CHAPTER 8
Summary and Conclusion

The present study attempts at a socio-cultural understanding of the transition of women into menopause. Though many researchers and policy makers have emphasized the equal importance to be given to all the aspects of reproductive health right from menarche to menopause, the focus of the study of ‘reproductive health’, even after 12 years of Cairo conference (1994), is confined more to the concept of child-bearing. Eventually, many women are not served and many reproductive health aspects are not addressed to the required extent and the phenomenon of menopause among the women, especially of developing countries is one among them.

In spite of repeated recommendations made by WHO, there is no uniform and clear terminology to define various phases of menopause which makes the comparison of findings of various studies not only difficult but also irrelevant. It is very difficult to get the reliable data on age at menopause due to memory lapse and difficulty in distinguishing complete cessation of menstruation from extended amenorrhea. It becomes still more difficult if the study population is illiterate, as estimation has to be done even for the current age.
A review of studies done so far on menopause indicates that there is vast variation in the menopausal transition, experience, perception and management of menopause from region to region and culture to culture. Age at menopause is high among American and European women followed by African women and it is comparatively very low among Asian women in general and among Indian women in particular. Though menopausal symptoms are associated with physiological and endocrinological changes, variation in the experience and perception of these symptoms both at the micro level and at the macro level indicates a significant role of socio-cultural factors too. But latter association has hardly been recognised by the studies done with bio-medical perspective. Use of hormonal and non-hormonal therapies to reduce or eliminate these menopausal symptoms also varies from culture to culture. Further, the way women perceive the menopausal transition and the postmenopausal period also varies from culture to culture as it is influenced by the attitude the women and society have, towards menopause. The vast variation in all these aspects relating to menopause indicates the necessity of looking at the phenomenon of menopause not only through the biological and physiological point of view but also through the socio-cultural perspectives. Indeed, the socio-cultural aspects become significant in the emergence of issues and problems of menopause.
There are hardly few studies undertaken on the populations in developing countries including Asia, which focus on the socio-cultural differences regarding menopausal experiences and the related aspects. Studies in India on menopause are very few and there are almost no studies attempting at the socio-cultural understanding of menopause on rural populations. In fact, the present understanding of the experiences and problems of menopause is more often based on the studies conducted in the developed countries with a bio-medical perspective. To a great extent the biomedical model of the modern health experts and doctors consider these experiences as universally applicable and device treatments accordingly. However, the biomedical understanding of menopause centred on the experiences of women in developed countries may not be generalised to women living in other parts of the world as developing world is significantly different from the developed world in terms of geological, ecological and cultural variation. Because of low literacy and low socio-economic condition among other things, women of developing world present a varying picture of the menopausal phenomenon. Indeed, there is a necessity to understand the menopausal transition in a holistic perspective keeping in view, not only the biomedical dimension but also the varied socio-cultural matrices. Here is an attempt to understand the phenomenon of menopause from the “emic”
perspective in a rural setting of Dharwad district of Karnataka, in South India.

The present work is based on the ethnographic investigation done in Krishnapur village, which is located in the north-west part of Karnataka, by using both quantitative and qualitative research techniques between June 2004 and September 2005. As menopause is a biological phenomenon which occurs among women at specific time period, the study concentrated on the women of a specific age group. Considering the findings of the earlier studies as well as the local phenomenon, women between 30-54 years are considered as the most appropriate age group to understand the set objectives. A census of the village, individual interviews with women, focus group discussions, case studies, interviews with key informants along with participant observation were the main techniques through which information on various issues related to village, households, people, women and menopausal aspects were collected. To analyse the nutritional status and anaemia among women, their height, weight and blood haemoglobin level were also measured. The ethnographic data thus collected was analysed by using CSPro, DataPro and SPSS statistical packages.

The village Krishnapur has 588 households and 3059 people, including 1609 males and 1450 females. The village has low sex ratio and low literacy rate. The village Krishnapur is entirely dependent upon
agriculture as most of the villagers are either cultivators or labourers. Most of the households in Krishnapur belong to people of Hindu religion, consisting of different castes. Among Hindus, Lingayats form the dominant castes. Inar, Panchamsali and Kudu Vokkaliga are the major sub-castes within Lingayat caste and they are significantly higher in number and are economically and politically dominant in the village. Valmiki and Madar along with Muslim are considered to be the castes in the lower level in the caste hierarchy. Background characteristics of individuals, socio-economic characteristics of households with regards to land owning, animal possession, access to basic amenities and possession of materials indicates a better socio-economic status of Kudu Vokkaligas followed by Panchamsali and Inar households and poor socio-economic status of Madar, Valmiki and Muslim households in Krishnapur.

On the whole, 399 women in the age group 30-54 years formed the focus of the present ethnographic study. The literacy level of these women is very low. Most of them are married and are engaged in agricultural work in addition to their routine household activities. Majority of them got married within 2 years of their menarche. Most of them have 3-4 children and average number of living children is around 3 per woman, with equal number of males and females. Use of permanent methods of contraceptives after getting required number of children is quite common, whereas use of spacing methods is very low among these
women. Upper castes women, especially the *Kudu Vokkaliga* women differ from lower castes women in certain aspects related to occupation and economic level. However, significant difference is not observed between the two groups in terms of their education, menarche, marriage and use of contraceptives. Anaemia is found among the women of all castes but it is considerably severe among the lower castes women. Overall, the nutritional status of women of Krishnapur is good as majority of them have normal BMI. Most of their health problems are attributed by them to lack of blood, aging, poverty and heavy work-load.

**Source of knowledge on menopause**

Like many other reproductive factors, menopause is also considered to be a sensitive, personal and tabooed matter to be broached to youngsters and hence open discussion on this topic is not seen in Krishnapur. For most of the women of Krishnapur, it is mother's attainment of menopause that becomes the first source of getting to know about menopause. When the women themselves enter into the menopausal transition, they try to get more information about the menopausal symptoms and their management, and about the timing of menopause by discussing with the women of same age group within their own family or within their neighborhood. Thus, the knowledge of menopause which is mainly based on their own experiences is passed on
vertically from elderly women to younger women across generation in the same family or kin group and horizontally from one woman to other woman in the same age group.

*Phases of menopause*

The 399 women who formed the focus of the ethnographic investigation are classified, as belonging to the three phases of menopause namely, women in prior to menopausal transition (PTMT), women in perimenopause and women in postmenopause, depending upon their menstrual status. Further analysis of these three categories of women by their age indicates that most of the women pass through the menopausal transition between 35 to 49 years in Krishnapur.

Indigenous perspectives of women have been understood as regards the ‘duration’ women wait for their menstrual periods after their FMP to confirm that they have attained menopause as well as their experience of irregular menstruation which indicates the onset of menopausal transition. Women felt either the ‘short’ waiting time of 3-6 months or the ‘long’ waiting time of 12 months to confirm the attainment of menopause, depending mainly upon their menopausal status and their own earlier experiences of getting irregular menstruation or that of their mothers or friends. However, majority of the postmenopausal women had waited for 3-6 months for their menstruation after their FMP. Generally,
they try to project that they have waited for a shorter duration of 3-6 months to confirm the attainment of menopause as long as they had undergone the ‘normal’ process of menopausal transition. Only such women, who had experienced menstruation at the longer intervals wait for their menstrual periods for a longer time after their FMP. Women in perimenopause phase are found to be waiting for a longer duration compared to the duration reported by the postmenopausal women.

Women of Krishnapur do not relate any symptom, other than irregular menstruation to the onset of menopausal transition. However, passing through this transition without such an irregularity is valued highly. Around half of those women who have attained menopause experienced irregular menstruation and for the other half, menstruation stopped abruptly. On an average, the former category of woman of Krishnapur experiences the menopausal transition for a period of 14.9 months.

Irregularity in the menstruation marked by an interval of 2-3 months or beyond, with normal or scanty bleeding for about 1-2 years is considered to be ‘normal’ in perimenopause phase of a woman. However, if such irregularity persists beyond 2 years and if it is marked by shorter interval of less than a month and severe bleeding, then it is perceived as an ‘abnormal’ phenomenon. As long as a woman undergoes the ‘normal’ process of menopausal transition, she does not attach much importance to
this phase of menopause and she tends to forget her experiences during this period. Though menopause is seen as an important stage in the life cycle of a woman, the tendency of forgetting menopausal experiences indicates that not much of significance is attached to the phenomenon of 'menopausal transition' by the women of Krishnapur.

**Age at menopause**

As far as the women of Krishnapur are concerned, attainment of menopause is generally not related to their age but to some important events that take place in their life, especially the birth of their first uterine grandchild. It is the wish of every woman to reach menopause as soon as possible once her first uterine grandchild is born. Women follow certain practices at the time of delivery of their daughters so as to invoke menopause soon after that event. Though the two episodes, viz., a woman attaining menopause and the delivery of her daughter do not always coincide, they nonetheless occur more or less around same time. Most women in Krishnapur give birth to children when they are between 18-25 years, and get their grandchildren when they are between 40-50 years and this is the time when most of them attain their menopause.

Attainment of menopause during this range of 40-50 years is viewed as 'normal' and within this range, attainment of menopause during early 40s is felt as 'early' and that during late 40s is referred to as
‘late’. Majority of the women in Krishnapur, prefer to get their menopause ‘late’. Women feel that it is better to have late menopause and get menstrual periods for longer duration because that keeps oneself fit, active and healthy. These women strongly believe that if a woman attains menopause ‘early’, impure blood accumulates in the body which in turn leads to obesity, body pain and finally growth of tumour in the stomach. It is also believed that when impure blood circulates inside the body, it is the eyes which will get affected first, as they are considered to be very sensitive. Thus, safeguarding the overall health by getting late menopause forms the major concern of the women in Krishnapur, which normally coincides after the birth of their uterine grandchild on the one hand and before the arrival of their daughter-in-law on the other. The status of mother-in-law is valued highly and the status gains further significance with the attainment of menopause vis-à-vis their daughter-in-law. Getting menstrual periods after the arrival of daughter-in-law is looked down upon and considered to be shameful, as the mother-in-law gets placed on par with the daughter-in-law as far as the taboos and restrictions of menopause are concerned.

On an average, the women of Krishnapur reach menopause at the age of 44.7 years, which is low compared to that of women in western countries. The age at menopause among the women of Krishnapur ranges from 23 years to 52 years.
With regards to the effect of socio-economic factors on age at menopause, caste affiliation, family income, education and occupation of women play a significant role as, higher the status of women on these aspects, later the women attain menopause. With regards to the effect of food and health related aspects on the age at menopause, except the consumption of curds and fruits, intake of other food items like dal, green leafy vegetables and non-vegetarian food do not show any influence on the age at menopause. However, early menopause is related with frequent consumption of tea. Experience of hospitalization, either due to surgery or due to severe illness is used here as one of the indicators of health condition of women of Krishnapur. Hospitalization not only indicates the health condition of women but also helps to assess the effect of medicines the women had taken during the surgery or severe illness. Women who had experienced hospitalization reach menopause earlier than those women who did not have any such hospitalization. Further, with regards to the effect of present health condition of women, it is only the severe degree of anaemia and energy-deficiency which leads to early menopause. Thus, absence of severe illness/surgery along with quality food-intake, with above average blood haemoglobin level and BMI postpone the timing of menopause by 2-3 years.

The women from the upper castes having better family income have better access to good nutrition and improved health care. This, along
with their less laborious nature of work provides them better health compared to that of their counterparts, which in turn delays their age at menopause. This coincides with the perception of women of Krishnapur who possess the knowledge that better health and nutritional condition of women delays the attainment of menopause.

With regards to the effect of reproductive factors, the women of Krishnapur who have attained menarche very early, whose menstruation was irregular earlier and who have experienced foetal loss, reach menopause later than their counterparts. Similarly, the duration spent by women in fertility processes as pregnancy, amenorrhea and breastfeeding increased the age of attainment of menopause. The influence of these reproductive factors on age at menopause can be explained in terms of compression of follicles or losing of the ova throughout the reproductive career of a woman. The women who get regular menstrual periods lose more number of follicles than those women who get their menstrual periods at larger interval, as they get lesser number of menstrual periods during their reproductive span. Again the women who give birth to more number of children and women who experience foetal loss would have more duration without menstrual periods as they have longer durations spent in pregnancy and postpartum amenorrhoea during which they will not experience menstruation and thus, there will not be any loss of follicles. Hence, losing of all the follicles will be prolonged
for such women. Delayed menopause among the women having more pregnancies can also be explained in terms of accumulation of subcutaneous fat among such women. The more pregnancies a woman experiences the larger her body shape becomes. Thus, multiparous women have more subcutaneous fat. Fat distribution increases sex hormone levels, which, along with the changes in hormone levels induced by pregnancy, delays menopause.

**Menopausal symptoms**

According to earlier studies including WHO, irregular menstruation, vasomotor symptoms, urogenital symptoms and other symptoms like severe headache, poor memory, anxiety, irritability, weight gain and joint pain have commonly been found among the women who are in menopausal transition. All these symptoms are observed even among the women of Krishnapur during their menopausal transition. However, except irregular menstruation, none of these symptoms are associated by the people to the onset of menopausal transition.

Women of Krishnapur view menstruation as ‘irregular’ if it changes in terms of interval between two menstrual periods or in terms of flow of bleeding or both. They do keep a mental account of the regularity of their menstruation. Getting ‘sufficient’ menstrual bleeding for 3-5 days, once in a month is considered as normal. But, getting menstrual
periods at ‘shorter’ interval, as well as at ‘longer’ interval are considered to be irregular. Similarly getting scanty bleeding just for 1-2 days, or very heavy bleeding for more than 5 days is also considered to be a change in their menstruation. Many women of Krishnapur attain menopause without experiencing any irregularity in their menstruation. Among those women who experience irregular menstruation, most of them get menstruation at ‘longer’ interval with ‘normal’ bleeding. Both these conditions are considered to be normal by the women of Krishnapur. Getting menstruation at the ‘shorter’ interval with heavy bleeding is viewed as unusual and this phenomenon is observed more among those women who get into the menopausal transition at the early age i.e. below 40 years, who comparatively work hard, and who are anaemic and overweight. This goes well with the perception of women who believe that, if menopause is attained at a young age, the woman has to experience drastic changes in their menstruation associated with severe problems like frequent menstruation and heavy bleeding as uterus is not yet ‘dried’. They believe that those women who are ‘healthy’ and who have ‘more blood’, get heavy menstrual bleeding and they get their menstrual periods more often at shorter interval. On the other hand, women who are thin get scanty menstrual bleeding and get menstrual periods at longer interval as they do not have more blood in their body.
With regard to the experience of hot flashes and night sweats, quite a large proportion of women of Krishnapur do experience them during their menopausal transition. Since such symptoms are more among the perimenopausal women compared to women in PTMT, it can be associated with the hormonal changes and can be seen as an effect of menopausal transition. However, the woman undergoing menopausal transition hardly recognise these symptoms as due to the hormonal changes that are taking place in their body. Women associate these symptoms with various other things in their life, like hard work, weakness in their body and also with hot weather. Women who are above 40 years, engaged in labour work and who are overweight, experience hot flashes and night sweats during their menopausal transition more than their counterparts. Very few postmenopausal women recollect such experiences they had during their menopausal transition as these symptoms are considered to be ‘unimportant’ experiences and trivial matters.

Women do not perceive urinary symptoms as ‘unusual’, and do not attach special significance to them. Most of the time burning urination is attributed to ‘body heat’. Women have the opinion that vagina loses its strength and elasticity due to deliveries and tubectomy, and hence getting frequent urination or urine leakage is common during this period. Women worry about the urine leakage to some extent but never consider it as a
big problem, so as to seek treatment. Getting frequent urination is not at all perceived as a serious problem by the women. Hence, urinary symptoms are more often attributed to aging but not to the menopausal transition. All these symptoms relating to urination are seen comparatively more among the women in perimenopause phase. Under the vaginal symptoms, white discharge is the predominant symptom among the women of Krishnapur. Getting scanty bleeding and getting white discharge are treated as an indication of cessation of menstruation and hence, they are remembered and reported. These urogenital symptoms are comparatively more among those women who attain menopause earlier to the age of 40 years, who work as labourers and among those who are anaemic and underweight.

With regard to ‘other symptoms’, very few postmenopausal women could recall and report that they used to get these symptoms during their menopausal transition. Since, menopausal transition as such is not considered as a separate and distinct period, especially if a woman passes through this phase without severe menstrual changes, the postmenopausal women many-a-time do not remember what all had happened to them during this period. As far as the current experiences of these symptoms are concerned, their higher prevalence among the perimenopausal women compared to women in PTMT, points to the fact that menopausal transition has a very significant role in the occurrence of these symptoms.
However, prevalence of these symptoms even among women in PTMT phase indicates that menopause is not the only cause of these symptoms.

Among this category of 'other symptoms', poor memory is found to be more common during the menopausal transition. Severe headache is the next major symptom followed by the experiences of getting irritated, getting anxious and swings in the moods. Further, the feeling that their body has become heavy and limbs/knee pain are also seen among many of the perimenopausal women. Though women of Krishnapur more often complain about these symptoms, they do not associate them with menopause but attribute it not only to the present circumstances like aging, their nature of hard work and lack of energy in their body, but also to the past events as repeated deliveries and lack of proper health care soon after their deliveries. These symptoms are observed more among the women who are above 40 years and among those who are anaemic and who are overweight.

When the women of Krishnapur miss their menstrual periods, more often during their late 30s or early 40s, they relate it to menopause and wait for sometime for its confirmation. During this period, women consult their female friends and the local doctors in order to make sure that it is due to the onset of menopausal transition. They are considered to be the proper people to consult and they are easily accessible also. If they do not get menstrual periods for about 6 months, then they feel confirmed
that they have reached menopause and they do not feel the necessity of seeking any medical treatment. Very few women of Krishnapur seek medical treatment or advice during their menopausal transition, as most of these women do not experience ‘abnormal’ menstrual changes during their menopausal transition. If a woman starts getting irregular menstruation at a young age or earlier to her expectation, and if a woman gets her menstrual periods at ‘shorter’ interval with heavy bleeding, she perceives it as an ‘abnormal’ condition requiring physical examination. In such circumstances she visits female private doctors or female gynaecologists in Dharwad city and do not prefer to consult the local doctors. These local doctors are approached only for taking treatment for general health problems and not for the specialized problems like gynaecological problems. The local doctors serve their purpose of normal consultation and advice, which do not require detailed physical examination or getting into the details of gynaecological problems. As these problems are considered to be very personal, sensitive which are not to be made public, the women of Krishnapur rarely visit the district civil hospital in Dharwad city for such type of problems.

As far as management of other symptoms is concerned, women follow certain home remedies for some of these symptoms at the initial stages and if the condition becomes serious and more problematic, they seek medical treatment from the female private doctors of Dharwad city.
It is for the severe headache, white discharge and pain in the limbs /knee that the women seek modern medical treatment more often. Of late, increase in the treatment seeking behaviour among the women of Krishnapur, as more perimenopausal women had gone for medical treatment compared to that of postmenopausal women, indicates the higher health consciousness among the former group due to increase in their educational level, mass media influence and urban exposure.

In Krishnapur, some women have experienced induced menopause due to hysterectomy operation, as they themselves put it as “at the very early age” of less than 35 years. The growth of tumour in their uterus and swelling of uterus formed the main reasons for undergoing hysterectomy operation. The major symptoms experienced by these women at the initial stages of these problems were said to be white discharge, heavy bleeding and severe abdominal pain.

After-effects of menopause

Since postmenopausal life overlaps with aging process, many of the health problems which are seen among the postmenopausal women are attributed quite often to the process of aging rather than to menopause. However, these health problems are associated with menopause especially when women reach menopause at an “early” age. It is said that the right time to reach menopause is after 40 years. This is the
time when “everything inside gets dried”, which according to them means the uterus becomes non-functional and impure blood will not accumulate in the body. On the other hand, if a woman attains menopause before the age of 40 years, the uterus at that time is not yet dried, and thus gives scope to accumulate impure blood inside the body. When this impure blood circulates inside the body, it affects the eyes leading to diminished eyesight, and also makes the body heavy which in turn leads to many health problems like fatigue, back pain and limbs/knee pain after menopause. Thus, women relate these symptoms as after-effects of menopause, only if they think that the timing of menopause is too early.

The state of menopause is perceived as a value-added phenomenon wherein it brings about a higher and additional status to the woman. After menopause women are respected as elderly persons. Especially, this change and elevation of status is more significant in their relationship with the daughters-in-law. By virtue of their elevated status, the postmenopausal women not only come closer to being equal to men but also gain higher access towards better food items like males. Because of the elevation in their status and decrease in their amount of hard and laborious work, postmenopausal women tend to be obese after menopause and quite often they themselves perceive it. However, it is found that women continue to be anaemic even after menopause. Obesity along with anaemia during postmenopausal period leads to such
symptoms as heaviness, limbs/knee pain, fatigue and back pain. These ailments are more often attributed to the aspect of aging and other sufferings throughout their life, rather than to menopause by the women of Krishnapur. The elevation of their status and roles which they acquire along with expansion in their family structure compel them to abstain gradually from the sexual relationship.

Women of Krishnapur do not consider menopause as an end of their life or as an end of 'feminity' as depicted in most of the literature on menopause. Though women experience certain physiological and psychological symptoms during their menopausal transition and thereafter, acquisition of elevated status perceived by the women after menopause become more significant and many of the menopausal symptoms are not considered to be serious and problematic.

**Conclusion and Policy implications**

The present ethnographic study on menopause in Krishnapur makes it clear that women in rural Karnataka consider menopause as a natural and positive development in their life and accept it willingly. Menopause is not associated either with 'old age', as women feel it takes still more time to call a woman as 'old woman' after menopause, or to the 'reproductive aging' in particular, as women finish their reproduction long before the attainment of menopause. Hence, for them menopause
means only the complete cessation of menstruation and they possess a
group negative outlook towards it. It gives them much more freedom and higher
status. The experience of women in Krishnapur does not correspond with
that of women in western countries and is contradictory to that of western
culture, where menopause is attached with loss of youth, beauty, child-
bearing ability and with aging, and thus viewed negatively.
Symptomatology of menopause and use of hormones to diminish
menopausal symptoms also varies from culture to culture. Though some
symptoms and problems are observed among the women of Krishnapur,
both during their menopausal transition and thereafter, they are not
considered to be serious or problematic.

Quite often menopause is labelled as a crisis in women’s lives and
hence a medical phenomenon, because menopause has been seen as a
disease or deficiency condition. Thus, gynaecologists tend to emphasize
the ‘dark’ side of menopause (depression, anxiety), which in turn makes
the women in menopausal transition to rate symptoms and associated
health care, as high as gynaecologists do. This together with the
importance assigned to sexual activity has lead to an approach centred on
pathology and treatment, restricting to prescribing hormone and
psychotropic drugs without a comprehensive understanding of the
menopausal phenomenon. A few studies have shown that menopause is
becoming a medicalized phenomenon, thereby complicating the ways a
woman experiences menopause and making her more vulnerable to medical control of this natural transition. Accelerating medicalization of a process especially in a context where women accept it as normal, turns into a matter of concern.

This ethnographic study shows that the experience of menopause is not just a physiological event but an interplay between individual, social and cultural factors. It also points out that the biological processes like menopause do not exist "per se" because they are understood, shaped and managed through the cultural perceptions and "emic" views in a population. Hence, it is not only necessary to consider the bio-medical aspect of menopause but also the "emic" perspective of people across different cultures. Thus, there arises a need to study the phenomenon of menopause by a variety of disciplines including the biological and social sciences. This interdisciplinary approach with effective and constant communication of results from community-based studies, to both practising clinicians and to women is imperative for a holistic understanding of the phenomenon of menopause.

As it is found in the present investigation, women do experience certain health problems both during their menopausal transition and during their postmenopausal life. This gives an indication that the women who have crossed the boundary of reproductive career need special importance by the policy makers, program planners and health programs,
and by the researchers, in the post-Cairo era, which views reproductive health comprehending 'from menarche to menopause'. These women, who neither fall under the category of 'child-bearing years' nor under the category of 'old age', but face the effect of the hormonal changes as well as aging, need special consideration.

The experience of health problems like anaemia, fatigue, obesity, limbs/knee pain, back pain, diminished eyesight and white discharge during postmenopausal period, though not associated with menopause by the women, needs special attention by the medical personnel. Higher prevalence of anaemia is a matter of concern. Obesity along with limbs pain or joint pain can lead to osteoporosis. Women are at higher risk of reproductive tract infections due to many urinary and vaginal symptoms which may lead to cervical cancer and higher prevalence of white discharge is an indication of it. However, women largely ignore these symptoms, while welcoming the freedom from menstruation-related worries. Inability of women to identify all these symptoms and to associate them with menopause highlights the lack of awareness women have about biological processes of menopause and its consequences. Most women go untreated because of their unawareness and unavailability or ever-increasing cost of the medical support. Very few women seeking medical treatment for these symptoms indicate the need for good and easily accessible health care to them. Non-utilization of
available public health sector by these women stresses the importance of restructuring of this sector according to the needs of the people, with either part-time or visiting female medical practitioners near to their vicinity. Programs should be undertaken at the rural level to increase awareness, both among men and women towards this phenomenon and to sensitize the medical practitioners about the special needs of this particular group of women.

Though menopause is a biological phenomenon occurring among every woman at a particular period, how she copes-up with her body changes is mainly influenced by the attitude of 'significant others' like husband, family members and neighbouring women and the support she gets from them. Proper communication between the couple, understanding each others' body changes and needs, and mutual support help a woman to cope with her stresses and discomforts. Other family members, relatives and friends can provide important support during this stage, as within this network woman shares her experiences and gets more information relating to menopause. More than anything else, preparing oneself for the menopausal transition and for the state of menopause, - as done by the women of Krishnapur, after the birth of a grandchild - works out more effectively. Higher prevalence of anaemia and obesity in this stage indicate the necessity of eating healthy diet, which is low in fat and cholesterol, high in fibre and well balanced with
vitamins and minerals, mainly iron and calcium. Obesity can be reduced by continuing household and agricultural work to some extent as most of these women change their nature of work, both at home and outside, during this age.

The phenomenon of menopause is emerging as an issue owing to rapid globalization, urbanization, awareness and increased longevity. The substantial increase in the number of postmenopausal women in the developing world throws new challenges so as to understand this phenomenon. National health authorities of our country should see the implications of the rapid growth rate of postmenopausal women and should anticipate the provision of relevant health services, education and promotional activities to cope with the health needs of women in their postmenopausal years.