 25% of them not attended the school. While with regard to MRS majority of women (63%) faced somatic problems, while 26% of them showed psychological problems and only 10% had urinary problems. There was a positive and highly significant relationship between SES and postmenopausal problems thus indicating that SES influenced the menopausal

problems. Hence there is a need for empowerment of women economically and educationally so that they will take care of postmenopausal health.

**Key words:** Menopause, Somatic, Psychological, Urinary problems

## Introduction

Menopause is derived from Latin words *meno* (month) and *pausia* (halt), and essentially marks the end of a woman's period of natural fertility. Bavadam (1999) stated that it is not merely the end of menstruation but also is an inevitable part of aging. The meaning of the word menopause in more recent times has been expanded to indicate the permanent but naturally occurring discontinuation of female fertility. Menopause is defined as the day after a woman's final period finishes. Menopause is the permanent cessation of menstruation resulting from the loss of follicular activity of the ovaries. It is a stage when the menstrual cycle stops for longer than 12 months and there is a drop in the levels of estrogen and progesterone, the two most important hormones in the female body. The onset of this physiological development not only marks the end of women's reproductive function but also introduces them to a new phase of life.

During the transition to menopause, women may experience vasomotor, urogenital, psychosomatic, and psychological symptoms, as well as sexual dysfunction. The prevalence of each of these symptoms related to menopause varies across ethnic and socioeconomic groups, and between rural and urban women (Sagdea *et al.* 2012). Some researchers have observed socioeconomic (e.g., working status and income); lifestyle (e.g., smoking and dietary practices); and biological variables (e.g., body weight and parity) as predictors of menopausal symptoms. A pan India survey conducted during 2014 Bangalore by Institute for Social and Economic Change, Bangalore has highlighted that a typical Indian woman fears with regards to her menopausal health. The study from 1,00,000 women, across 26 states. The findings of the ISEC survey highlighted that on an average nearly 4 percent of Indian women are already menopausal between the ages of 29-34 years. It goes up to 8 percent in the case of women between 35 and 39 years. This is shocking because normal menopause starts between the ages of 45 and 55 years, with a mean age of around 51 years worldwide. Hence the study was conducted with an aim to know the influence of Socio Economic Status (SES) on postmenopausal rural women.

## MATERIAL AND METHODS

The present study was conducted among women who attained menopause and belonging to 35-55 years age range were selected from 4 villages of 2 talukas of Dharwad District, Karnataka state.

The tools for the study were the self-structured questionnaire to elicit the information regarding general and family information. Menopausal symptoms were assessed by using Menopause rating scale developed by Berlin.1992 to know the age related decline of physical and mental capacity. It consists of 11 questions divided into 3 sub scale such as Psychological subscale (4 to 7), Somatic Subscale (1, 2, 3 and 11) and Urogenital Subscale (8 to 10). The respondent has to indicate her problems with intensity of each are by using 5 point likart scale. Then the responses on each item was scored as 0-4 as none to very severe. The total score was categorized as low (0-14), medium (15-29) and high (30-44) further it was divided into somatic, psychological and urinary symptoms. To assess Socio Economic Status(SES) of the family assessed by using SES scale used developed by Agrawal. 2005. The scale consists of 22 statements which assess education, occupation, monthly per capital income from all sources, family possessions, number of children, number of earning members in family, education of children, domestic servants in home, possession of agricultural land and non-agricultural land along with animals and social status of the family.

## RESULTS AND DISCUSION

The demographic characteristics of menopausal women are presented in Table 1. It was observed that 37.5% of women aged between 50-55 years followed by 27.5 percent were belonged to 46-50 years, 20 percent to 40-45 years age and only 15 percent were aged between 34-39 years. With regard to marital status 95 percent were married and 90 percent belonged to Hindu religion and 5 percent were Muslim religion. According to education 75 percent had completed their primary level and 25 percent were illiterate. All the respondents attained menopause naturally. According to SES classification 62.7 percent of postmenopausal women belong to lower middle class followed by 20 percent to poor and 17.5 percent in upper middle class.

The menopausal problems were classified as somatic, psychological and Urogenital problems and presented in Table 2. Most of them (65%) were reported somatic problems followed by 27.5 percent of them had

psychological problems and only 7.5 percent reported urinary problems. These results are in line with the study conducted by Sabeen and Sayed (2013) showed that higher prevalence of somatic (67.3%) and psychological symptoms (53%), compare to Urogenital (10%) symptoms occurred in post-menopausal women. In a study by Avanie *et al.* (2013), indicated that after onset of menopause postmenopausal women experienced higher prevalence of somatic problems (44.66%) followed by (34.44%) experienced psychological problems and only (20%) experienced urogenital symptoms. The study conducted by Mahammad *et al.* 2014 it was observed that postmenopausal women 62 percent were reported somatic problems, 42 percent were reported psychological and 5 percent reported urogenital problems.

Table 3 indicated that in upper middle class and SES 12.5 % of postmenopausal women indicated low menopause rating while only 5% indicated medium menopause rating. In case of lower middle class 40% indicated low menopausal rating , 17.5% indicated medium menopause rating and only 5% indicated high menopausal rating. In poor class 2.5% pointed that low as well as medium menopausal rating and 15% indicated high menopausal rating. There was a significant differences found between socioeconomic status and menopausal problems. This indicated that socioeconomic status influencing on menopausal problems. These results in line with the study conducted by Zinatossadat 2013 indicated that 98.5 percent belongs to middle class families and 40 percent were poor or below poverty line and there was significant differences found between socioeconomic status and menopausal problems. Badami *et al.* 2013 reported that there was significant relationship between physical health, stress and socioeconomic status of both urban and rural working and nonworking postmenopausal women. Hence it was concluded that women during postmenopausal stage experience more of somatic problems than psychological problems and urogenital problems and the socioeconomic status was significantly associated with menopausal problems.

Table-1: Demographic Characteristics of Study Participants

Variable	No	%
Age distribution		
34-39 years	6	15
40-45 years	8	20
46-50 years	11	27.5
50-55 years	15	37.5
Marital Status		
Married	38	95
Single/ Widow/ Divorce	2	5
Religion		
Hindu	38	95
Muslim	2	5
Education		
Illiterate	10	25
Primary	30	75
Menopause		
Natural	40	100
Induced (Hysterectomy)	0	0
Socio Economic Status		
Upper middle	7	17.5
Lower middle	25	62.5
Poor	8	20

Figures in the parenthesis indicates percentage

Table- 2: Menopausal Problems

Menopausal Problems	N	%
Somatic problems	26	65
Psychological problems	11	27.5
Urinary problems	3	7.5

Figures in the parenthesis indicates percentage

Table 3: Relationship between SES and menopausal rating

SES	menopausal ratings			r
	Low	Medium	High	
Upper middle	5 (12.5%)	2 (5%)	-	0.834**
Lowesr middle	16 (40 %)	7 (17.5%)	2 (5%)	
Poor	1 (2.5%)	1 (2.5%)	6 (15 %)	

\*\* at 0.01 level correlation

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