CHAPTER V

SUMMARY AND CONCLUSION

SUMMARY

The study of human fertility occupies a central position in the study of population. In population dynamics, fertility is a positive force through which the population expands counteracting the force of attrition caused by mortality. Fertility refers to the actual reproductive performance—whether applied to an individual or group. According to Jones et al. (1995), fertility is the reproductive performance of an individual or population, measured as the number of viable offspring produced over a period and it is generally expressed as the number of live births per year per thousand of the population. Actual or completed fertility gives the actual picture of the fertility level. It is computed among the women who have reached menopause.

When the average number of children born per woman is computed for those who are beyond the reproductive ages, this measure is known as completed fertility or completed family size (Bhende and Kanitkar, 1991). It is the total number of live-births given by a woman till the completion of the total reproductive span of life, that is, from the time of effective marriage or co-habitation to the attainment of menopause. Actual or completed fertility gives the actual picture of the fertility level.

Fertility in spite of being a biological phenomenon is profoundly influenced by a large number of socio-cultural factors as well as attitudes and behaviour of the society. Bogaarts and Potter (1978) listed seven proximate determinants of fertility that are the biological and behavioural factors through which social, economic and environmental variables affect fertility. They are marriage (marital disruption), onset of permanent sterility, post partum infecundability (when menstruation is not resumed), natural fecundabilty, frequency of intercourse, use and effectiveness of contraception, spontaneous intrauterine mortality (still birth) and induced abortion. The first two of these determinants determine the length of reproductive span and the other five determine the rate of child bearing.

The physiological factors affecting fertility are adolescent sterility, post-partum sterility and average interval between successive births and reproductive wastage. Other factors that affect fertility are age at menarche, age at marriage, age at
first conception, age at first child birth, age at menopause, widowhood and physical separation due to divorce. The social and cultural factors affecting fertility are education of husbands and wives, economic status, urbanization, family type, religion etc. which equally affect fertility, causing difference in fertility performances in various groups of people. In India, Kingsley Davis (1951) studied differential fertility on the basis of different socio-cultural factors like residence, religion, caste, economic status and educational status of spouses.

Childbearing has a tremendous impact on the health of a woman which may continue throughout her entire lifetime. And although women’s health has been a global concern for many decades (U.N, 1995: W.H. O, 1996), it has been mainly targeted at reproductive health, especially after the International Conference on Population and Development held in Cairo in 1994(UN, 1995). In India, while women of the reproductive age group are covered under the Reproductive and Child Health Programme, the postmenopausal women are not covered in any specific health programme in the country (Christian et al., 2011).

In recent years, with increased longevity and demographic shift, the number of women living beyond menopause has also increased. It is projected that worldwide the proportion of postmenopausal women to the total population will increase from 9% in 1990 to 14% in 2030. And in India by 2020, the actual number of women aged more than 50 years will be nearing 150 million (Sengupta and Srinivasan, 2010). Moreover, because of increasing life expectancy, a woman may expect to live one-third of her life after the attainment of menopause (Vaze and Joshi, 2010). Therefore, postmenopausal health of women bears great significance. Also, as postmenopause coincides with chronological ageing, this phase in the life of a woman is usually very complex and stressful. Menopausal transition during the middle age witnesses erratic production of the oestrogen and progesterone hormones exposing the women to a new set of health problems including psychological, vasomotor, cardiovascular diseases, and osteoporosis and so on. Owing to lack of oestrogen more than 80% of women experience decreased physical and mental well-being and hence postmenopausal women can be considered a risk population (Fuh et al., 2003). Besides, certain social and economic realities may disturb a woman during this period. These realities include approaching retirement for working women, a sense of loss related to fertility, new roles and status of the women in the family and society as elderly people etc.
While very little research has been done on menopause in the Indian context, there is a need to recognize menopause as an important issue in women’s health care (Pathak and Parashar, 2010).

It has been emphasised that the relationship between fertility, its end and its repercussions on postmenopausal life should be understood by undertaking a biocultural perspective. With this background, the present study has been done to assess the completed fertility and postmenopausal health of working and non working Assamese women of Guwahati.

The objectives of the present study are to understand the:

viii) Socio-economic background of the surveyed people.
ix) Fertility performance of the women.
x) Influence of biological factors like age at first conception, age at first childbirth, age at last conception, age at last childbirth, age at menopause etc. on fertility
xi) Influence of socio-cultural factors like age at marriage, education, occupation, income, birth control methods adopted by both husband and wife etc. on fertility.
xii) The various types of health problems in the post menopausal stage
xiii) Effect of the demographic, social, economic and educational factors on the post menopausal health of women and
xiv) Relation between completed fertility and post menopausal health of the working and non working women.

The study was conducted among the working and non working Assamese caste women in the urban setting of Guwahati city. 307 working women and 250 non working women between the ages of 38 years to 60 years were interviewed for the collection of data. Only those women were selected who had at least one live birth and had conjugal relations with the husbands till the end of their fertile period. All the women had attained natural menopause at least one year prior to data collection. The women belong to different socio-economic backgrounds of the city of Guwahati. The data have been analyzed applying proper statistics.
The findings of the present study may be briefly summarized as follows:

**Socio-economic background**

Considering the present age of the women, the mean age of working women is found to be 52.42±3.96 years and the mean age of non-working women is 52.61±4.48 years.

4.89% of the working women are illiterate compared to 7.6% of the non working women. The highest number of women is found to have studied up to the Higher Secondary level both among the working women (23.13%) and among the non working women (29.2%). In the category of Post Graduation and above, the working women show a better position with 19.87% compared to 12.4% among the non working women.

1.63% husbands of the working women are illiterate compared to 3.25% of the non working women. The highest percentage (34.53%) of educated husbands of the working women are found to have studied up to the Higher Secondary level, while amongst the husbands of the non working women, the highest percentage (31.6%) is seen to have completed graduation.

Of the working women, the highest percentage is in service (47.23%), followed by labour (30.95%) and business or self employed (21.28%).

Considering the husbands’ occupational status, more than half of the husbands of the working and non working women (57.65% and 52.0% respectively) are service holders. The lowest percentage (3.91%) of husbands of the working women belongs to the category of unskilled labour while that of the non working women (6.82%) are unskilled labourers.

Nuclear family dominates among both the working women and the non working women. Small families comprising up to three members are more among the working women (28.01%) compared to the non working women (14.0%). On the other hand, large families, comprising seven or more members, are observed to be more among the non working women compared to the working women.
Completed Fertility

Age at menarche

In the present study, the mean age at menarche of the working women is 12.24±1.13 years and 12.4±1.33 years in the non working women.

In the present study, the non working women reported higher age at menarche than the working women, although this difference is not statistically significant.

Age at marriage

The mean age at marriage among the working women is 22.47±4.22 years and among the non working women it is 20.37±3.57 years. Statistically, the mean age at marriage is significantly different in the working and the non working women. (t=6.258, p= 0.000). The working women got married later than the non working women.

Age at childbirth

The mean age at first conception is 23.17±3.94 years among the working women and 20.96±3.4 years among the non working women. Statistically, there is a significant difference in the mean age at first conception of the working and the non working women.

The mean age at first childbirth is 24.16±3.9 years among the working women and 22.0±3.35 years among the non working women. The difference in mean age at first childbirth among the two groups of women is statistically significant.

The mean age at last conception is 30.98±4.71 years among the working women and among the non working women it is 29.78±3.67 years. Comparing the two groups of women, it is seen that the difference in age at last conception is statistically significant.

The mean age at last childbirth has been recorded as 31.95±4.68 years among the working women and 30.74±3.6 years among the non working women. The test of significance shows statistically significant differences between the working and non working women with respect to their age at last childbirth.

Gap between last childbirth and menopause
Among both the working and non working women, the highest percentage (59.0% and 69.6% respectively) have had their last childbirth between 11-20 years before they attained menopause. 18.2% of the working women compared to 12.0% of the non working women attained menopause 21-30 years after their last childbirth. Women who have attained menopause within 10 years of their last childbirth are 22.8% and 18.4% respectively among the working and non working groups. This difference the between the two groups of women with regard to gap between last childbirth and menopause is statistically significant.

**Duration of fertility period**

16.0% of the working women and 9.6% of the non working women had their fertile period between 10-19 years. The highest percentage of women, both among the working (66.4%) and non working (69.2%), had their fertile period between 20-29 years; and 17.6% working women compared to 21.2% of the non working women had their fertile period more than 29 years. Thus, it can be said that non working women had a longer duration of fertile period compared to the non working women. However, the difference between the working and non working women with regard to duration of fertility period is statistically non-significant.

**Fertility**

In the present study the mean number of conception is 2.87 among the working women and 3.09 among the non-working women. Statistically, the difference between the two groups of women with regard to number of conceptions is not significant.

The mean fertility is 2.79 among the working women and it is 3.04 among the non-working women. This difference between the two groups of women is statistically significant.

**Pregnancy wastage**

In the present study, the mean pregnancy wastage, including spontaneous abortion, induced abortion and stillbirths, is 0.08 among the working women and among the non working women it is 0.05. This difference is statistically non significant.
**Age at menopause**

The mean age at menopause of the Assamese women of the present study is found to be 46.66 years. The mean age at menopause is $47.17 \pm 3.85$ years among the working women and $46.04 \pm 3.33$ years among the non working women. There is a statistically significant difference in the mean age at menopause between the working and non working women.

**Age at marriage and fertility**

An inverse relationship of age at marriage with mean number of live birth among both the working women and non working women is observed in the present study. The mean fertility of the working women who married before they were 18 years of age is 3.93 and among the non working women it is 3.63. On the other hand, mean fertility of the working women who married after the age of 29 years is 1.9 and among non working women it is 1.5. In other words, the mean number of live birth gradually decreases with increasing age at marriage. Therefore, in the present study, age at marriage has been found to be an important factor influencing the fertility rate in both the groups of women.

**Age at menopause and fertility**

Among the working women, the mean live birth is highest, 4.11, among those who have attained menopause before the age of 40 years. On the hand, among the non working women, the highest mean live birth is 3.7 in women who attained menopause after 49 years of age. The lowest mean live birth is recorded in the age group 45-49 years in both the working and non working women with the mean live births being 2.68 and 2.86 respectively. The differences in mean live births in respect to mother’s age at attainment of menopause have been found to be statistically significant in both the groups of women.

**Education and fertility**

The present study also reveals that in both the groups of women, the mean live birth decreases with the higher category of educational status. The illiterate women have the highest mean live birth and the lowest mean live birth is observed among the
women who are post graduates. The ANOVA test indicates that the differences in live birth within mother’s educational level are statistically significant.

The father’s educational level also has an inverse relationship with fertility. The women with illiterate husbands have the highest mean live birth. The lowest mean live birth is observed among the women whose husbands are post graduates.

**Occupation and fertility**

The non working women have higher fertility (3.04) than the working women (2.79). The ANOVA test shows that the differences between mean live birth in respect of mother’s occupational status are statistically significant.

In the present study, the occupation of husbands shows an inverse relationship with the level of fertility. The average number of live births is highest (3.75) among the working women whose husbands are in unskilled labour while the least average number of live births (2.22) is seen in them whose husbands are in government service. Among the non-working women, the highest number of average live births (4.37) is among those whose husbands are dependent or retired followed closely (4.30) by women whose husbands are in business or are self employed. The ANOVA test indicates that the differences in live birth among husbands’ occupational status are statistically significant in both the groups of women.

**Income and fertility**

In the present study, the mean fertility is inversely related to monthly family income among both the working and non working women. The mean fertility is highest in the lower income group. It is 3.89 and 4.27 among the working and non working women respectively. On the other hand, the mean fertility is the lowest in the higher income group. It is 2.79 among the working and 3.04 among the non working women. The ANOVA test of difference shows that the differences in the live births among income groups are statistically significant in the working and non working women.

**Type of family and fertility**

In the present study, the mean live birth has been found to be higher in nuclear families among both the working and non working women than in the joint families. However, statistically there is no significant difference in the fertility with respect to type of family among the working and also among the non working women.
Birth control and fertility

In the present study, only 5.4% women of the total sample have not accepted any method for birth control. Comparing the two groups of women, the percentage of women who have adopted birth control methods is slightly higher (95.8%) among the working women than the non working women (93.2%). This difference in the two groups of women is statistically not significant. Both the working and non working women who have not adopted any birth control method belong to the age group of 55-59 years. Thus, it can be said that women of younger age group are more interested in birth control in comparison to the higher age groups.

Post menopausal health

Perimenopause

In the present study, of the total 557 women, 67.0% reported some complications related to their menstrual cycle during the perimenopausal period. When we consider the working women, 69.0% of them reported perimenopausal complications compared to 64.4% of the non working women.

The most common complication was irregular periods reported by 68.9% of the working women and 95.0% of the non working women. This difference is statistically significant.

44.3% of the working women reported that they suffered from heavy bleeding compared to 80.7% of the non working women. This difference is also statistically significant. Therefore, more working women have reported irregular and heavy bleeding than the non working women.

It is seen that 40.1% of the working women and 33.5% of the non working women reported spotting during their perimenopause period, though this difference is not significant. Mood swings was reported by 6.6% of the working women and 5.0% of the non working women. Statistically the difference between the two groups of women with regard to mood swings is not significant.

Treatment seeking behaviour
Among the working women 45.8% sought treatment for their perimenopausal complications and 54.2% did not. Among the non working women only 37.9% sought treatment compared to 62.1% of those who did not. This difference between the working and non working women with respect to treatment sought during perimenopause is statistically not significant.

The reasons the women cited for not consulting doctors for treatment are: perimenopausal complications are a natural phenomenon (working women-58.3%, non working women 52.0%); not severe (working women-36.5%, non working women 27.0%); and financial constraints (working women-5.2%, non working women 21.0%). Statistically, the difference between the working and non working women with regard to reasons for not seeking treatment is significant.

**Attitude towards menopause**

In the present study, 56.35% of the working women and 48.0% of the non working women said that they were relieved at attaining menopause. 23.8% of the working women and 28.0% of the non working women said that menopause is related to illness, whereas 19.9% and 24.0% of the working and non working women respectively, cited menopause would cause ageing. The difference between the working and non working women with respect to their attitude towards menopause is statistically non significant.

**Nutritional status**

In the present study, the mean height of the working women has been found to be 153.72 cm compared to 151.16 cm among the non working women. Statistically the difference in mean height between the working and non working women has been found to be significant.

The mean weight of the working women in the present study is 55.53kg and it is 56.56 kg among the non working women. Statistically the difference in mean weight between the working and non working women is not significant.

In the present study, the mean Body Mass Index is found to be 23.50 among the working women and 24.69 among the non working women. This difference in mean BMI between the two populations is statistically significant; the non working
women have higher BMI than the non working women. It is observed that the non working women are heavier than the working women.

**Perception of present health status**

In the present study, of the total 557 women, the highest percentage (47.2%) consider themselves to be in a fair health status, 36.09% perceive their present health status to be “Not well” and only 16.69% to be “Good”. When we consider only the working women, it is seen that 60.91% are in fair health condition, 20.2% are in good health condition and only 18.89% consider themselves to be not well. However, among the non working women, the highest percentage of women (57.2%), consider themselves not to be well, and only 12.4%, consider themselves to be in good health status. The difference between the working and non working with regard to the perception of their present health status is statistically significant.

In the present study an attempt was made to understand the present health status of the women in relation to their perimenopausal complications.

Among the women who did not have perimenopausal complication, 60.7% of the non working women compared to 13.7% of the working women perceive themselves to be not well. 42.1% of the working women as against 14.6% of the non working women perceive themselves to be in good health condition. The difference between the working and non working women who did not have perimenopausal complication with regard to perception of their health status is statistically significant.

When we consider the 373 women, who complained of perimenopausal complications, 55.3% of the non working women and 21.2% of the working women have the perception that they are not well; 33.5% and 68.4% respectively are of fair health condition and 11.2% non working women as against 10.4% working women consider themselves to be in good health. Statistically, this difference between the working and non working women who had perimenopausal complication with regard to perception of their health status is significant.

**Menopausal symptoms and health problems**
In the present study 63.8% of the working and 93.2% of the non working women have suffered from some psychological problem, the difference of which is statistically significant.

52.4% of the working and 72.4% of the non working women have reported to have suffered from vasomotor problems, the difference which is also statistically significant.

Urinary problems have been suffered by 3.26% working and 6.4% non working women.

Regarding musculo-skeletal problems, 85.7% of the working and 87.2% of the non working women have suffered from them. Statistically, this difference between the working and non working women is not significant. Urinary and musculo- skeletal problems are prevalent irrespective of the working status of the women. But, psychological and vasomotor symptoms are less prevalent among the working than among the non working women.

Among the psychological problems, irritation has been reported by 44.9% of the working women and 36.9% of the non working women. There is no significant statistical difference between the working and non working women with regard to irritation. When the other psychological problems are considered, it is seen that there is statistically significant difference between the working and non working women with regard to insomnia, tiredness, mood swings and loss of libido.

Within vasomotor, problems such as hot flushes, palpitation, change in blood pressure, heart problems and diabetes have been considered. None of these problems are significantly different between the working and non working women. In the present study, hot flushes is the most common vasomotor problem experienced by 33.5% working and 43.1% non working women.

Backache/ joint pain and changing weight are very common in both the groups of women. 62.54% and 64.8% working and non working women respectively have experienced aches and pains. Change in weight has been experienced by 73.29% working and 83.6% non working women.
In the present study, the most common symptom of menopause related health problems are tiredness, hot flushes, aches and change in weight. The less frequently reported symptoms are urinary problems, insomnia, heart problems and loss of libido.

**Maintenance of Health**

19.9% of the working women do not do any exercise at all compared to 15.2% of the non working women. The highest percentage of women among both the working and non working groups, exercise only occasionally. Women who practise exercise regularly are 24.4% among the working women and 36.0% among the non working women. The Chi-square test reveals that the two groups of women differ statistically with regard to performance of regular exercise. It is apparent that more non working women exercise than their working counterparts.

Regular consumption of health supplements is not very popular in the present study sample. But it is significantly consumed by working women than non working women. Women who regularly consume health supplements are only 11.4% among the working and 5.2% among the non working groups. 33.6% of the working women do not consume any supplements compared to 82.8% of the non working women.

**Determinants of postmenopausal health**

**Age at first childbirth**

In the present study, of the working women who reported that they were not well, the highest percentage (44.4%) had their first childbirth after 29 years of age and the lowest percentage (7.1%) had their first childbirth before they were of 20 years of age. Conversely, among the working women who reported that they were in good health, the highest percentage (45.2%) belonged to the age group below 20 years and the lowest percentage (3.7%) was above 29 years of age at the time of their first childbirth. Among the non working women, the reverse is observed; of the women who reported to be not well, the highest percentage (45.0%) had their first childbirth before 20 years of age and the lowest percentage (28.6%) had their first childbirth before after 29 years of age. None of the non working women who were above 29 years of age at the time of their first childbirth, said that they were in good health.
Considering the nutritional status of the women, 95.2% of the working women who had their first childbirth before 20 years of age are normal and 44.4% of them are overweight. Only 1.6% of the working women who had their first childbirth within 20-24 years of age are underweight. Among the non working women who had their first childbirth after 29 years, 57.1% of them are of normal weight and 42.9% are overweight. The highest percentage (76.2%) of the non working women who had the first childbirth before 20 years of age is of normal weight.

**Age at menopause**

In the present study, among the women who attained menopause before 40 years of age, the percentage of women having good health is 33.3% in both the working and non working group. None of the 9 working women and only 1 of the 6 non working who attained premature menopause reported that they were not well.

Among the women who attained menopause after 49 years of age, 90.0% of the non working women reported to be not well compared to 25.6% of the working women. None of the non working women who attained menopause after 49 years reported to be in good health.

In the present study, among both the working and non working groups, the highest percentages (36.7% and 47.5% respectively) of women who are overweight attained menopause after 49 years.

**Education and postmenopausal health**

In the present study, it is observed that no illiterate working women perceive themselves to be not well compared to 42.1% of the non working women. In the highest category of educational status that is over PG, 19.7% of the working women compared to 74.4% of the non working are reportedly not well. So, non working women, both illiterate and highly educated, are more likely to report to be not well.

In the entire sample of the present study only 2 women belonging to the working group are underweight women comprising 4.0% of those who have studied up to the primary level. In the working group, none of the women are obese and in the non working group none of them are underweight. 6.7% illiterate and 50.87% of the highest educated working women are overweight. Compared to this 15.8% illiterate
and 45.2% highest educated non working women are overweight. So it is apparent that more educated women tend to be overweight than the illiterate women.

None of the working women with illiterate husbands said that they were not well compared to 37.5% non working women. 15.8% of the working women compared to 75.9% of the non working women whose husbands are of PG level said to be unwell. None of the working women whose husbands are PG said to be in good health compared to only 13.8% of the non working women. Non working women with higher educated husbands seem to have a negative attitude towards their health.

Among the working women whose husbands are illiterate, 80.0% are of them have normal weight and 20.0% are overweight compared to 100.0% of the non working women who are of normal weight. The non working women with higher educated husbands tend to be obese, which is not so among the working women.

**Occupation and postmenopausal health**

In the present study, 23.7% working and 50.0% non working women whose husbands are in service said that are not well. The percentages of working women who said that they were in good health are high among those whose husbands are in business or self employed (51.5%), skilled labour (46.5%) and unskilled labour (41.7%) compared to 16.7% 16.1%, and 15.4% of the non working women with husbands in the same categories respectively.

Again, regarding nutritional status of women according to their husband’s occupational status, it is seen that more women, both of the working and non working groups, having retired/dependent husbands and in service are overweight.

**Income and postmenopausal health**

In the present study more women of low income group reported to be in good health than the high income group working women. Among the non working women the reverse is seen: the highest percentage of non working women belonging to the high income group said that they were not well. Working women even of low income groups are more economically independent and better access to medical care than their non working counterparts.
Birth control and postmenopausal health

Among the working women in the present study, 7.7% of those who did not adopt birth control methods said that they were not well compared to 19.4% of those who adopted birth control. 69.2% of the working women who did not adopt birth control were in good health compared to 20.1% of those who did adopt birth control. Among the non working women, 76.5% who did not adopt birth control and 55.8% of those who did were not well. While among the non working women who were in good health, the percentages does not vary much between those who adopted and did not adopt birth control methods (11.8% and 12.4% respectively). So, the working women who adopted birth control had more negative attitude towards their present health condition. But the contrary is found to be true among the non working women— more women who did not adopt birth control were unwell.

30.3% of the working women who accepted birth control methods compared to 15.4% of those who did not were overweight; 69.4% of those who accepted birth control methods compared to 76.9% of those who did not were of normal BMI.

Among the non working women, 29.4% of those who did not accept birth control were overweight compared to 35.6% of them who did adopt birth control.

Completed fertility and post menopausal health

Number of conceptions and postmenopausal health

In the present study, it is seen that a higher percentage of working women with more than four conceptions (44.0%) consider to be in good health compared to the non working women (9.3%). Among the non working women it is observed that with increasing number of conceptions, the percentages of women perceiving themselves to be not well also increases but the percentages decreases among the working women. The reverse is seen among the women who rate themselves to be in good health- with increasing number of conceptions the percentages of working women are higher while the percentages are lower in the non working women.

In the present study not much difference is observed in the nutritional status of women in relation to their number of conceptions.
**Number of live births and postmenopausal health**

The percentages of working women who rate themselves to be not in good health decrease with increasing number of live births, but among non working women, the percentages that are unwell increase with increasing numbers of live births. Again, when the women who perceive to be in good health are considered, the percentages of working women increase with increasing numbers of live births and vice versa among the non working women.

When the nutritional status of women having more than four live births is considered, it is seen that 22.0% of the non working women compared to 5.6% of the working women are overweight. And among the non working women who are obese, it is seen that the percentages increase with increasing numbers of live births.

**Pregnancy wastage and postmenopausal health**

Considering the working women with no pregnancy wastage, an equal number (19.3%) considered themselves to be not well and in good health. Slightly more than half (52.9%) of the working women with 1-3 pregnancy wastage regard themselves to be in fair health condition.

Among the non working women, a large majority- 57.3% and 55.6% respectively, with no pregnancy wastage and with 1-3 pregnancy wastage, regard themselves to be not well.

The nutritional status of both the working and non working women, regardless of their pregnancy wastage, is similar except for the fact that 2.1% of the non working women with no pregnancy loss are obese.
CONCLUSION

The present study is an attempt to understand the completed fertility and postmenopausal health of the working and non working Assamese women of Guwahati city. The fact which have been proved by many scholars in many previous studies that there are many biological and socio-cultural factors which play their role in the fertility performance of the women is seen to be applicable in the present study also. Of all the factors, birth control measures adopted by both working and non working women are worth mentioning here. The difference of mean fertility between the working and non working is found to be statistically significant in the present study. Yet it is observed that despite the completion of their fertile period, the mean fertility of the two groups is not very high. The influence of urbanization, awareness of birth control methods, desire to improve the standard of living may be some of the factors which motivate the women to reduce their family size. On the other hand, a few less educated women have higher fertility irrespective of their working and non working status.

Mixed attitudes have been observed regarding perimenopausal and menopausal discomforts. Some of them have considered it as a part of their reproductive life while according to some others, it is very difficult to cross this period. Regarding postmenopausal health a number of diseases have been reported by the women of both the working and non working groups. But, the educated women think that attainment of menopause is the warning bell for aging and therefore special care regarding food, nutrition and physical exercise are necessary for their health. For them it is difficult to say that the postmenopausal ailments occur only due to attainment of menopause but it may be related to aging also. On the other hand, the uneducated women think that menopause is the cause of all illness.

Good health and nutritional status of the postmenopausal women can definitely reduce morbidity and improve the quality of life. In spite of the increasing population of middle aged women, little attention is paid to their special needs by the public health care system or policy makers. A woman centred health policy which gives equal importance to the women’s health over the entire life and not just to the childbearing years must be the focus. Concerted efforts are required from different sections of the society to improve the quality of life and health status of the postmenopausal women so that they can continue to make positive and meaningful contributions to society.