CHAPTER-V

SUMMARY AND CONCLUSION
Reproductive health occupies a central position in the identity of the health as well as the development of a given population. However, the events of reproductive health are usually found in women who due to their biological function invariably bear the greater burden of the shortcomings of reproductive health such as unsafe motherhood or unsafe abortion. In developing countries especially in rural areas, there is need to improve maternal and child health care services as most deaths of women taken place during pregnancy or delivery are preventable.

A reproductive health orientation, drawn from this and other sources, more specifically implies:

- A satisfying and safe sex life free from the fear of disease and free from coercion and violence.
- The capability to reproduce, and the freedom to decide if, when and how often to do so; that is, that women and men have the right to be informed, and have access to, effective, affordable and acceptable methods of family planning of their choice on the one hand, and access to infertility services on the other.
- The ability to go safely through pregnancy and childbirth and have the best chance of having a healthy infant, and the right of access to appropriate health care services.
- Access to safe and affordable abortion facilities
• Access to services for the prevention and care of sexual and reproductive health problems, both gynecological and obstetric, in a culturally sensitive manner.

• The right of all, including women, men, married, and unmarried adolescents, to information and services (including counseling), whether on contraception, pregnancy, disease or the implications of coerced sex, and the freedom to make decisions on the basis of this information.

This implies that although reproductive health problems, per se, are rooted in the biomedical sphere, their origin often lies in human behavior that is embedded in socially and culturally constructed patterns of gender relations.

• The health consequences of violence against women – rape, sexual abuse and forced prostitution - have been contributing substantially to the burden of disease in women.

• The rapid spread of HIV/AIDS, particularly among young women demonstrates their vulnerability and the need for sensitive and responsive educational messages, technologies and services. It also demonstrates the need to address gender inequalities.

• Women’s desperate burden is a result of the social, economic and political disadvantages that have a detrimental impact on their reproductive health.
Attaining menopause is both a boon as well as a bane. Boon because women will be totally relieved from unwanted pregnancy and the hazards of monthly menstruation.

It is a bane because they are totally deprived of being treated well in the eyes of those who are still sexually active. There is also a fear that they will not be cared by anybody and slowly and studily the ageing process becomes stronger.

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.

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.

Keeping in view the concept of reproductive health the present study entitled ‘Women Farm Labourers and their reproductive health’ been undertaken. This study has been conducted in two multi caste villages of North Karnataka which are numerically bigger in size. The present study has been carried out in Soundatti Taluka of Belgavi district.
Two multi-caste villages are selected which are numerically big in size has been selected at random and studied in detail.

Somapur and Irapur are the two multi-caste village selected to undertake this study. These villages has been dominated by agriculture. As a result of this in these villages one could find lot of women folk who work as landless agricultural labourers.

This study shows that caste wise and age wise distribution of the samples. Out of 400 respondents 135 are from Lingayat Community which comprising the age group of between 18 and 25 there are 21 subjects, between 26 and 37 there are 37 samples, 33 subjects were fall under the age group of 38 and 45 and remaining 44 respondents are in the age of 45 and above.

Next to Muslim Community, out of 68 subjects 9 are in the age group of 18-25, in the 26-37 age group there are 14 respondents, 18 samples are fall under the age group of 38-45 and remaining 27 are in the group of 45 and above.

Then comes to Harijan Community, out of 65 samples 8,are in the age group of 18-25 and 13 are in the age of 26-37 respectively. 20 subjects are falling under 38-45 and remaining 24 respondents are in the age group of 45 and above.

Subsequently to Kuruba Community out of 58 population of Kuruba, 8 subjects are fall under the age group of 18-25. 10 subjects are
in 26-37, 18 respondents are in 38-45 and left over 22 respondents are fall under the age group of 45 and above.

Then coming to the Talwar community, out of 45 subjects 5 are in 18-25 age group, 9 are in 26-37, 13 are in 38-45 and remaining 18 subjects are in the age group of 45 and above.

Next to Madiwala community out of 400 respondents 15 are from the same community, which comprising the age group of between 18 and 25 there are 03 subjects, between 26 and 37 there are 06 samples, 02 subjects were fall under the age group of 38 and 45 and remaining 04 respondents are in the age of 45 and above.

Then among the Jadar and Jain community there are 10 and 04 subjects respectively. In the age group of 18-25 only one Jadar subject is there, 31 subjects are fall under the age group of 26-37 respectively. 2 Jadar, 2 Jain community respondents are in the age group of 38-45. Remaining 4 Jadar, one Jain Community subjects are in the age group of 45 and above.

**Male Menopause**

Male menopause is the more commonly-used term for andropause, or age-related changes in male hormone levels. It’s 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.

**Symptoms of Male Menopause**

Male menopause can cause physical, sexual, and psychological problems, which typically worsen as a man gets older. Symptoms include:

- depression
- insomnia or difficulty sleeping
- increased body fat
- reduced muscle mass
- gynecomastia (development of breasts)
- low energy
- feelings of physical weakness
- decreased bone density
- erectile dysfunction
- reduced libido
- infertility
- decreased motivation
- lowered self-confidence
- feelings of depression or sadness
- difficulty concentrating
Treating Male Menopause

Unless male menopause is causing you severe hardship or disrupting your life, you’ll probably go through the lowered testosterone period without treatment and chalk it up to the aging process. The biggest hurdle in treating male menopause is talking to your doctor about your symptoms, as most men are often too intimidated or shy to discuss sexual-related topics.

Treating the depression aspect of male menopause can make the most significant impact on improving the condition and your quality of life. Treatment can include antidepressants, therapy, and lifestyle changes. The most common type of treatment for male menopause is making healthier lifestyle choices. These include:

- eating a healthy diet
- regular exercise
- getting adequate sleep
- reducing your stress

There are as many as eight castes are in each village. The interpersonal relationships between these castes are very good and they live in perfect harmony. Since the village has its agriculture land and the cultivation and supervises of the land reserves lot of people. It also appeared from my data that the low castes in the villages such as Harijana and others also are numerically vary significant are working and earning
their living by working as landless agricultural labourers. Working as agricultural labourers is the prime activities of the women folk of these down trodden sections. As a results they could not do any other activity in a better way them agriculture.

This study also shows that caste wise and age wise Menarche status. For this 400 samples were collected to know the status of menarche and what age these subjects were attend puberty. It is a fact that out of 400 subjects as many as 135 subjects are from Lingayat community. Out of 135 as many as 34 (31.1%) attended puberty at very early age of 12 to 14. Out of 135, 29 women got puberty at the age group of 15-16 and 72 women got puberty in the get group of 16-20.

Along with this the present study also 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%) 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.

Field work for this study has been done in a rural setting. As many as 400 samples were selected at random and studied in detail. Special attention was given to different castes in the village. The village is inhabited by as many as eight castes. All the eight castes were given equal importance. Out of the eight castes it is Linguist, who dominated the
village both numerically and economically. As a result of this as many as 91 women were given due recognition. This has been followed by Kurubas and as many as 52 cases were studied. The other communities like Talawara, Madiwala, Jaina, Jadar, Muslims and Harijan also had a sizable number who had menarche from the age group of 12 to 20.

With regard to the social composition of these castes in the village had their own significance. The Lingayats who want all sources of power including. The remaining castes times their level best to impose their dominancy over the other castes like any other village in any other part of the study. The main focus is to study the reproductive health of agricultural women that too in an atmosphere which had several ticklish situations. The interpersonal relationships between the communities and women in particular provided a plat farm to discuss and knew about the reproductive health disorders in a closed scenario. By the virtue of their close living in the village they had the direct access to discuss openly and under late several means to overcome their reproductive health disorder which has became very sensitive and serious in nature. These women who had menarche in the present time have also attuned menopause in the same period.

Out of the four hundred samples lateens for this work as many as women's have attained menopause. After attain menopause a series of problems have cropped up with them. These problems can be classified into Physical, Mental, Socio-cultural act. They opine that by attain the menopause they became totally useless physically. They will not be taken
any care from the nearer and dearer ones. Not only this very environment will be altered significantly. It makes them bit nervous and hopelessness. Added to this losing hairs, in the head and getting white hairs on the face still makes them totally to look ugly. Among their contemporaries this situation makes them totally unhappy and bring them lots of worriers.

Mentally also they will be in a state of total unhappiness. These is a proverb that empty mind is the devil's workshop. Like that the women who have attained menopause face this scenario. Many premenopausal women have concerns that they will experience mental instability, sadden signs of ageing, and diminution of sexuality at this time. With this fear only may women will become totally scared about their reproductive health disorders.

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.