1.1 INTRODUCTORY STATEMENT

The God's most attractive valuable and unique creation on this beautiful earth is women with the ability of generating life. The terms stand for a creator, a nation builder, a producer or we can say a Mother. With these blessings she undergoes a number of physical, emotional, biochemical and biological transformations in her short life span to support the balance of nature. These transitions include her physical appearance as well as biological composition which distinguish her from a child to adolescent girl proceeding towards womanhood. Biologically her journey starts from menarche followed by menstrual cycle and menopause and finally reaches the post menopausal stage. These experiences bring about changes in her appearance, mental status, stress level, body composition, lipid level and nutritional status.

Menopause is a term used to describe the permanent cessation of the primary functions of the human ovaries: the ripening and release of ova and the release of hormones that cause both the creation of the uterine lining and the subsequent shedding of the uterine lining (a.k.a. the menses). Menopause typically (but not always) occurs in women in midlife, during their late 40s or early 50s, and signals the end of the fertile phase of a woman's life.

The transition from reproductive to non-reproductive is the result of a major reduction in female hormonal production by the ovaries. This transition is normally not sudden or abrupt, tends to occur over a period of years, and is a natural consequence of aging. However, for some women, the accompanying signs and effects that can occur during the
menopause transition years can significantly disrupt their daily activities and their sense of well-being. In addition, women who have some sort of functional disorder affecting the reproductive system (i.e. endometriosis, polycystic ovary syndrome, cancer of the reproductive organs) can go into menopause at a younger age than the normal timeframe; the functional disorders often significantly speed up the menopausal process and create more significant health problems, both physical and emotional, for the affected woman.

The word "menopause" literally means the "end of monthly cycles" from the Greek word pausis (cessation) and the root men- (month), because the word "menopause" was created to describe this change in human females, where the end of fertility is traditionally indicated by the permanent stopping of monthly menstruation or menses. However, menopause also exists in some other animals, many of which do not have monthly menstruation in this case, the term is synonymous with "end of fertility".

The date of menopause in human females is formally medically defined as the time of the last menstrual period (or menstrual flow of any amount, however small), in those women who have not had a hysterectomy. Women who have their uterus removed but retain their ovaries do not immediately go into menopause, even though their periods cease. Adult women who have their ovaries removed however, go immediately into surgical menopause, no matter how young they are.

Menopause is an unavoidable change that every woman will experience, assuming she reaches middle age and beyond. It is helpful if women are able to learn what to expect and what options are available to assist the transition, if that becomes necessary. Menopause has a wide starting range, but can usually be expected in the age range of 42–58 . An early menopause can be related to cigarette smoking, higher body mass
index, racial/ethnic factors, illnesses, chemotherapy, radiation and the surgical removal of the uterus and/or both ovaries.

Menopause can be officially declared (in an adult woman who is not pregnant, is not lactating, and who has an intact uterus) when there has been amenorrhea (absence of any menstruation) for one complete year. However, there are many signs and effects that lead up to this point, many of which may extend well beyond it too. These include: irregular menses, vasomotor instability (hot flashes and night sweats), atrophy of genitourinary tissue, increased stress, breast tenderness, vaginal dryness, forgetfulness, mood changes, and in certain cases osteoporosis and/or heart disease. These effects are related to the hormonal changes a woman’s body is going through, and they affect each woman to a different extent. The only sign or effect that all women universally have in common is that by the end of the menopause transition every woman will have a co Age

In the Western world, the most typical age range for menopause (last period from natural causes) is between the ages of 40 and 61 and the average age for last period is 51 years. The average age of natural menopause (in Australia) is 51.7 years, although this varies considerably from one individual to another. In some countries however, such as Indonesia and the Philippines, the median age of natural menopause is considerably earlier, at 44 years.

**Premature menopause**

Rarely, a woman's ovaries stop working at a very early age, ranging anywhere from the age of puberty to age 40, and this is known as premature ovarian failure (POF). Spontaneous premature ovarian failure affects 1% of women by age 40, and 0.1% of women by age 30. POF is not considered to be due to the normal effects of aging. Some known
causes of premature ovarian failure include autoimmune disorders, thyroid disease, diabetes mellitus, chemotherapy, and radiotherapy. However, in the majority of spontaneous cases of premature ovarian failure, the cause is unknown, i.e. it is generally idiopathic.

POF is diagnosed or confirmed by high blood levels of follicle stimulating hormone (FSH) and luteinizing hormone (LH) on at least 3 occasions at least 4 weeks apart. Rates of premature menopause have been found to be significantly higher in fraternal and identical twins; approximately 5% of twins reach menopause before the age of 40. The reasons for this are not completely understood. Transplants of ovarian tissue between identical twins have been successful in restoring fertility.

Perimenopause is the term used to describe the menopause transition years. In women who have a uterus, perimenopause describes the years before and after the final period (although it is only possible to determine in retrospect which episode of flow was indeed the final period). As a medical convenience, perimenopause is technically defined as the time from which menses start to become irregular and FSH levels have increased, through until 12 months after the last menstrual bleed. However the hormonal changes are gradual, both in onset and in termination, therefore the various possible perimenopause effects often start before and continue after this neatly-defined time slot.

During perimenopause, the ovarian production of the estrogens and progesterone becomes more irregular, often with wide and unpredictable fluctuations in levels. During this period, fertility diminishes, but is not considered to reach zero until the official date of menopause. The official date is determined retroactively, once 12 months have passed after the last appearance of menstrual blood.

Premenopause is a word used to describe the years leading up to the last period, when the levels of reproductive hormones are already
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becoming lower and more erratic, and the effects of hormone withdrawal may be present.

Postmenopause is the stage when women do not experience a menstrual bleed for a minimum of 12 months, assuming that they do still have a uterus, and are not pregnant or lactating. In women without a uterus, menopause or postmenopause is identified by a very high FSH level. Thus postmenopause is all of the time in a woman's life that take place after her last period, or more accurately, all of the time that follows the point when her ovaries become inactive. A woman who still has her uterus (and who is neither pregnant nor lactating) can be declared to be in postmenopause once she has gone 12 full months with no flow at all, not even any spotting. When she reaches that point, she is one year into postmenopause. The reason for this delay in declaring a woman postmenopausal is because periods are usually extremely erratic at this time of life, and therefore a reasonably long stretch of time is necessary to be sure that the cycling has actually ceased completely. At this point a woman is considered infertile, and no longer needs to factor in the possibility of becoming pregnant. However the possibility of becoming pregnant has usually been very low (but not zero) for a number of years before this point is reached. In women who have no uterus, and therefore have no periods, post-menopause can be determined by a blood test which can reveal the very high levels of Follicle Stimulating Hormone (FSH) that are typical of post-menopausal women. A woman's reproductive hormone levels continue to drop and fluctuate for some time into post-menopause, so any hormone withdrawal symptoms that a woman may be experiencing do not necessarily stop right away, but may take quite some time, even several years, to disappear completely. Any period-like flow that might occur during postmenopause, even just spotting, must be reported to a doctor. The cause may in fact be minor,
but the possibility of endometrial cancer must be checked for and eliminated.

1.2 STRESS

Life is really about change. Every day, each person faces some kind of challenge, big or small. Stress is the consequence of a person’s appraisal processes: the assessment of whether personal resources are sufficient to meet the demands of the environmental. Stress then, is determined by persons environmental fit (R.S. Lazarus & Folkmen, 1948; R.S. Lazarus & Launier, 1978; Pervin, 1968)

When a person’s resources are more than adequate to deal with a difficult situation, he or she may feel little stress and experience a sense of challenge instead. When the individual perceives that his or her resources will probably be sufficient to deal with the event but only at the cost of great effort, he or she may feel a moderate amount of stress. When the individual perceives that his or her resources will probably not suffice to meet an environmental stressor, he or she may experience a great deal of stress.

Stress, then, results from the process of appraising event (as harmful, threatening, or challenging), of assessing potential response, and of responding to those events.

1.3 STRESS AND DEPRESSION DUE TO EMOTIONAL IMBALANCE AT MENOPAUSE

While entering menopause women often face stress and depressive symptoms, memory problems, sleeping disorders and impulsive moods. Stress and Depression are among the common symptoms at menopause that reflect in various ways like gloomy mood as getting melancholic, tearfulness, loss of interest in usual activities, wariness, sleep disturbance
and difficulty concentrating and affects a woman's overall ability to experience normal mood states. This depression is viewed as empty nest syndrome and various factors like genetic factors, hormonal imbalance as well as emotional make up are responsible for this type of depression. Usually this depression along with stress soar rapidly if there is a past history of depression after delivery or it is associated with the menstrual cycle.

At this stage, estrogen hormone helps women in lessening adverse mood disorders or antidepressant treatment is necessary to deal with the phase. It is actually unusual for depression to appear for the first times after menopause, when all menstruation has come to an end. In fact menopause is an end of that gradual process, which is started since the menstrual periods gradually lighten and become less frequent.

This phase may last anywhere from a few months to a few years.

1.4 SOME COMMON SIGNS AND SYMPTOMS OF MENOPAUSE AND STRESS

Menopause affects each woman differently...

- 25% of women breeze through this transition.
- 50% of women experience mild to moderate symptoms.
- 25% of women experience symptoms severe enough to hinder their lives drastically and require professional help in dealing with them.

Hot Flashes, & Cold Flashes

About 75 to 85% of American women are estimated to get hot flashes when they’re in menopause. Hot flashes, which can be felt like a sudden, transient sensation of warmth or heat that spreads over the body creating a flushing (redness) particularly noticeable on the face and upper
body. Hot flashes are the body's reaction to a decreased supply of the hormone estrogen, which occurs naturally as women approach menopause. Not all women experience hot flashes, but more than half do. In some, estrogen production decreases gradually, producing few hot flashes. But for others, the ovaries stop estrogen production abruptly (same case as surgical menopause). For these women, hot flashes can be a real roller-coaster ride. Also one may get the night time version of hot flashes, known as night sweats. Night sweats is the evening cousin of hot flashes, but typically more intense. A night sweat, which is also known as "nocturnal hyperhydrosis", isn't actually a sleep disorder, but it is a common perspiration disorder that occurs during sleep.

**Loss of Libido**

Sex therapists say that low libido becomes a problem that should be addressed only when it is perceived as a problem. "It's usually only in the framework of a relationship that it becomes an issue" Dr. Zussman says. Some other therapist say that, "It's when there is a discrepancy in desire between the person and partner, or when people feel there's something wrong with them because they have a low level of desire." Everyone experiences peaks and valleys in sexual desire, an ebb and flow in libido that could be caused by any of a variety of factors. Occasionally, a hormonal imbalance or prescription drug will sap sex drive. And, of course, there's a difference between sexual drive and sexual function.

**Vaginal Dryness**

It's basically a loss of the usual moist and soft feel of the lining of vaginal area which may be associated with itching and irritation. When estrogen levels drop, vaginal tissues start drying and become less elastic. Sex becomes uncomfortable, one may be more prone to infections, vagina
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is frequently itchy and easily irritated, and, on the emotional side, one may feel older. Vaginal dryness and vaginal atrophy occur when estrogen levels drop. Vagina is usually very elastic, able to easily stretch for sex and childbirth. But as estrogen levels go down, vaginal walls get thinner and lose some of their elasticity. Vagina becomes dryer and takes longer to become lubricated. Finally, it may atrophy - becoming somewhat smaller in width and length. This symptom may appear due to a sudden drop in estrogen. In case of surgical menopause also, it can be experienced when going through a natural premature menopause. Either way, though, it's a very unpleasant menopause symptom; it can be very emotionally upsetting when in 20s or 30s.

Crashing Fatigue

An overwhelming feeling of tiredness that may be related to sleep disturbance that accompanies perimenopause probably due to estrogen fluctuation.

Hair Loss or Thinning, Head, Pubic, or Whole Body; Increase in Facial Hair

Connected to estrogen deficiency, since the hair follicles need estrogen; some women notice this before any other sign because it is obvious. Hair loss can be sudden or gradual loss or thinning of hair on head or on other parts of body. One will notice hair in brush, hair may also get drier and more brittle or notice a thinning or loss of pubic hair. A gradual loss or thinning of hair without any accompanying symptoms is common. However, hair loss that is accompanied by general ill health requires doctor attention.
Menopause Sleep Disorders (With or Without Night Sweats)

Waking up a lot at night, tossing and turning, and generally suffering with insomnia, it might be connected with menopause. In the past, doctors believed that interrupted sleep was a consequence of night sweats, but recent studies indicate that one can also have problems with sleep that aren't connected to hot flashes. Typically, the frequency of insomnia doubles from the amount one may have had before entered premature menopause. And research also indicates that women begin to experience restless sleep as many as five to seven years before entering menopause. Again, though, the problem is recognizing that the insomnia one is suffering from has its roots in changes in hormone levels.

Difficulty Concentrating, Disorientation, Mental Confusion.

During early menopause, many women are troubled to find they have difficulty remembering things, experience mental blocks or have trouble concentrating. Not getting enough sleep or having sleep disrupted can contribute to memory and concentration problems.

Disturbing Memory Lapses

Memory loss affects most people in one way or another. More often than not, it is a momentary memory lapse; Memory loss: Women approaching menopause often complain of memory loss and an inability to concentrate. Misplaced car keys, skipped appointments, and forgotten birthdays, but these memory lapses are a normal symptom of menopause. It is mostly associated with low levels of estrogen and with high stress levels.

Dizziness, Light Headedness, Episodes of Loss of Balance

Dizziness is a transient spinning sensation and/or a feeling of lightheadedness or unsteadiness; also, the inability to maintain balance
upon standing or walking. Dizziness is a symptom of many medical conditions. There are things that people can do to cope with their dizziness.

**Weight Gain during Menopause**

Weight gain, specifically a thickening in middle, abdominal area is another sign of changing hormones. Weight gain occurs in menopausal women because they're older and their metabolism is slowing down, other studies indicate that hormone levels are tied to weight gain and redistribution of fat.

**Increase in Allergies**

Many types of allergy have their basis in hormone reactions. This is particularly true of ladies who experience increasing symptoms as they undergo hormone changes, usually in their late twenties or after the babies are born. Hormone imbalance is a type of allergic reaction experienced by women from before puberty to old age. It is a heightened reaction to the normal function of hormones.

**Bouts of Rapid Heart Beat**

A pounding, racing heart is the second most common complaint associated with perimenopause. These bouts of rapid heart beat scare a lot of women because of their sudden onset, unexpected arrivals, and seemingly no way to stop them. This partially accounts for the sleeping troubles during perimenopause. This pounding can mean something other than perimenopause, so it's very important for a woman who is experiencing this symptom to report it to her doctor.
Mood Swings, Sudden Tears

A person with a mood problem is like a human roller coaster. One minute he's up, the next minute he's down. And he never seems to be able to get off the ride. His mood swings are intense, sudden and out of control. Chronic and severe mood swings are a psychological disorder, a health problem every bit as real as a physical ailment. In fact, sometimes they're the result of a physical problem, like a premenstrual syndrome. And just like a physical problem, they can be treated.

Depression

The physiological effects of menopause can increase a woman's susceptibility to other life aspects that may trigger depression. Interactions between estrogen and serotonin are believed to be involved in an increase in depression in postmenopausal women, although the highest risk for depression is during the five years before and after menopause the perimenopausal period. It’s also believed that lower activity levels in serotonin and norepinephrine make menopausal women more vulnerable to depression.

Anxiety, Feeling Ill at Ease

Anxiety can be a vague or intense feeling caused by physical or psychological conditions. A feeling of agitation and loss of emotional control that may be associated with panic attacks and physical symptoms such as rapid heart beat, shortness of breath and palpitations. The frequency of anxiety can range from a one-time event to recurring episodes. Early diagnosis may aid early recovery, prevent the disorder from becoming worse and possibly prevent the disorder from developing into depression.
Irritability

A significant change in mood for an extended period of time associated with loss of interest in usual activities, sleep and eating disorders, and withdrawal from family and friends.

Panic Disorder, Feelings of Dread, Apprehension, Doom

A significant and debilitating emotional state characterized by overwhelming fear and anxiety. These feelings can be vague or intense caused by physical or psychological conditions.

Breast Tenderness

Pain, soreness, or tenderness in one or both breasts often precedes or accompanies menstrual periods but can also occur during pregnancy, breast-feeding, and menopause. It can be resumed in a generalized discomfort and pain associated with touching or application of pressure to breast.

Migraines Headaches during Menopause

During the early stages of menopause, one may find that one is getting more and worse headaches. This is often caused by dropping estrogen levels. Many women with regular menstrual cycles get headaches just before their periods or at ovulation. These headaches, sometimes called "menstrual migraines" occur when estrogen levels plunge during the menstrual cycle. So, when body begins slowing down its production of estrogen due to premature menopause, one may wind up getting one of these hormonally-induced headaches.

Aching, Sore Joints, Muscles and Tendons

Aching Joints and muscle problems is one of the most common symptoms of menopause. It is thought that more than half of all
postmenopausal women experience varying degrees of joint pain. Joint pain is basically an unexplained soreness in muscles and joints, which are unrelated to trauma or exercise, but may be related to immune system effects mostly caused by fluctuating hormone levels.

**Burning Tongue, Burning Roof of Mouth, Bad Taste in Mouth, Change in Breath Odor**

Burning mouth syndrome is a complex, vexing condition in which a burning pain occurs on tongue or lips, or over widespread areas involving whole mouth without visible signs of irritation. The disorder has long been associated with a variety of other conditions, including menopause.

**Electric Shock Sensation Under the Skin And In The Head**

A peculiar "electric" sensation, or the feeling of a rubber band snapping in the layer of tissue between skin and muscle, that may be related to the effect of fluctuating estrogen levels on nerve tissue. It can also be the precursor to a hot flash.

**Increased Tension in Muscles**

An increase of aches and pains throughout the body muscles associated with soreness and stiffness in muscles. Women whose general health and resistance are good are apt to have less premenstrual tension than those women suffering from poor nutrition and lack of physical exercise.

**Itchy, Crawly Skin**

When estrogen levels drop, collagen production usually slows down as well. Collagen is responsible for keeping skin toned, fresh-looking, resilient. So when one start running low on collagen, it shows in your skin. It gets thinner, drier, flakier, less youthful-looking. This is
another of those symptoms of menopause that makes feel older before onetime and, in this case, it's clear why. One may look a little older than one used to. Worst, this sign often shows up early in menopause. Collagen loss is most rapid at the beginning of menopause. It is possible that premature menopause also leads to more rapid collagen loss.

1.5 NUTRITIONAL NEEDS AND LIFE STYLE PATTERN OF POST MENOPAUSAL WOMEN

Psychological and physiological changes have an impact on food intake and food choices of menopausal women. It is an established fact that a well balanced diet is important for good health and to combat some of the complications of menopause to certain extent.

Recommendations for dietary and lifestyle changes for women during menopause are a little different from that for women in general. Menopausal women need to eat less of foods that are high in iron. Because they are not menstruating, their requirement for iron is reduced, and is thus the same as for men. This means that they need to cut down on red meat, organ meats such as liver and kidney, and other foods high in iron. If they are taking multivitamin and mineral supplements, ones with low iron content are recommended.

Menopausal women need to decrease their intake of total fat, saturated fat, and total calories to balance their energy expenditure and prevent weight gain, which is sometimes associated with this period in a women's life. It is believed that, on average, women gain about 1.2 pounds a year, with most of the weight gain in the form of abdominal fat. A study done in the 1990s found that a modest weight reduction program in premenopausal women, including diet and exercise, produced modest weight loss and favorable blood lipid changes that lasted five years through the women's menopausal period. This study (Simkin-Silverman
et al.) proved that weight gain during menopause is not only related to hormonal changes, but also to decrease level of physical activity.

There is a clearer benefit in vitamin D and calcium supplementation in older postmenopausal women. Vitamin D intake between 500 and 800 I.U daily, with or without calcium supplementation has been shown to increase bone mineral density (BMD) in women. In women older than 65, there is even more benefit with vitamin D intake of between 800 and 900 I.U daily and 1200-1300 mg of calcium daily, with increased bone density, decreased bone turnover, and decreased nonvertebral fractures. The decrease in nonvertebral fractures may also be influenced by vitamin D-mediated decreases in body sway and fall risk.

Water intake is emphasized in older women and men, since the thirst sensation becomes dulled as people age. Six to eight glasses of fluid per day are recommended for this age group. Water, fruit juices, other nonalcoholic beverages, and fresh fruits can help provide variety in fluid intake. In addition, an increased consumption of legumes (e.g., dried chick peas, varieties of beans, lentils, soy and soy products) is recommended to provide phytoestrogens and isoflavones. There are other alternatives that are used by people around the world to reduce hot flashes and other symptoms of menopause, including herbs such as ginseng, black cohash, kava, and wild yam. However, there has been little scientific data to determine the effectiveness and safety of these supplements.

A woman's intake of dietary fiber must be increased during menopause to prevent constipation. This objective can be accomplished by following the Dietary Guidelines which recommend consuming six servings of whole grains and cereals, three to five servings of vegetables, and two to four servings of fruit per day. Exercise is also very important for all older individuals. Thirty minutes of moderate daily exercise, such
as speed walking, is recommended. Other exercises, such as flexibility and strength training to maintain lean muscle mass and bone density, can be very helpful if done two to three times a week.

1.6 LIPID STATUS IN POST MENOPAUSAL WOMEN

Increased levels of cholesterol, triglycerides, LDL, apolipoprotein B and decreased levels of HDL and apolipoprotein A are characteristics of lipid profile in menopause. With increase in LDL concentration, the composition of LDL molecule also changes so that participation of low density lipoprotein is increased by 30 -40%. During menopause, concentration of triglycerides also increases, which is related to the increase of the abdominal fat amount and insulin resistance. Menopause causes decrease of HDL concentration and changes in HDL structure as well. The concentration of HDL decreases while concentration of HDL increases. HDL concentration is in inverse proportion with abdominal fat level.

1.7 HEALTH PROBLEMS ASSOCIATED WITH POST MENOPAUSE

Osteoporosis: Osteoporosis is a systemic skeletal disease characterized by low bone mass micro architectural deterioration of bone tissue, with a consequent increase in bone fragility and susceptibility to fracture.

Osteoporosis is a degenerative bone disorder where there is thinning and weakening of the bone and a general decrease in the bone mass and density this means that they are much more susceptible to breaks and fractures.

The decline in estrogen after the menopause results in the body losing calcium which helps build healthy bones. Experts are still puzzled
by the extreme speed up of bone breaks down after menopause estrogen may have an impact on bone density in various ways.

Estrogen’s most important effect on osteoporosis appears to be prevention of bone break down. One study reported that the part of estrogen beneficial actions may involve maintain normal level of vitamin D, calcium important nutrient in bone protections.

**Heart Disease:** Heart disease is the number one killer of women. Although women have a much lower risk for CVD than young man after menopause women catch up 50 that after 51 their risk of dying of heart disease in very close to that of men. Estrogen loss is believed to play a major role in this increase risk estrogen has the following effects.

**Mixed effects on Blood Pressure:** The effects of estrogen on blood pressure are not clear oral contraceptives for intense which contain estrogen appear to increase pressure slightly.

**Diabetes:** Our blood sugar is affected by our menstrual cycle. Hormone can effect blood sugar the change is our hormone levels during menopause can also affect our blood sugar.

The average age of diabetes women in us is around 51, although women with diabetes may be younger.

**Weight Gain:** Menopause is the time in a women’s life when decreased estrogen levels as well body and behavioral change associated with ageing may trigger weight gain much of the women weight gain is around the middle part of the body this type of weight gain is of particular concern because excess of abdominal weight gain may be associated with diabetes high blood pressure certain cancer and CVD Researcher’s claim that the single factor most consistently related a women’s weight gain is his level of physical activity.

Weight gain after menopause can increase chance for breast cancer, according to Harvard Medical School. Likewise, losing weight after menopause can reduce this risk.
Skin change: The skin undergoes regressive changes after the menopause. It has been suggested that there might be a generalized loss of collagen following estrogen deficiency during menopausal years which would cause several disorders such as thinning of the skin osteoporosis. These changes are only prevented by ORT but the change in the skin affect menopause is not known well enough.

Incontinence: The drop in body estrogen levels brought on by menopause may contribute to both stress and urge incontinence.

Wrinkles: Some evidence exist that estrogen may help prevent slackness and dryness in the skin and even reduce wrinkles.

Anemia: Anemia, characterized by feelings of fatigue anxiety, lack of energy and sleeplessness is a common result of inadequate iron. Iron inadequacy can be caused by low dietary intake impaired absorption possibly resulting from lack of haem iron or vitamin c or blood loss. Treatment may involve using iron supplements together with a diet providing iron sources of high bio availability and vitamin c to enhance absorption.

1.8 SCOPE OF THE STUDY

Menopause is a term used to describe the permanent cessation of the primary functions of the human ovaries. Menopause typically (but not always) occurs in women in midlife, during their late 40s or early 50s, and signals the end of the fertile phase of a woman's life. The term post menopause is applied to women who have not experienced a menstrual bleed for a minimum of 12 months. The reason for this delay in declaring a woman postmenopausal is because menstrual cycle is usually erratic at this time of life, and therefore a reasonably long period of time is necessary to be sure that the menstrual cycle ceased completely. At this point a woman is considered infertile, woman's reproductive hormone levels continue to drop and fluctuate for some time during post-
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menopause. Due to these hormonal changes, a woman undergoes all physiological and psychological changes, which may be the reason for stress in every woman. To overcome the disturbances it is very important to study all the aspects of menopause and find fruitful solutions. This might help women to overcome the postmenopausal phase with ease and comfort. Nutrition plays a key role in management of post menopausal phase because your body is what nourishment it has received. That’s why the impact of nutrition education on managing lipid profile and stress level of postmenopausal women is a must to be studied and a solution is needed to overcome the consequences.

Apart from nutrition an active life style which include exercise pattern is a cure for a trouble free menopause. Regular exercise benefits the heart and bones, helps to regulate weight and contributes to a sense of overall well being and improvement in mood.

Present study entitled “To study the lipid profile and nutritional status of post menopausal women in relation to their stress level.” might be a guideline in this respect in which an attempt was made to study about the nutritional status, lipid profile, Hemoglobin status, serum calcium level, health status and life style pattern in relation to stress of post menopausal women. To obtain maximum level of accuracy, study has been planed with following -

1.9 AIMS & OBJECTIVES

➢ To assess the nutritional status, health status and life style pattern of post menopausal women.
➢ To assess the association between some factors of nutritional status, health status and life style pattern with stress level of post menopausal women.