CHAPTER-IV
MENOPAUSE IN AN URBAN SETTING
Human body goes through the developmental cycle. Birth, childhood, adolescence, adulthood, elderliness, our body shows changes accordingly. Menopause is the other end of menstrual life of women. It is the last menstruation. It is a major turning point in woman’s life. Approaching menopause involves process of change and every woman experiences that this transition is unique and in individual ways.

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.

Menopause is not a medical illness. It is a natural biological process—a state of transition in a long, slow process of reproductive aging. For most women this process begins silently somewhere around the age of 40, when periods may start to be less regular and last into the 50s or even 60s.

This period may manifest short symptoms and long-term complication. While the short-term symptoms must be treated the long-term complication must be prevented. Marriage, employment,
menopausal changes are factors which may be playing some role in psychological outcomes during menopause.

The women viewed menopause as just a change of life from one stage of their life to another stage, which is accompanied with physical changes moving them from their ability to conceive to loss of the ability. Many of the women perceived these physical changes as positive liberating them from a monthly menstrual period.

Symptoms of menopause begin as the number of egg-producing follicles begins to shrink. The levels of both female hormones, estrogen and progesterone, begin to fall as the number of follicles decreases. The symptoms of menopause are mainly the result of falling levels of these hormones.

Menopause was not discussed in the women's families because it was considered as a bodily thing, a female issue, and a private issue that should not be discussed even with their mothers. As girls mature earlier than boys, so also women experience menopause earlier than men experience climacterium. Menopause is depicted as an exclusively female condition. However, a closer look at the history of the medical sciences reveals that there have been and still are attempts to classify symptoms of ageing men as male menopause or climacterium.

Androgen deficiency in the ageing male (ADAM) was proposed to characterize a symptom cluster of decrease in sexual function and strength, dysphoria and osteopenia in ageing men with decreased levels of
androgens. Men with ADAM (Androgen deficiency in the ageing male) characterize by oligospermia that is reduction in sperm count. While in females menopause represented by no ovulation. So far as the relationship between husband and wife is concerned, this difference may disturb the whole family life.

The degree to which each woman's body responds to these hormonal changes varies. While one fourth of women, are expected to manage the transition phase of menopause without any problems, about 50% of women experience some menopausal symptoms, varying in intensity from mild to moderate, 25% of women have more severe disabling symptoms. Studies of women around the world suggest that differences in lifestyle, diet and activity may play a role in the severity and type of symptoms experienced by women during menopause.

Menopause is a significant biological event in women's life. It is the gradual process of hormonal changes at which the monthly periods stop. It occurs in most women somewhere around age 50. Before and after the end of menstruation, the body is working to establish a new hormonal balance. Though menopause is not a disease that needs to be cured, but a natural life-stage transition, this can be an extremely difficult time for many women.

**Menopause**

Menopause is the other end of menstrual life of women. It is the last menstruation. It is a normal condition that all women experience as they
The term "menopause" can describe any of the changes a woman goes through either just before or after she stops menstruating, marking the end of her reproductive period.

Menopause is a major turning point in woman's life. Approaching menopause involves a process of change—every woman experiences that this transition is unique and in individual ways. The mean age at menopause is 51, but some women are in their 30s and others in their 60s. Most are 40 to 58. Average age at menopause hasn't changed for several centuries, despite increasing life expectancy.

This period may manifest short symptoms and long-term complications. While the short-term symptoms must be treated, the long-term complications must be prevented. Marriage, employment, menopausal changes are factors which may be playing some role in psychological outcomes during menopause. The women viewed menopause as just a change of life from one stage of their life to another stage, which is accompanied with physical changes moving them from their ability to conceive to loss of the ability. Many of the women perceived these physical changes as positive, liberating them from a monthly menstrual period. Although menopausal symptoms were bothersome to some of the women, they thought that menopause is a natural process of life change and it would end ultimately. While giving their attention to other life events, most of the women placed menopause in the lowest priority because it is a normal stage of their life. Menopause was not discussed in the women's families because it was considered as a
bodily thing, a female issue, and a private issue that should not be discussed even with their mothers. While trying to be optimistic about menopause and its symptoms, women tried to accept any menopause related difficulties and to adjust their life styles to adapt to the symptoms. The women tried to keep healthy lifestyles (e.g., eating healthy foods, exercising regularly, etc), which they believed a key element in successfully going through menopause. Also the women tried to get more rest than before. Ethnic differences in menopausal symptom experience have recently been reported (Adler et al., 2000; Avis et al., 2001; Berg & Taylor, 1999; Freeman et al., 2001; Crawford, 2007; Fu et al., 2003; Gold et al., 2000; Im & Meleis, 1999; Kravitz et al., 2003; Lesley et al., 2002; Lovejoy et al., 2001; McCrohon et al., 2000; Obermeyer, 2000; Oddens, 1994; Probst-Hensch et al., 2000; Randolph et al., 2003; Wilbur et al., 1998; Woods & Mitchell, 1999). In these studies, it was reported that the menopausal symptom experience of Hispanic women was highly prevalent and similar to that described among Western women (Pedro et al., 2003). Hispanic women were reported to have positive attitudes toward menopause, but they perceived menopause as a potentially disturbing transition associated with irritability and depression (Bell, 1995; Villarruel, Harlow, Lopez, & Sowers, 2002). Despite these findings, very little is still known about the menopausal symptom experience of middle age women across the countries. Because middle age is a multifaceted transitional stage in women's development (Palacios et al., 2002; Short, 2003; Rosenberger, 1993; Scotland, 2002; Woods &
Mitchell, 1999), understanding of cultural contextual factors that may influence the menopausal symptom experience is essential (Carolan, 2000; Deeks, 2003; Hewner, 2001). Menopause occurs at a time of life when women are facing many threats and challenges (e.g. children leaving home, the illness of their partner, or the death of elderly parents). However, very little is also known about the influences of real life challenges and status of marriage as well as employment on the menopausal symptom experience of middle age women. This medicalization of menopause has helped to turn the spotlight on a topic women once only whispered about.

**Causes of Menopause**

A woman is born with a finite number of eggs, which are stored in the ovaries. The ovaries also make the hormones estrogen and progesterone, which control menstruation and ovulation. Menopause happens when the ovaries no longer release an egg every month and menstruation stops.

Menopause is considered a normal part of aging when it happens after the age of 40. But some women can go through menopause early, either as a result of surgery, such as hysterectomy, or damage to the ovaries, such as from chemotherapy. Menopause that happens before 40, regardless of the cause, is called premature menopause.
Age of Menopause

The average age of menopause is 51 years old. But there is way to predict when an individual woman will have menopause or begin having symptoms suggestive of menopause. The age at which a woman starts having menstrual periods is also not related to the age of menopause onset. Most women reach menopause between the ages of 45 and 55, but menopause may occur as earlier as ages 30s or 40s, or may not occur until a woman reaches her 60s. As a rough "rule of thumb," women tend to undergo menopause at an age similar to that of their mothers.

<table>
<thead>
<tr>
<th>Sl.no</th>
<th>Caste wise</th>
<th>Menopause</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>35-40</td>
<td>41-45</td>
</tr>
<tr>
<td>1</td>
<td>Lingayat</td>
<td>14 (26.9%)</td>
<td>30 (30%)</td>
</tr>
<tr>
<td>2</td>
<td>Kuruba</td>
<td>09 (17.3%)</td>
<td>12 (12%)</td>
</tr>
<tr>
<td>3</td>
<td>Talawar</td>
<td>06 (11.5%)</td>
<td>17 (17%)</td>
</tr>
<tr>
<td>4</td>
<td>Madiwala</td>
<td>01 (1.92%)</td>
<td>02 (2%)</td>
</tr>
<tr>
<td>5</td>
<td>Jadar</td>
<td>00 (0%)</td>
<td>01 (1%)</td>
</tr>
<tr>
<td>6</td>
<td>Muslim</td>
<td>10 (19.2%)</td>
<td>19 (19%)</td>
</tr>
<tr>
<td>7</td>
<td>Jaina</td>
<td>00 (0%)</td>
<td>01 (1%)</td>
</tr>
<tr>
<td>8</td>
<td>Harijan</td>
<td>12 (23.0%)</td>
<td>18 (18%)</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>52 (13%)</td>
<td>100 (25%)</td>
</tr>
</tbody>
</table>

Table No-13
Table No-13 shows that caste wise and age wise menopause status. Out of 400 respondents 248 (62%) women have their cessation of menstrual period in the age group of 45 and above. 100 (25%) respondents are in the age group of 41 to 45 and 52 (13%) are in the age group of 35 to 40. 14 (26.9%) Lingayat respondents and 12 (23.0%) Harijan respondents have their termination of menstrual period in the age group of 35 to 40, because lack of nutritious food, some hormonal imbalance, mental stress in the family and Harijan women are engaged in heavy work. These all factors are main cause of this cessation of menstruation. In the age group of 41 to 45, 30 (30%) Lingayat respondents, 19 (19%) Muslim respondents and 18 (18%) Harijan respondent women found their menopause.
Women who have attained menopause

Menopause attained women sharing their experience with the researcher
Male Menopause

Male menopause is the more commonly-used term for andropause, or age-related changes in male hormone levels. According to the Mayo Clinic, the same group of symptoms is also known as testosterone deficiency, androgen deficiency, and late-onset hypogonadism. Male menopause is considered a slowing of testosterone production for men in their 50s or older and is often affiliated with hypogonadism, as both conditions deal with lowered testosterone levels and have similar symptoms.

Produced in the testicles, testosterone does more for a man than fuel his sex drive. It fuels mental and physical energy and changes during puberty, maintains muscle mass, regulates the fight or flight response, and regulates other key evolutionary features.

Male menopause differs from female menopause in that not all men will experience it and it doesn’t include a complete shutdown of the male reproductive organs, although sexual complications may arise as symptoms of lowered hormone levels. While the World Health Organization (WHO) doesn’t recognize male menopause as a condition, about five million American men don’t produce adequate levels of testosterone. Because men do not go through a well-defined period referred to as menopause, some doctors refer to this problem as androgen (testosterone) decline in the aging male or what some people call low testosterone. Men do experience a decline in the production of the male
hormone testosterone with aging, but this also occurs with conditions such as diabetes.

Along with the decline in testosterone, some men experience symptoms that include:

- Fatigue
- Weakness
- Depression
- Sexual problems

The relationship of these symptoms to decreased testosterone levels is still controversial.

Unlike menopause in women, when hormone production stops completely, testosterone decline in men is a slower process. The testes, unlike the ovaries, do not run out of the substance it needs to make testosterone. A healthy man may be able to make sperm well into his 80s or later.

However, as a result of disease, subtle changes in the function of the testes may occur as early as age 45 to 50 and more dramatically after the age of 70 in some men.

**Male and Female Differences**

Male and female differences start at the developmental age level. Female hormone estrogen starts increasing at that level, so as for men testosterone level starts increasing. During the growth men tend to talk more than women in public situations, but women tend to talk more than
men at home. Women are more inclined to face each other and make eye contact when talking, while men are more likely to look away from each other. Men tend to jump from topic to topic, but women tend to talk at length about one topic. Women are inclined to express agreement and support, while men are more inclined to debate. Such as above, male female show difference in various aspects. They show difference in their various behaviors. Goldberg (1993) maintains that although males and females are different in their genetic and hormonally-driven behavior, this does not mean that one sex is superior or inferior to another. Each gender has different strengths and weaknesses. However, he believes the neuro-endocrinological evidence is clear: The high level of testosterone in males drives them toward dominance in the world, while the lack of high levels of this hormone in women creates a natural, biological push in the direction of less dominant and more nurturing roles in society. While showing support, interest and caring women lead her life in society. As girls mature earlier than boys, so also women experience menopause earlier than men experience climacterium. Menopause is depicted as an exclusively female condition. However, a closer look at the history of the medical sciences reveals that there have been and still are attempts to classify symptoms of ageing men as male menopause or climacterium. Androgen deficiency in the ageing male (ADAM) was proposed to characterize a symptom cluster of decrease in sexual function and strength, dysphoria and osteopenia in ageing men with decreased levels of androgens. Men with ADAM characterise by oligospermia that is
reduction in sperm count. While in females menopause represented by no ovulation. So far as the relationship between husband and wife is concerned, this difference may disturb the whole family life.

**Understanding the changes**

A greater number of Indian women are expected to live into old age. To make the golden years more fulfilling, it becomes important that they are aware of the internal changes leading to menopause. Appropriate care during menopause and soon after can make the golden years truly healthy and joyous.

Menopause as commonly known; is typically the diminishing production of the key female hormone estrogen by the ovaries.

Estrogen-otherwise known more for its functions in the reproductive phase of a woman's life reveals its role in woman's health, only during menopause.

Low estrogen levels in the body can affect several body systems, the most important being the heart, the blood vessels and the bones.

**Estrogen and its relation to bone loss**

Osteoporosis is a disease of the bones. In osteoporosis, bones lose density, become brittle and are prone to fracture. At the age of 65, about 30% of women have osteoporosis, and nearly all of them are unaware of their condition. After age 80, up to 70% of women develop osteoporosis.
Osteoporosis is the cause for spine and hip fracture. The lifetime risk of spinal fracture in women is about one in three and that for hip fracture is one in six. And if you consider this fact;

Between 10% and 20% of women who experience a hip fracture die within a year and about 25% require nursing home treatment, it is not really a good news.

As Estrogen is understood to play a critical role in preventing bone loss, there is a sudden speed up of bone breakdown and thinning as menopause sets in. And a tall and thin structure, less activity of the body makes one prone to osteoporosis easily and quickly.

Women at risk for osteoporosis should have a bone density test to measure their bone mass and then make a decision about treatment after consulting their physician.

Waking up to menopause

With the gradual lowering of the estrogen levels, the body makes a slow shift towards age related changes – weaker bones, losing mental agility, poor sight, wrinkling – all this and more.

Symptoms of menopause are nature's alert that there is a necessity to start paying more attention to the health. Taking proper steps towards improving lifestyle, paying greater attention to diet, and making appropriate lifestyle changes at an appropriate age, is critical to ensuring that one ages gracefully without the burden of chronic health problems.
Estrogen and the heart

- Estrogen maintains a positive effect on cholesterol and other fats in the blood.
- About two years before menopause, as estrogen levels begin to decline, the levels of the harmful low-density lipoprotein (LDL) cholesterol begin to rise and the advantageous high-density lipoprotein (HDL) levels decrease.
- In addition, estrogen has significant effects on smoothing, relaxing, and opening blood vessels, thereby increasing blood flow and reducing pressure.
- Estrogen reduces blood viscosity (stickiness) and may enhance, the natural process for breaking down blood clots.

It is to be expected then, that once the protective cover of estrogen is removed after menopause, the heart disease risk may go up.

However, minor lifestyle changes, increased activity, regular exercise, and appropriate diet, considerably reduces the risk of heart disease in menopausal women.

Estrogen- other roles

Estrogen appears to have properties that protect against the memory loss and lower mental functioning associated with normal aging. Studies are also indicating that estrogen helps prevent glaucoma and other age related disease conditions of the eye. Estrogen may help prevent
slackness and dryness in the skin and even reduce wrinkles and also help prevent certain dental and gum disorders.

Coping with Menopause

Facing the challenge

In the last of the three- part article on menopause awareness we discuss easy ways to cope with the distressing symptoms of menopause and ways to provide long term protection to your heart and bones.

Even though the symptoms of menopause are varied – with some women experiencing severe symptoms and some none at all, the internal changes towards aging have, slowly, but surely begun. The onset of menopause thus, requires a conscious shift in your lifestyle. The best way to manage the immediate symptoms of menopause, and prevent long term risks is to have a healthy routine.

Clinical studies show that self-care through a healthy diet, regular exercise, stress reduction, and a nutritional supplement can provide significant relief from menopause symptoms without the need for prescription therapy. In fact, self-care is the foundation of any menopause management program.

Here are some tips that will help improve your overall health and well-being, as well as help to alleviate the most common signs and discomfort associated with menopause.
Eat a low-fat vegetarian diet

Eating a healthy diet will help you look and feel better. Not only will a low-fat vegetarian diet help minimize the temporary symptoms associated with menopause, but more importantly, it will dramatically lower the risk of heart disease in the postmenopausal years and help prevent osteoporosis.

Exercise

It is important to maintain a healthy weight. Metabolism slows as you age, so your body takes longer to burn up the food you eat. Making exercise a part of your life can pay off in many ways. Exercise can help you lose weight and keep it off. Aerobic exercises help protect against heart disease and diabetes, and weight-bearing exercises help prevent osteoporosis. Regular exercise improves circulation and reduces stress.

Nutritional supplementation

It is important to understand that menopause is not a disease, but only temporary transition. Dealing with the symptoms of menopause positively and taking sufficient care of yourself can lead you to the most positive and fulfilling phase of your life.

Hormone Therapy

A question that arises in many minds is whether medication helps in dealing with the myriad of menopausal symptoms. Replacement of hormones has been in the news for several years. Referred to as “hormone
replacement therapy“ - HRT is a way of replacing estrogen that the body is no longer making. This replacement relieves the hot flashes, vaginal dryness and irritation and reduces urinary problems such as infection and incontinence. Hormone therapy has also been shown to help keep bones strong, and prevent osteoporosis.

Treatment with hormones however is not risk free. Estrogen therapy causes the lining of the uterus to grow and can increase the risk of uterine cancer. There is also an increased risk of breast cancer in women who use combined hormone therapy. Hormone therapy also appears to modestly increase the risk of heart attack, stroke and blood clots.

Moving towards nature- the role of phytoestrogens

Phytoestrogens are plant products containing “estrogen like substances” As a group of compounds phytoestrogens have been shown to exhibit many properties and can behave by boosting estrogen effects even though the dose is minuscule.

These plant estrogens are thousands of times weaker than natural estrogen. Thus while providing the benefit of estrogen, these compounds are safe and devoid of the side effects seen with hormone replacement therapy. The plant that is richest by far in phytoestrogens is soybeans.

Numerous recent studies have endorsed the beneficial effects of soy in dealing with the short term and long term problems of menopause.

Finally, though the key to going through menopause is to look ahead to the next stage of life with confidence as a beginning of a new
and fulfilling life stage. As a woman going through menopause said “I think menopause has enhanced my concept of what womanhood is; it's made me aware of my body, it's made me aware of my hormones, it's made me aware of my life process and it's an exciting process.

Menopause in the human female is a developmental stage that should be understood within the context of normal aging. It is defined as a complex biosocial and biocultural phenomenon, which occurs in women's midlife either spontaneously (naturally) or can be induced through a medical intervention (e.g., surgery, chemotherapy, or pelvic radiation therapy). Whatever the character of the menopause, its standardized definition is used to refer to the permanent cessation of menses resulting from the loss of ovarian follicular function. Thereby, menopause means a crucial point in the transition from female reproductive to post-reproductive life. A natural menopause is recognized to have occurred after 12 consecutive months of amenorrhea, for which there is no other obvious pathological or physiological causes. Although there is a strong central tendency in the age at menopause, with medians clustering around 50 years, a considerable variation exists both within and between populations. The medians range from 47 to 52 years in developed countries and between 41 and 47 years in less developed countries. Reports of the age at menopause among Polish women range from 49.2 to 50.01 years. However, comparisons of the age at menopause are difficult because of the different methodologies applied across studies. Many attempts have recently been made to identify the environmental and
life-history factors essential for variations in the age at menopause, including heredity, marital status, age at menarche and at first child-birth, parity, life style and socioeconomic status, though the findings are still inconclusive. Contradictory findings as to the factors associated with age at menopause and a search for updated records for Polish women have stimulated interest in this question.

Postmenopausal bone loss may result in the release of lead stored in bone. This assesses the influence of menopause, pregnancy history, and smoking on blood lead levels. After adjustment for factors likely to influence blood lead levels and for design effects, the authors confirmed associations with age, Income level, education, degree of urbanization, and body mass. Blood lead concentrations were markedly higher among current smokers and postmenopausal women, with these two factors showing separate, roughly additive effects. Gravidity had little impact on blood lead level among premenopausal women. However, among postmenopausal women, never-pregnant women had higher blood lead levels than did those who had ever been pregnant. The largest increase as observed among smokers. In a separate analysis of postmenopausal women, women with recent menopause had blood lead concentrations 1.4μg/dl higher than did those whose menopause occurred more than 4 years previously. This finding, along with an overall slow decline in blood lead levels with each year after menopause, suggests that lead is being mobilized at rates consistent with the patterns of bone loss, placing
women with recent menopause at increased risk for higher blood lead levels.

Middle age is one of the turning points in one’s life as it brings along many changes. It roughly starts in the early 40s, when for most of the people; it is the best period in their life when their achievement is at the highest point. The challenges between adulthood & despair of old age, comes the change-Menopause in women and during which lives take a compulsory change of direction.

Menopause is a natural step in aging process, represents the end of menstruation after the last menstrual periods in the previous 12 months. It occurs gradually in women and indicates the transition from the reproductive to the post reproductive era of a women’s life. It is the condition that every woman faces, in later life and can have many associates’ effects, which might disrupt the quality of life.

Menopause is a normal milestone experienced annually by 2 million American women each year, and many women are concerned about the relation between menopause and health.

A Total of 130 million Indian women are expected to live beyond the menopause into old age by 2015. The menopause is emerging as an issue owing to rapid globalization, Urbanization, awareness and increase longevity in urban middle-aged Indian women, who are evolving as a homogeneous group. Improved economic conditions and education may cause the attitude of rural working women to be more positive towards the menopause. However, most remain oblivious of the short-and long-
term implication of the morbid conditions associated with middle and old age, simply because of lack of awareness, and the unavailability or ever-increasing cost of the medical and social support systems. Evidence-based medicine is accessible to still only a few Indian women. Most menopausal women go untreated or use unproven alternatives.

In the age group of 45-50 years, fatigue, lack of energy, cold hand and feet, hot flushes, cold sweats, weight gain, irritability and nervousness were common complaints. Whereas, rheumatic pains, fatigue, lack of energy followed by headache, pain in back, forgetness, neck and skull pain sleep disturbance and depression were frequent symptoms in the age group >50 years. This region shows the main symptoms during menopause and it not only create awareness but also help in education of women regarding an identification of common menopausal symptoms.

Many women arrive at their menopause years without knowing anything about what they might expect, or when or how the process might happen and how long it might take. Very often a woman has not been informed in any way about this stage of life; it may often be the case that she has received no information from her physician or from her older female family members, or from her social group. As a result a woman who happens to undergo a strong perimenopause with a large number of different effect, may become confused and anxious, fearing that something abnormal in happening to her. This is a strong need for more information and more education among the women regarding menopause.
Women have a more complex phase of old age than men because of the dominant effect in them of hormonal changes caused by menopause. However the public health care system does not acknowledge the specific health needs of older women. There has been extensive research on menopause in the West but in India only a few institutes have a recognized the potential of research on of menopause.

A study was conducted on physiological problems faced at menopause, in Baroda, Gujarat. A sample of 30 married women between the ages of 39-52 was selected. A checklist was used to know the frequency and intensity of various physiological problems as used perceived by the women during menopause. An interviewed guide was also used to elicit information age at menopause and other related information. Data was analyzed by calculating frequencies and percentages. The result shows that middle age is a period of change and develops and for women this includes the gradual winding down of the reproductive system and ending of childbearing years. Menopause is an important reproductive milestone in a women’s life and it brings a women acutely face to face with the reality of aging. The study conclude that awareness campaigns is necessary to informed general public health worker, etc. about menopause and associated health issues through various form of mass media.

World Menopause Day, October 18, saw the India menopause society telling how the change, would impact their lives. But menopause was not always such a big issue for earlier generation women. They
simply viewed it as a natural stage in life. Increase lifespan owing to modern medical achievement allows women to spend more than one-third time in menopausal period. Although mechanism of ovarian aging is not fully understood, menopause associated clinical problems can be controlled and improved. Estrogen replacement therapy in conjunction with a progestin regimen not only controls hot flushes, osteoporosis, dyspareunia, and other estrogen-deficiency symptoms, but also prevents the potential risk of estrogen treatment such as endometrial and cardiovascular disorders. In addition to hormonal therapy, nutritional supplement such as calcium and vitamin D, and physical exercise are essential to the well being of women in the post-menopausal period.