CHAPTER – II

PART A

STUDIES RELATING TO STRESS COPING STRATEGIES AND JOB SATISFACTION OF WOMEN EXECUTIVES

2.1 INTRODUCTION

The Chapter has been divided into two parts as Part A and Part B. PART A deals with the studies relating to job stress, job satisfaction and coping strategies and PART B deals with the biological stress of women executives. The term biological stress has been discussed already in Chapter one.

Every piece of ongoing research needs to be connected with the work already done, to attain an overall relevance and purpose. The review of literature thus becomes a link between the research proposed and the studies already reviewed. According to Cooper (1988)\(^1\) a literature review uses as its database reports of primary or original scholarship, and does not report new primary scholarship itself. The types of scholarship may be empirical, theoretical, critical/analytic, or methodological in nature. A literature review seeks to describe, summarise, evaluate, clarify and/or integrate the content of primary reports.

Literature review is a body of text that aims to review the critical points of current knowledge and or methodological approaches on a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work. The literature reviews provide readers with a background for understanding current knowledge on a topic and illuminates the significance for the new study.

The collected literature has been reviewed and summarized on job stress, job satisfaction and coping strategies with particular emphasis on those studies that examined the effects of stress coping strategies on job satisfaction on health perspective of women employee’s
In India, post globalization, there are distinct changes in the attitudes of women and the society’s outlook towards them. Over the past few decades there has been a gradual acceptance of women in work roles. Across the globe, women are stepping out of the security of their homes to face challenges of newer kinds. Today, the Indian women are present in all areas of work life like technology, services, education, engineering, armed forces, and police and even in politics as well- equally with men, and are increasingly exploring creative and challenging careers. India has the largest population of employed women (Paul, 2006), and the largest number of certified women professionals in IT, finance, and healthcare services rank just after USA.

According to the study by Sunderraj in the year (2006), 17% of Indian women are working. They represent 31% of the Indian workforce and 37% of Indian IT workforce. Meanwhile, about 90% of urban Indian working women are in regular full time jobs, out of them 80% work six days a week, while 60% of them live in nuclear families. It seems that only 21% of urban Indian working women get paid domestic help. Thus, Handy et.al, in the year (2007) says, that Indian women seek work engagement mainly for economic reasons but financial freedom brings role conflict and role overload in its wake.

Nearly 936 articles have been collected for review and out of it 316 of the articles are closely related to the study and from that 237 of the articles have been reviewed (already mentioned in chapter one in Table 1.2). From 237 articles nearly 200 articles have been mentioned here in this chapter (Part A and Part B). Based on the following literatures and evidences, it is found that there is a gap in the study and so forced to identify the research problem. Since the study focuses on the effects of stress coping strategies on job satisfaction of women executives in select Indian IT & ITES industry, when filtering the literatures equal concentration has been given to the variables namely stress (job stress and biological stress), job satisfaction, and coping strategies of women executives in Indian context.
2.2 STUDIES RELATING TO JOB STRESS

Kahn et.al (1964)\(^5\) in their study on, “Organizational stress: Studies in Role conflict and Ambiguity” have identified that role conflict as one of the forms of role based stress, with the absence of role ambiguity.

A research study undertaken by Ivencevich, JM and Matterson MT (1980)\(^6\) in their article entitled “Stress and work” has identified three critical factors such as role ambiguity, role conflict and the degree of responsibility as the major sources of employees stress. This study did promote some understanding about stressors but did not provide realistic solutions to reduce the effect of job stress.

Natha (1980)\(^7\) showed that the role conflict is experienced more frequently at the middle management rather than at the lower management level; supervisors manifest relatively higher role conflict than managers, whereas both managers and supervisors manifest higher role conflict than workers. This study also demonstrated that role conflict decreases with an increase in job tenure in an organization.

Srivastava A K and Singh A P (1981)\(^8\), in their study on “Construction and standardisation of occupational stress index: A pilot study”, have developed an occupational stress index. It assess perceived occupational stress related to role overload, role conflict, role ambiguity, group and political pressures, responsibility for persons, under participation, powerlessness, poor peer relations, intrinsic impoverishment, low status, strenuous working conditions and unprofitability.

“A study of stress among executives” done by Ahmad S, Bharadwaj A and Narula S (1985)\(^9\) found that public sector executives experience slightly more stress than their counterparts in the private sector. Background factors like age, education, income experience and marital status of executives were unrelated to role stress in both the groups.
Baroudi J J and Ginzberg M J (1986)\textsuperscript{10} in their study, “Impact of technological Environment on Programmers/Analysts Job Outcomes”, showed that the work of software professionals is a team based one that requires them to function from different locations as a part of a functional team as well as report to several people at various levels. This causes software professionals to receive conflicting job performance information and hence there is a lack of clear and precise information about what is expected of them.

In this study on “Role of social support in the experience of stress at work”, Daniel C, Ganster and Bronston T Mayes, (1986)\textsuperscript{11} have examined the role of social support in the experience of work stress. The results indicated that social support shows a consistent relation with a variety of stress outcomes.

Mc Donald and Korabik (1991)\textsuperscript{12} in their study titled “Sources of stress and ways of coping male and female managers” studied stress and coping among managers. Ten male mangers in a low stress group and ten male and ten female managers in a high stress group described stressful work-related situations that they had experienced, and how they coped with them. A work stress questionnaire was used to assess additional type of stressors. It was found that women were more likely than men to report that prejudice and discrimination and work/family interferences were sources of stress.

G.H. Schierhout and J.E Myers (1994)\textsuperscript{13} in their article titled “Development of observational methods for estimation of exposure to workplace postural stress” was found that their objective of the study is to find out the estimates of the duration of time in sustained posture in a working day and to identify the development of simple observational instrument to measure exposure to workplace ergonomic stressors. The variables used in this study are height, gender, years in the job, whole body force. Regression tool has been used in this study. This study is able to meet the stated objectives of high capacity, high versatility and high generality. To identify specific job components as risk factors this may be amenable to ergonomic re-design.
In the study on “Stress in Managers and professionals in Indian organizations”, Ashok K Sahni (1998) revealed that low stressed group compared with the high stressed group tends to be significantly higher in respect of their job commitment, self-esteem, satisfaction and good human relations. According to the researchers, they were more flexible in their attitudes and values and experience lesser conflict with their superiors.

In his research work entitled, “A study of relationship between personality dimensions and organizational role stress in a public sector organization”, Pandey C.S. (1998) sought to study the personality predisposition and its impact on the experience of stress. He collected data from 450 employees of BHEL (150 senior managers, 150 junior managers and 150 supervisors). His results showed that Psychoticism – reality, neuroticism-stability dimensions of personality were found to be associated with higher levels of stress. On the hand extroversion - introversion was negatively correlated with perceived organizational stress.

In his study on “Job stress and Employees”, Luolu (1999) has investigated the relationship between occupational stressors (job demands, discretion and interpersonal conflicts) and strain (job satisfaction and mental health); and impact of two potential moderating variables; work motivation (intrinsic versus extrinsic) and social support from colleagues, superiors, friends and families. 300 working adults were interviewed. Intrinsic work motivation was positively related to overall job satisfaction, whereas extrinsic motivation was positively related to depression; both supervisor’s support and family support were negatively related to depression, anxiety and somatic symptoms, the study concluded.

Mishra PK and Rani DL (2001) in their article titled “Occupational Stress among women in Emerging services” was found that their objective of the study is to examine the occupational stress among women (Doctors and nurses). They collected data from 39 young and 23 old doctors as well as 50 young and 32 old nurses. Regression and ANOVA’S were used to test the data. Their results showed that older doctors and nurse experienced more role stagnation, while they found their jobs less stressful. On the other hand, young doctors and nurses felt greater personal inadequacy and hence experienced greater stress at work.
K.S. Rajewari and R.N. Anantharaman (2003)\textsuperscript{18}, in their study on “Role of need for clarity in the relation between occupational stress and work exhaustion among software professionals” explored the role of need for clarity in the relationship between occupational stress and work exhaustion among software professionals in India. The study was based on 156 responses obtained from software industry in India. They found that need for clarity served to moderate the relationship between stresses caused by threat of obsolescence, work family interface and technical constraints and work exhaustion.

Zvid.Gellis, Jongchun Kim, Sung Chul Hwang (2004)\textsuperscript{19} in their study entitled “New York state care Manager Survey: urban and rural differences in job activities, job stress and job satisfaction” made research to study the quality of working life of care managers in urban and rural community mental health programmes in New York state. The objectives were to describe specific job activities and examine differences in the perceptions of job stress and job satisfaction. Urban care managers attributed greater job stress intensity and frequency than did rural workers to stressors relating to collaborating and coordinating services. Urban care managers reported higher levels of perceived job stress due to organizational support deficits than did rural workers.

According to the authors Kristina Gyllensten and Stephen Palmer in the year September (2005)\textsuperscript{20} has reviewed on the topic entitled “The Role of Gender in Workplace Stress: A Critical Literature Review” have identified that their objective of the paper is to evaluate the research relating to the role of gender in the level of workplace stress. A further aim was to review literature relating to stressor of particular relevance to working women. These stressors include multiple roles, lack of career progress, discrimination and stereotyping. Major databases were searched in order to identify investigated gender and workplace stress. A range of research designs were included and no restrictions were made on the basis of the occupations of the participants. Much of the research indicated that women reported higher level of stress compared to men. However, several studies reported no difference between the genders. Furthermore the evidence for the adverse effects of multiple roles lack of carer progress and discrimination and stereotyping was inconsistent. The current review concluded that evidence regarding the role of gender in workplace stress and stressors was inconsistent.
The article titled “The Role of Gender and Social Class in Work Stress” authored by Ritsa Fotinatos Ventouratos and Cary cooper in the year (2005)\textsuperscript{21} has done a magnificent study on work stress. They have used Random sampling technique as a sampling method for the study. The variables taken for the study includes incorporate measures of mental health, physical health and job satisfaction (dependent variables). Sources of pressure in their job, Type A behaviour, locus of control and coping with stress are the Independent variables. All the items are rated on a 6 point Likert type rating scale and the tools like multiple regression analysis, t- test and stepwise regression has been used for the study. In recent years there has been a plethora of literature to examine the causes and consequences of occupational stress (Cooper and Payne 1988, Fotinatos and Cooper 1998, Sparke et.al 2001). Their objective of the study is to compare and contrast differences in gender in terms of stress levels using one instrument in one community setting and to examine which stress variables predict lower job satisfaction amongst males and female workers in relation to their social class. To explore the difference between men and women in all dependent and independent variables t-test tool was used in the study. To examine which stress variable predict lesser job satisfaction amongst males and females in relation to their social class stepwise multiple regression analysis was used. Out of 6500 individuals 2498 questionnaires were returned. The questionnaire administered was with the help of the occupational stress indicator scale (Cooper et.al 1988). The study concluded that the gender distribution of the sample was 45.5 percentage males and 54.4 percentage females and the age range of the participants was from under 25 to over 55 years of age and the female workers seems to face a higher stress in the organization.

Lency D’souza, Gururaj B. Urs and Siddeqowda y.s. (2005)\textsuperscript{22} “A Comparative study of occupational stress among executives, managers and engineers”. In this study, their objective of the study is to compare the occupational stress level as experienced by executives, managers and engineers of Industrial corporations in and around Mysore city. Stratified random sampling technique has been used for the study. The respondents are from the age group of 29 to 52 years. Occupational stress Index by Srivastava and Singh (1984). One way ANOVAs has been used. The variables of the study are Role overload, role ambiguity, role conflict, unreasonable group and political pressure under participation, powerlessness, low status and strenuous working condition. The variables responsibility for persons, poor peer relations, intrinsic impoverishment and
unprofitability shows a non-significant difference. It has been concluded that executives have more overload, strenuous working conditions as compared to engineers and managers.

“Occupational stress” reviewed by Anitha Devi (2006)\textsuperscript{23} has stated that her objective of the study is to identify the factors of distress and development opportunities of the women employees in the working environment. The respondents are daily home activities, child care and looking after the family members are the major factors. Hence, finally the study reveals that young age working women are highly stressful than the middle and aged women’s. The young aged working women can avoid or reduce stress by sharing their problems with their supervisors, spouse and family members and doctors.

Tapas K ray (2007)\textsuperscript{24} in his article titled “Brain imaging shows how men and women cope differently under stress” has reviewed that their objective of the study is to identify the anti dustrimentation and implementation of nonsense sexual harassment policies. Interview method has followed 360 women employees have been interviewed in this study. The sectors are IT, Banking, BPO, Teachers and professionals. He identified the root cause of egalitarianism, equal employment opportunities policies, family friendly policies, and improve social awareness of employees though training and counselling. It was found that networking and forums for women Recreational and cultural programs were introduced.

Pareek U (2008)\textsuperscript{25} who is the author of this article “Organizational role stress in Preiffer classic inventories” has framed that their objective of the study is to identify stress related outcome by using psychological and physical and behavioural and organizational consequences. The variables used for the study are Anxiety, Headaches, Absenteeism accidents, job turnover, low morale, poor work, and relation to organizational climate, violence and aggression. Comprehensive models and figures depicted orderly. Women managers are experiencing significantly higher pressure stemming from home, work and social factors than are men managers. Therefore, from the objective it was found that women managers reported signing poorer work performance scored on five items comported to only two.
Dr. M. Dhanabhakyam and V. Anitha November (2011) has researched on the topic “A Study on Stress Management of Working Women in Coimbatore District” and their first objective of the study is to study the kind and level of stress faced by working women in the study area. The second objective is to identify the sources of stress of working women. The third objective is to identify the impact of stress of working women. The fourth objective is to identify the physical reactions faced by the working women a high level of stress. This study is a descriptive research. Stress is an inevitable one and at the present context working women population is at growth stage. Working women face stress in spite of managing their personal life with work life. The data collection was through primary method with the help of non-probability convenience sampling and the sample size is 300. Analyses used for the study are percentage analysis, Henry garret ranking technique and two way ANOVAs. The study reveals that the young age working women are highly stressful than the middle and aged women. This indicates that the age and stress are related. The young aged working women can avoid or reduce stress by sharing their problem with their supervisor, spouse, family members and doctors. The study shows that all respondents have distress due to personal and organizational sources. Managing the daily home activities, child care and looking after the family members are the major factors which cause distress among the working women. Organizational factors of distress are developmental opportunity provided by the management, recognition for hard work and availability of transport facility. The study concluded that the IT supports fast growing work environment.

Vidhya. D. Kasture, (2012) in their article titled “Occupational stress and life satisfaction among executives in Aurangabad district” has sought to find out the stress and life satisfaction among executives. Two scales namely occupational stress scale and mental life satisfaction scale were administered to all the subjects. The obtained scores were analyzed with the help of Anova and T-test. Occupational stress index developed by Dr. A. K. Srivastav and Dr. A. P. Singh and Life satisfaction scale was developed by Dr. Pramila singh and George Joseph has been used for the study. The Cronbach’s alpha value was 0.935 and 0.90 respectively. The scale has good validity and reliability of 0.83 and 0.91 respectively. Results obtained by t-test showed that male executive from urban and rural areas differed significantly with one another on stress scores as the t-value 5.33 and P-value 0.01. Results revealed that male and female from urban area did not show any significant difference, this is due to the fact that the nature
of work is similar for both male and female executives in urban area. As regards to stress scores of women executives from urban and rural area did not show any significant difference as their mean score are 136.3 and 137 respectively. Whereas male and female from rural area differ significantly with the t-value 5.26 and P-value <0.01. The overall results of this study suggest that the need for stress management programs is helpful in reducing the stress.

According to the author M.O Agwu and Jessica Adobi Tiemo titled “Problems and prospects of stress management in the Nigeria Liquefied natural gas construction project Bonny” (2012) which was published in Journal of emerging Trends in Economics and Management has researched and reviewed that most construction workers experienced much stress at their workplace than at home. Their objective of the study is to examine the causes, effects and possible ways to effectively manage work stress among construction workers in the Nigeria Liquefied Natural Gas Methods & Data Statistical tools & Techniques. The variables used for the study are relaxation, laughter and social support. Common stressors are drinking, quarrelling, clubbing flirting and smoking. Finally they have concluded that stress had negative effects on their productivity at work. They are mostly affected due to medical problems in their body systems.

Yu Ghee Wee in his article titled “Occupational Stress: A survey of women managers in Malaysia” has framed that their objective of the study is to identify the major sources of stress experienced by women in all levels of management. To examine the stress outcomes compare as well as isolate those major findings. 63 female managers and 37 male managers were selected as their sample respondents. They were selected randomly from banking and finance, hospitality and business sector. Women managers are experiencing significantly higher pressure stemming from home, work and social factors than are men managers. Women managers are also facing greater number of stress outcomes than are men managers.
The article titled “Organizational Role Stress and Anxiety: A Comparative Study of Bureaucrats and Technocrats” authored by Uma Sharma and Sagar Sharma have identified that the relationships of organizational role stresses with job as well as general anxiety were tested for their curvilinearity by calculating the Eta co-efficient in respect of both the occupational groups. Since the relationship were found to be linear, pearson product moment correlation co-efficients were computed. In this study technocrats emerged as a more stress vulnerable occupational group. Random sampling technique has been used in the study. The reliability of the study is 0.72. The scales like Organizational role stress scale by Pareek (1983), Hindi state trait Anxiety Inventory by Spielberger, Sharma and Singh (1973) and Job anxiety scale by Srivastava 1977 has been used in the study. Selected role stresses of most frequent attention includes variables such as role ambiguity, role conflict, role overload and role status congruency. All the measures were administered individually to the respondents under standard instructions in the following sequence: ORS, STAI, JAS, Standard scoring procedures were followed for obtaining scores on ten organizational role stresses and total role stress (TRS), job and general anxiety and all the raw scores were converted into normalized T-scores. Thereafter it was found that various coping interventions like stress-inoculation programme, biofeedback, meditation, yoga etc.... can be utilized at the individual level to manage stress. The management must also undertake a comprehensive and intensive occupational analysis of bureaucrat and technocrat groups in terms of perceived organizational support, constraints perceived power, autonomy in decision making resource availability etc... so as to identity factors that lead to greater vulnerability of technocrats to the deleterious effects of organizational role stresses and remedial measures can be undertaken in the light of such empirical efforts.

Pearl Jacobs in her article titled “Professional women: The continuing struggle for acceptance and equity” has examined the issue that continues to plague women as they attempt to progress in their professional fields. Survey method has been used. This study explored that various companies were attempted to apply flexible work arrangements to men as well as women. Further it supports that employed women, regardless of marital status, reported greater happiness then the non-employee women. The employment has a positive effect for women and families.
“Employee’s perceptions of the Management of workplace stress” by Nicholas Buys Lynda R. Matthews and Christine Randall has reviewed that their purpose of this study was to explore how employees perceive their organization’s efforts to address the management of stress in their workplaces and to examine differences based on demographic variables of organizational location and size. A convenience sample of 85 people at an international disability management conference completed a Management of Stress in the Workplace Questionnaire. Results of this survey indicated that employees were not positive about their organizations efforts to manage stress in either prevention or rehabilitation activities. Employees from smaller organizations rated their workplace environments more positively than larger organizations. A perceived high incidence of stress in an organization was negatively related to perceptions about the work environment. Lower perceived levels of stress related compensation claims were associated with higher ratings of prevention and higher workplace environment ratings. Effective disability management programs need to address a range of individual, organizational and system factors that cause and exacerbate stress injuries. In addition to the provision of a range of prevention and rehabilitation services, it is important that organizations look at ways to improve workplace culture and, by association, job satisfaction and workplace morale.

2.3 STUDIES RELATING TO STRESS AND JOB SATISFACTION

“Stress has been associated with important occupational outcomes of job satisfaction, organizational commitment and employee withdrawal behaviour” [Naumann, E., 1993, Sullivan, S.E., 1992, Tett, R.P. & Meyer, J. P., 1993, Williams, L.J. & Hazer, J.T., 1986]. High levels of work stress are associated with low levels of job satisfaction [Landsbergis, P.A., 1988, Terry, D.J. et.al., 1993] and job stressors are predictive of job dissatisfaction and a greater propensity to leave the organization [Cummins, R.C., 1990]. A study conducted by Aziz [Aziz, M., 2004], investigated the intensity of organizational role stress among women professionals of IT in the private sector of India. Resource inadequacy has emerged as the most potent role stressor, followed by role overload and personal inadequacy. “A number of aspects of working life have been linked to stress. Aspects of the work itself can be stressful, namely work overload” [De Frank, R.S. & Ivancevich, J.M., 1998, Sparks, K. & Cooper, C.L., 1999, Taylor, S.E. et.al., 1997] and role based factors such as lack of power, role ambiguity, and role conflict [Burke, R. 1988, Nelson, D. L. & Burke, R.
Miles and Perreault [Miles, R.H. & Perrault, W. D. 1976] identified four different types of role conflict: They are: 1. Intra.sender role conflict 2. Inter.sender role conflict 3. Person-role conflict; 4. Role Overload.

“According to French and Caplan [French, J.R.P. & Caplan, R.D., 1973], pressure of both qualitative and quantitative overload can result in the need to work excessive hours, which is an additional source of stress. Having to work under time pressure in order to meet deadlines is an independent source of stress. Studies show that stress levels increase as difficult deadlines draw near. Stress develops when an individual feels he is not competent to undertake the role assigned to him effectively. The individual feels that he lacks knowledge, skill and training on performing the role”.

[Chandraiah, K. et al., 2003] conducted a study to investigate the effect of age on occupational stress and job satisfaction among managers of different age groups. The subjects with lower job satisfaction were found to experience more stress in the form of role overload, role ambiguity, and role conflict, under participation, powerlessness and low status compared to those with higher job satisfaction. Steven [Steven, P.W., 2000] investigated the nature of role stressors and its impact on job tension in predicting outcome constructs. The results indicate that a constructive culture will significantly reduce role stressors, thereby; decreasing job tension and increasing job satisfaction, job performance, and job commitment. A job stressed individual is likely to have greater job dissatisfaction, increased absenteeism, and increased frequency of drinking and smoking, increase in negative psychological symptoms and reduced aspirations and self esteem [Jick, T. D. & Payne, R., 1980].

The use of role concepts suggests that occupational stress is associated with individual, interpersonal and structural variables [Katz, D. & Kahn, R.L. Whetten, D & Cameron, K., 1978]. Lim and Teo [Lim, K.G.V & Teo, T. S., 1999] suggested that most of the factors which generate stress among IT personnel in Singapore are linked to various characteristics of their work environment, particularly to pressures associated with the job itself and to organizational aspects. Aspects of the IT personnel's work environment, such as increasing expectations and demands on the part of users are leading to an increasing cross-functionality of IT jobs Prince et al. [Prince, M et.al., 2005] investigated the influence of role conflict, role ambiguity, and role strain on job performance, job satisfaction, and life satisfaction among field sales and company sales.
support employees. Findings revealed important variations in response to role conflict, role ambiguity, and role strain between the two classes of employees. Decreases in role strain, while improving life satisfaction, may lead to lower job satisfaction for sales support employees.

Dua [Dua, J. K., 1994] conducted a research on job stressors to know general stress, emotional health, and physical health of staff. Factor analysis of the job stressors revealed that six factors, namely, job significance, workload, work politics, interpersonal dealings at work, work conditions, and university reorganization, were the major stressors for the staff. Both the job stress and non-work stress were associated with poor physical health, poor emotional health, and high job dissatisfaction. Blalack and Davis [Blalack, R.O. & Davis, H. J., 2010] examined the degree and relationship among role ambiguity, job-related tension, and job satisfaction. Findings indicate that although the nature of the Unit Manager position is inherently satisfying, environmental factors contribute to a high degree of role ambiguity and job tension which tend to limit the satisfaction derived from the work. Lazurus in the year (1993) claims the concept of coping has been addressed formally only since the 1960’s however, coping as a process has become particularly significant since the late 1970’s. The dynamic of stress and coping involve the person as a participant self alongside the roles of temporarily, the body, and the particular situation and personal concerns (Benner & Wrubel 1989).

Ritu lehal. (2007) in her article titled “A Study of Organizational Role stress and Job satisfaction among executives in Punjab” includes two important variables related to behavioural science viz organizational role stress and job satisfaction. 200 executives from both public and private sector units were selected to study organizational role stress and job satisfaction among various executives in the whole state of Punjab. To compare the executives of public and private sector on the basis of these two variables in Punjab. To compare men and women executives on the basis of above mentioned two variables. On the basis of calculated mean and S.D. executives have been divided into 3 categories. Job satisfaction questionnaire has been developed by B.L. Dubey, C.K. Maini and K.K. uppal. The factors are promotion, salary, confidence in management, favouritism, supervision, working conditions, job security, suitability of job, qualification and experience, satisfactory relations, learning opportunities team spirit, welfare facilities and advancement in job. The scoring has
been obtained on a five point scale, the possible range of which is 20 to 100. Higher score indicates greater job satisfaction. The findings indicate a significant negative correlation between these two variables. In case of organizational role stress, the results of public sector executives are better than private sector executives. The scores of job satisfaction explain that the executives in public sector feel more comfortable with their jobs. Even out of the two types of executives, female executives are more satisfied with their jobs. A study of relationship between two variables, with the help of correlation technique, brings to light that co-efficient of correlation between Organizational Role Stress & Job satisfaction indicates a positive relationship and explains that if stress level is high, Job satisfaction level will be low or vice versa. To test the significance of co-efficient of correlation t-test is applied. The t-test explains the relationship between two variables is significant. The study reveals that in case of ORS and JS both the results of public sector are better than private sector. Further in public sector, female executives are more stressful than males. But in case of JS in the same sector, female executives are more satisfied with their jobs. Overall results indicate that the position of public sector is stronger in case of both the variables namely ORS & JS. Organizational role stress is a factor which has a positive role to play especially in private sector. To reduce the stress level in private sector executives work overload should be controlled, the role clarity should be there, group and political pressure should be reduced. The person should be kept so busy that he is not able to fulfil his social obligations. In case of job satisfaction, executives in public sector find their jobs more comfortable and satisfactory. In private sector the management must pay attention to certain factors like proper promotion system, less favouritism, proper working conditions, job security, proper utilization of ability and qualification, improving learning skills, high level of team spirit and co-operation etc. Women executives have shown a very low score in private sector. The women executives do not feel satisfaction with promotion policies, compensation etc... Another factor which mainly leads to dissatisfaction is insecurity in job.
Muhammad Jahir Jan, November (2011)\textsuperscript{60} in his article titled "Effects of job stress on job performance and job satisfaction" was found that his study is focused on digging out the fundamental causes of job stress of female nurses. To study how job stress affects their job performance and job satisfaction. On the one hand, it is well established fact that employee’s job satisfaction and job stress are related to one another( Kahn et. asl., 1964) Job related stress tends to decrease general job satisfaction (Jackson 1983). On the other hand, Job dissatisfaction is the simplest and most obvious psychological effect of stress (Robin 2004) stress and dissatisfaction are directly related with one another. (koper 1976) the author says that the job stress has negative correlation with job performance. With the increase in job stress, job performance falls. Inverse U relationship exists between job stress and job performance. (Mattesan 1981). The model of the mattesan depicts stress performance relationship. Stress can be managed in a number of ways Employment Assistance Programme., Stress management training, stress reduction or intervention (Murphy 1988, newton 1995) It has been established that public sector hospital are factors to manufacture stress. The consequences of job stress are prone and severe for employee as well as the organization. Negative correlations exist between job stress and job performance and job stress and job satisfaction.

Kerry fairbrother and James warn\textsuperscript{61} in their article titled “Workplace dimensions, Stress and Job satisfaction”, the objective of the study is to determine the causal relationship between stress and job satisfaction. 100 naval officer trainees Multiple Regression tool was used to test the data. The author recommend that workplace surveys measuring job satisfaction and occupational stress in corporate distinct measures of workplace dimensions in order to avoid confounding the two sets of measures. Relevant workplace dimensions can be identified by comparison with workplace that share salient characteristics. This approach identifies important similarities that provide the basis for generalization that can be tested to evolve theoretical understanding.
2.4 STUDIES RELATING TO STRESS AND COPING STRATEGIES

Singh (1990) in his thesis on “Coping strategies as moderator of the relationship between organizational role stress and mental health” studied strategies as a moderator of the relationship between organizational role stress and mental health on a sample of 300 employees of a supervisory cadre from the Life Insurance Corporation of India. It was found in this study that the use of “avoidance” coping strategy enhanced mental ill health while the ”approach” coping strategy attenuated the severity of mental ill health.

Singh (1982) undertook a study to ascertain the psychological correlates of role stress and coping styles for working women. Singh found that professional women most often used the “defensive” style to cope with stress, and that the differential and avoidance styles were used the approach oriented style more than the professional women as per the findings of the study.

Gupta and Murthy (1984), in their work entitled “Role conflict and coping strategies – a study on Indian women” studied role conflict and coping strategies among Indian women. Their qualitative data indicated that “adjustment” and “compromise” were the most commonly used and successful methods of coping.

Singh and Sinha (1985) in their research “Relationship of coping strategies with job related strain” studied the relationship of coping strategies with job related strain among 156 male supervisory level executives of a large industrial organization, using a measure of coping strategy designed by the researchers themselves. They found that various dimensions of coping strategies were related to strain dimensions in a specific pattern of weighted linear combination. Considered individually, they found that cheerful and optimistic work orientation and yogic resources appeared to be superior coping strategies.

Susan McCammon et al (1987), have evolved in their study, “Managing workplace stress” that the most frequently endorsed coping strategies following both events involved attempts to reach cognitive mastery over the event and to ascertain meaning. Strategies of altering activities and finding new interests were not frequently endorsed. A greater number of coping responses were endorsed following the tornado.
along with strategies which involved seeking support from others. Factor analysis of coping inventory responses revealed four factors: seeking of meaning, regaining mastery through individual action, regaining mastery through interpersonal action and philosophical self-contemplation.

The article titled “Coping and family relationships in stress resistance: a study of job satisfaction of nurses in Singapore” authored by Kam Weng Boey (1988), Objective of the study is to examine the role of coping strategies and family relationships in mitigating the negative effect of work stress on nurses. Job satisfaction scale and coping strategies scale family relationship scale was used in this study. Mean, standard deviation, correlation and multiple regression was used in the study. The stress resistant nurses were distinguished by a less frequent use of defensive or avoidance coping in handling of their emotional reactions to stress. The findings of this study indicated that nurses in Singapore generally felt dissatisfied with their job situation. They feel that their working condition could not be improved, more than half of them had been thinking of quitting the profession.

The study on “coping among dual-career men and women across the family life-cycle” done by Maureen H. Schnittger, Gloria W Bird (1990), indicates that differences in coping across five family life cycles stages are identified using responses from 329 dual career women and men. Coping strategy use differs significantly by gender and life cycle stage. Women utilise the coping strategies of Cognitive, restructuring, Delegating, Limiting Advocational Activities, and using social support significantly more often than do men. Dual career men and women without children at home use compartmentalising significantly less frequently than men and women with children, the study concluded.

“Coping with stress: which strategies work best?” by Gary F Korske, Stuart A Kirk and Randi D Koeshe (1993), in a four-wave panel study the coping styles of care managers hired to work with seriously and persistently mentally ill clients are measures at entry to the job. Depending on time period and outcome variable studied, the effect of coping was examined in between 39 and 51 workers. The results showed that control-oriented coping strategies clearly acted as work stress buffers and that those who relied
exclusively on avoidance coping strategies reported higher general levels of negative consequences there months later.

Debra L. Nelson and Ronald J. Burke (2000)\textsuperscript{70} in their article titled “Women executives: Health, Stress and Success” has researched to explore the context of executive’s women’s health in terms of their progress in organizations and the obstacles they faced in rising to top leadership positions. Women hold 11.9 \% of the corporate positions in Fortune 500 companies up from 8.2percentage in 1995. Women in executives and managerial jobs are likely to be found in services, insurance and real estate industries. They are less likely to be found in manufacturing, construction, transportation and public utilities. Women executives also face additional challenges likely not faced by men in balancing their career and personal lives. 20 percent of women respondents decided not to have children and at least 25 percent postponed having children employed women have better health than unemployed women in terms of fever sick days, better psychological well-being and greater resilience to family role stress. Drinking and smoking habits have been increased by women to avoid stress. Coping methods can be classified as positive utilizing social support and eating a healthy diet. Other coping methods can be characterized as negative such as smoking, alcohol abuse and denial or avoidance. Many executives women are leaving corporations to start their own business.

Shailendra Singh and Arvind C Sinha (2002)\textsuperscript{71} in their study “Empirical dimensions of strategies of coping with job related stress”, identified three categories of coping strategies, namely, strategies which act on the source of stress, strategies which act on the symptomatic effects of stress and that which acts as an escape from the source and effects of stress.

Anna West (2006)\textsuperscript{72} in his study, “Management: Stress: Coping strategies for employers”, explained that since stress was very often caused by how a person copes in the job, rather than the job itself, it was important to make sure that at the recruitment stage an individual’s skills are accurately matched to the demands of the job. The study suggested training during employment and increasing the control, an employee has, over the work may help to reduce stress.
Gonzalez Morales, M. Gloria et. al., (2006)^73 in their article titled “Coping and distress in organization: The Role of Gender in Work Stress” has reviewed that they have investigated that the positive value of women’s interpersonal way of coping by examining coping benefits on distress depending on gender socialisation in the Spanish cultural context. The participants were 332 men and 129 women employed by financial companies. Preliminary results showed that women used social support coping more frequently than men, whereas there were no gender differences in the case of direct action coping. Interactive effects of gender in the relationship between coping strategies and distress and psychosomatic complaints were found. Social support coping was only beneficiary for women, whereas direct action coping was more beneficial for men then for women. Implications of these results and their significance within the framework of national and sector cultures are discussed.

Chung-Kuang Chen et.al., (2009)^74 in their article titled ”A Study of Job Stress, Stress Coping Strategies, and Job Satisfaction for Nurses Working in Middle-Level Hospital Operating Rooms” was found that understanding the interactive relationships between demographics and work-related variables, job stress, job stress coping strategies, and job satisfaction for operating room (OR) nurses is important. The purpose of this study was to determine the Stressors, the stress coping strategies, and the job satisfaction of nursing staff who worked in the OR and to evaluate influence of demographic characteristics on job stress, stress coping strategies, and job satisfaction. A cross-sectional research design was used to collect data. Participants included 121 nurses with more than 6 months of work experience at seven hospitals in Yunlin and Chiayi Counties. Data were collected from March through May 2008. One hundred twelve questionnaires were retumed, giving a response rate of 92-56%. The questionnaire included four parts designed to gather data on demographics and work related information, job stress, stress coping strategies, and job satisfaction. Major findings of this study were as follows: (a) stress level and frequency perception of OR nurses were significantly related to the type of hospital; (b) the most intense Stressor perceived by OR nurses was patient safety; (c) the Stressor most frequently perceived by OR nurses were administrative feedback; (d) although all job Stressors were positively related to destructive stress coping strategies, professional status, patient safety, and OR environment were also positively related to constructive stress coping strategies; (e) factors including work rewards, OR environment, and administrative
management of job satisfaction were inversely related to destructive stress coping strategies; and (f) factors including work rewards, OR environment, and administrative management of job satisfaction were inversely related to all job Stressors. Major suggestions of this study include the following: (a) hospitals should ensure set standard operating procedures for the OR, strengthen the designed-in security of the OR working environment, and provide adequate safety protection equipment To safeguard OR staff and patients; (b) the OR department should increase the quantity and the quality of stress relief courses; (c) the OR department should improve the OR environment and the administrative management skills; and (d) the OR department should offer self-esteem-related training programs to assist OR nursing staff to adopt constructive stress coping strategies.

S. Karve and S. k Nair (2010) in their article titled “Role stress and coping with role stress among Indian women executives” examined the different role stressors encountered by women executives and the coping style used by them, to deal with these stressors. The sample consists of adult working women executives of 200 respondents in the age range of 25-60 years because in this age, individuals would have settled in their chosen career path. Purposive sampling technique has used in the study. Pareek 1997 scoring procedure has used. Correlation and multiple regression has used in the study. The results shows that, executives tend to use more of proactive style of approach mode of coping with role stress wherein they deal with role stress through own efforts, seeking help from significant others and using organizational resources to reduce role stress.

“A study on stress management and coping strategies with reference to IT companies” authored by Uma Devi. T (2011) has researched to study the level of stress among IT employees. To identify stress coping strategies at organizational level. The work stress is found in all professionals. IT professionals are very stressed because they are highly target driven and highly pressured on results. 200 IT employees of Hyderabad. Stress coping strategies identified by the study includes stress management programs, physical activities planned in job design, life style modification programs, finding triggers and stressors supportive organization culture, stress counselling programs and spiritual programs. The researcher has taken the lead from the following dimensions namely Impact of stress on body, Impact on mind, Impact on behaviour and
Impact on Emotions. The importance of the study of stress at various levels among IT employees is growing. At organizational level, well designed coping strategies have become the attention of companies like TCS, Infosys, Wipro, Microsoft and Cognizant etc. Stress can make an individual productive and constructive when it is identified and well managed. Positive attitude and meditation will be helpful for coping the stress.

“A study on job stress – causes and coping strategies” by Mrs. S. Kanthimathi & Dr. R. Ganapathi, International Journal of Management Research June (2012) has reviewed that up to 44% of women & 36% of men want to quit their jobs because of workplace stress. Coping means balancing the demands and pressures placed on you with your skills and knowledge. According to National institute for occupational safety and health, USA, Workplace stress can be defined as the harmful, physical and emotional response that occur when the requirements of the job do not match the capabilities, resources or needs of the worker. Workplace stress has became one of the major causes of concern. Stress in the workplace is not good for the organization as it leads to decrease in quality and productivity. Managing stress all about taking charge of your thoughts, your emotions, your schedule, your environment, and the way you deal with problems. The ultimate goal is a balanced life, with time for work, relationships, relaxation and fun plus the resilience to hold up under pressure and need challenges heads on.

Pamela Braboy Jackson, Tiffani Saunders in their article titled “Work stress, coping resources and mental health: A study of America’s black Elite” explored the relationship between work stress, coping resources and mental health. The samples are African Americans. The study distinguishes between five forms of work stress (perceived discrimination, token stress, role overload, role conflict and scrutiny). Mental health of several indicators (deep, anxiety and somaticism). The results show that token stress and role overloaded are more consistent predictors of mental health than any other form of work stress among black elites. In terms of coping effectiveness, confrontation (eg: seeking out someone who will listen) appears to be a beneficial strategy for handling work pressures. For bearance (eg: hiding one’s feeling) and avoidance (eg: learning a situation) strategies are related to poor health. There is additional evidence however, that confrontational styles of coping are not always conducive during times of elevated work stress, especially when black elites are faced
with token stress. Optimistic companies on the other hand are useful coping resources among these elites who are dealing with high token stress and role overload.

2.5 STUDIES RELATING TO STRESS AND IT/ITES INDUSTRY

“Perceptions of Organizational stress among female executives in the U.S. Government: An exploratory study” authored by Rolf E. Rogers, Eldon Y. Li and Rebecca Ellis (1994) and has reviewed that their goal of this paper is to identify employing Job Related Tension Index (JRTI) stress precipitators for senior female executives in the government. Random sample of 200 females was drawn from the U.S. Government Register of Senior Executives Service Employees. Chi square test, T-test, Factor analysis, cluster analysis was used. This study examined perceptions of stress precipitators in a sample of executive-level females employed by the federal government. The limitations of exploratory research were noted along with characteristics of the sample which might limit the generalizability of study

The Article tilted “Role stress among women in the Indian Information technology sector” reviewed by the Author Mohsin aziz (2004) has was found that their objective of the study is to investigate the intensity of organizational role stress among women informational technology professionals in the Indian private sector. 10% of the workforce in these organizations was selected as a random sample. Organizational Role stress by Pareek was used. Mean and Standard deviation was used to test the scores. The study establishes that the women information technology professional in India are a stressed group. There is definite need for organization to devise and invest in strategies that can keep the level of role stress within manageable limit among women employees.

“Management stress among working employees in BPO industry in India: A contemporary issue (2011) by Sonal Pathak, Dr. Anil Sarin and their objectives of the study is to find out the changes which are required to manage stress among women and the best practices done for BPO industry in India. Stress is a wide phenomenon as it seems to have universal spread. In spite, it seems that earlier the factories Act 1948, under sec 66, banned working of women in night shifts. But later on the High Court of Mumbai in its judgement dated 10th June 1999 passed an interim order allowing deployment of women in Santa Cruz Electronic in the night shifts. Report says that

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BPO industry prefer women, due to more pleasant voice and demeanour when interacting with customers. Women in BPO companies 50 percent. Female participation in the workforce is 42 percent. Enrolment in higher education is 40 percent. Women in IT companies 25 percent. Women employees in private companies are 23 percent. Women and employment in India at a glance (figure obtained from official government of India and private industry sources), 2007 statistics shows that more women being recruited at the entry level, but fewer progressing towards the top positions.

There is a talent leakage in middle management levels among women in their thirties. Marriage, family, children, relocation and other personal reasons diminish women’s ability to reach the top. Some jobs lend a more to gender imbalance (Engineering, IT, etc) than others (banking, finance and teaching etc). Still women have to work harder to avoid the following they are: glass ceiling, 24 * 7 work pressure, prolonged working shifts, work life balance, gender biasness, social constraints and security problems. Women are the key and vital part of our workforce and their participation in the workforce must be seen as a critical enabling factor for continued growth of the industry said Sangeeta gupta NP, NASSCOM. Analysts state that there is a direct correlation between the employment of women and the economic well being of the nation. IT-BPO must further refine their policies and processes to strongly influence the participation of women in key leading projects and must identify procedures that can be restructured to encourage participation of women in organizational decision making activities.

Dr. A. Mohammed Siddique and Siva kumar (Dec 2011) “A Study on occupational stress among IT professionals Chennai”. The objective of the study is to measure the occupational stress level of the employees and to explore the relationship of organizational factors over the stress among the employees. Middle level professionals have more occupational stress than the higher and lower level professionals. Higher level professionals have more occupational stress than the lower level professionals. Random sampling has been used for this study. Role overload, role ambiguity, role conflict, unreasonable group and political pressure under participation, powerlessness, low status and strenuous working conditions. Any organization levels of management are very important. The results of the study were found to be importance of levels of professionals. Middle level professionals have more stress than lower level
and higher level professionals. The main sources of work related stress are task demand, role demand and organizational structure. The IT industry’s must seek to redesign job structure to reduce task demand and role demand. Role expectations must be clearly articulated. Similarly there is considerable room for improvement in organization structure and Interpersonal demands by improving personal relationships at work and by providing open channels of communication and career growth and motivation.

“A study on work related stress and work family issues experienced by women software professionals in Chennai” was authored by Dr. C. Madhavi and B. Vimala International Conference on Information and Financial Engineering. IACSIT Press, Singapore (2011). To classify the respondents based on the work family issue reported by them. To find out the relationship between work family issue and the role stress dimensions. It is a Descriptive research with convenient sampling technique and the sample size is about 500 respondents. The dimensions of ORS are Inter Role Distance, Role stagnation, Role expectation Conflict, Role erosion, Role overload, Role isolation, Personal inadequacy, Self-role distance, Role ambiguity, Resource inadequacy. To measure the ORS the tool developed by Udai Pareek (1982) was used. In the work family conflict scale developed by green haus and cornally (1981) was adopted. The respondents were women software professions from leading software concerns in Chennai. It was seen that the 63.8% of the respondents have less work family issues and 36.2% of the respondents have more work family issues. It was found that there is no association between work family issues and demographic factors such as education designation, experience, family type, income, distance travelled and made transport. The results indicate that there is association between work family issues and the number of family members of the employees. Since 36.2% of the respondents expressed high work-family issues is an alarming signal. Software industry needs to take steps to balance work and family. Family get together in the organization can be conducted periodically so that the family members can understand the nature of the job. Stress and work family issues prevail among that the stress role dimensions experienced that the stress role dimensions experienced by the women software professionals make a significant impact upon their work family issues.
M. Siva Kumar & Dr. A. Mohammed Siddique (2012), “Job Satisfaction for IT Professionals-Chennai”. This research paper presents the analysis of employee’s satisfaction in the IT sector in Chennai, Tamil Nadu. This paper analyzes the major causes of employee’s satisfaction and dissatisfaction and the impact of employee’s satisfaction on various organizational parameters. The primary data for the study was compiled through job satisfaction questionnaire developed by Spector. From the questionnaire nine factors of job satisfaction are assessed among the IT professionals. The factors included in the investigation as nine independent variables were analyzed. Mean, standard deviation and Pearson correlation statistical tools were used. The results have shown that IT professionals are very much dissatisfied with fringe benefits, nature of work and contingent rewards while moderately satisfied with Pay, promotion and supervision factors. The findings of this research may serve as a valuable contribution to the uplifting of the IT economy of India.

“Barriers women face in information technology careers Self-efficacy, passion and gender biases” by Susan Michie and Debra L. Nelson. The purpose of this study was to determine if perceptions that women and men hold toward careers in information technology (IT) and toward women working in IT create potential barriers that may prevent women managers from pursuing careers in IT. A field study was designed to test the hypotheses. The subjects were graduate students pursuing either an MBA or IT management degree. The results revealed that males had greater self-efficacy for IT occupations, greater passion for computing, and less positive attitudes toward capabilities of women in IT. Our prediction that career barriers would intensify for women who chose an IT management option was not supported. These findings suggest that traditional work role expectations concerning women’s efficacy for careers in IT still persist. This research was limited by its focus on subjects in the early stages of a management career. To gain a better understanding of the barriers that women face in IT career fields, longitudinal studies are needed to track these barriers throughout the career development process. If organizations want to attract, retain, and advance women managers in IT fields, they must proactively address gender role biases and create work environments that build self-efficacy expectations for women, as well as for men. Much of the research on career barriers women face in IT is based on qualitative studies and anecdotal evidence. This study provides empirical evidence that
barriers still exist for women in IT despite the enhanced demand for IT professionals and managers over the past decade.

“Job stress, coping process and intentions to leave: A study of Information technology professionals working in India” by Rajib lochan dhar and mahua dhar86. To examine the levels of job stress amongst the IT professionals and the ways that they had found to deal with it. According to karasek & Teorell, 1990, the imbalance we experience when we feel that we don’t have enough resources to deal with the work demands is a classic stressful situation, referred to as high job strain, leading to increased risks for health problems. This is described in the widely used stress model called Demand-Control Model. Work environment stressors (i) Job (time pressures, job scope and obsolescence) (ii) Role (Ambiguity conflict) (iii) Career (development) and (iv) Organization (rewards, change & communication). Individual factors such as self-confidence, decisiveness, tolerance of ambiguity and locus of control. A large number of studies have found that employees who are emotionally committed to the organization tend to be more productive and to be less likely to quit their job (Loi, Ngo and Foley, 2006).

2.6 CONCLUSION

Based on the literatures it is found that on the whole, women face a lot of organizational role stress in the organization. There is a lot of workload and pressure which has to be faced in the organization by women executives along with their family tension and pressures. Women are more depressed and frustrated due to much of responsibilities and roles in their jobs. Because of this depression some of the women fail to attain their satisfaction in the job. Some organizations consider women’s pressure and depression and they follow suitable strategies for it but some of the HR’s and the organization fail to follow it. The researcher wish that the coping strategies like stress management programmes, outings, get together, ventilation facilities in the room, toilet facilities, drinking water facilities, workshops etc has to be followed in all the IT & ITES companies for women to reduce women’s work tension and pressure. By this women’s will power would be strengthened and the women would also be satisfied in their job and surely no women will think of resignation due to job pressures.
2.7 REFERENCES


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PART B
BIOLOGICAL STRESS OF WOMEN EXECUTIVES

2.8 INTRODUCTION

Natural menopause is defined as the time when a woman has experienced 12 consecutive months of amenorrhea (i.e. lack of menstruation) and typically occurs at around 51 years of age with a common variation of plus or minus five years (Rees & Purdie, 2006)\(^1\). Premature menopause or early menopause (also known as premature ovarian failure) is the term for menopause that occurs before the age of 40 (Groff et al., 2005)\(^2\), Rees & Purdie, 2006). Menopause, notably in western, developed countries, is linked to an array of symptoms, including the emblematic hot flushes and night sweats (Utain, 2005)\(^3\), which often become severe enough to result in sleep disturbances and psychological symptoms, which manifest as fatigue, nervousness, irritability, depression, mood changes, headaches, and an inability to concentrate (Schnatz et al., 2005)\(^4\). In addition to easily recognised symptoms, menopause is responsible for an increase in the risk of osteoporosis, and in the overall risk of coronary heart disease.

“Depression is one of the most complicated and widespread disorders with serious consequences for individuals and societies. It is estimated that depression is the second most common psychological disorder which affects about 100 million people worldwide annually” (Clark & Beck, 1999)\(^5\). The World Health Organization projected that by 2020, depression will be the second almost prevalent non-infections disease, and secondary only to ischemic heart disease. It is also estimated that the prevalence of disability brought about by depression is on the rise. According to the WHO depression represented the fourth leading cause of disability worldwide in 1990, but by the year 2020 it is expected to become the second leading cause of disability worldwide (Murray & Lopez, 1996)\(^6\).

Previous studies are clear on the greater rate of depression among women than men. It was reported that the lifetime risk for developing depression was 7% - 21% for women and significantly less from 2.6% - 2.7% for men (Clark & Beck, 1999). This high prevalence is regardless of nationality for socio-economic level of population
Biologically women experience more changes during this lifetime, thus they may develop premenstrual dysphonic disorder, post-partum depression, and depression during transition to menopause. On the whole mid-life is a critical developmental period which is characterized by biological and psychological changes in women.

“Menopause is a universal biological phenomenon experienced by all human females who live into old age. It is often researched with the justification that menopause is a threat to health (Thomas 2005; van Noord et al., 1997; Dvornyk et al., 2006) though this view has recently received some criticism (Im, Meleis, and Park 1999; Lock 1998). It is also often treated as an event, the last menstrual period, which is retrospectively identified after 12 months; however, it is generally experienced as a process (Leidy, 1994) with so many different cultural meanings that some have suggested it can be considered as much a cultural construct as a biological event (Lock, 1998). The timing of menopause and the experience of changes in wellbeing associated with it, generally called menopausal symptoms, vary greatly between individuals and between populations”.

Lennon (1982) points out that psychological stress or difficulties may result in amenorrhea, but this is a two-way effect because it is also likely that not menstruating (non-menopause) for a young woman is a potential source of psychological stress. She also found an association between menopausal status and distress only appears when age is taken into consideration. She asserted that, when menopause occurs off-schedule, it results in a difference to psychological status. Higher levels of stress were found to be present for woman who experienced menopause earlier or later than the average age at which it is expected to occur. The respondents described feelings of frustration in work and health issues were considerably challenged by their own uncertainty of what was happening. In addition, any actions taken to determine a cause did not have a definitive outcome. A diagnosis had eluded them and yet their symptomatic bodies made it difficult or impossible to function as normal; life for many of the women was (or had been) in a state of uncertainty.
Freeman et.al, (2007) found that stress was associated with almost a five times higher reported incidence of hot flushes in a population cohort-based study of menopausal woman. Pre menopause may be particularly distressing for young woman, especially if it affects their plans to have children (Pinhey & Pinhey 2002).

Perz proter (1997) have reviewed on the topic “Development of the menopause symptom list: a factor analytic study of menopause associated symptoms” and investigated that the experience of menopause has concentrated on its problematic and pathological aspects. Unstructured interview method has been used to collect the data. The study’s purpose is to identify working women symptoms of menopause and their continuity of menstrual experience, the embodiment of menopausal symptoms and the containment of menopause. The incremental nature of the changes flora experienced allowed her to make sense of and accommodate their changes.

TUC survey March (2003) reports that their objective of the study is to examine the difficulties faced by the women during menopause period and to identify the variables which are women faced problem in their menopause period. Survey method has been used in this study. 500 safety representatives are collected. The important variables are hot flushes, headaches, tiredness and lack of energy, sweating, anxiety attacks, aches and pains finally dry skin and eyes. Working places and working practices are not designed with menopausal women in mind. Women are not comfortable in disclosing their difficulties to their managers. Temperature in the workplace appeared to be an issue for many women in the working organisations.

(2007) “Women experience of being well during peri-menopause: A phenomenological”. The objective of the study is to enhance understand of the experience of being healthy or well during menopause. Data was collected via unstructured, in depth interviews and analysis was conducted utilizing the repetitive and circular process developed by van Manen. In wellness, nothing stands out to notice, observe or disrupt as it does in illness. Nevertheless, the term wellness describes a particular and recognizable state of being, which in this study revealed through interpretative analysis of post – menopausal women descriptions of their experiences.
Shin yi lu, Hung Fu Tseng and li ling lin (2009)“Factors related to depression during Menopause: A study in Southern Taiwan”. The purpose of this study was to survey the prevalence of women’s depression during menopause and investigate the relationships between menopause depression and variables including self-concept, menopause attitudes, life-event stresses, climacteric physiological symptoms, and demo-graphics. Research was conducted using a cross-sectional study and self-administered questionnaires. We randomly selected female participants between the ages of 45 and 55 years from Tainan City in southern Taiwan using the cluster method. Two hundred sixty-six valid questionnaires were analyzed. Results were as follows: (a) The prevalence of depression among participants was 31.2%; (b) depression was positively associated with life-event stresses and climacteric physiological symptoms was negatively associated with attitude toward Menopause and self-concept and (c) by logistic regression analyses, climacteric. Physiological symptoms and self-concept were associated with menopause depression. This preliminary survey suggests that low self-concept and increased climacteric physiological symptoms are closely related to depression among Menopausal women. “Larger scale follow-up studies are warranted to investigate factors that predispose women to Depression during menopause”.

F. Olaolorun and T. Lawoyin (2009) in their article titled ”Age at Menopause and factors associated with attainment of menopause in an urban community in Ibadan, Nigeria”. To determine the age at natural menopause and identify socio demographic, reproductive and other factors associated with the attainment of natural menopause among women in Ibadan, Nigeria. This was a cross-sectional, descriptive, community-based study, using a cluster sample of eligible women 40–60 years of age residing in selected areas. Questionnaires were administered to women at home or in their work place. Efforts should be made to provide education about the menopause to all women in their respective communities, especially to those who are approaching their fifth decade and who have no formal education, to better prepare them for this change of life.

Krajewska – Ferishah, Krajewska-Kulak et.al. (2010) in their article titled “Analysis of quality of life of women in menopause period in Poland, Greece, Belarus and Belgium using MRS Scale”. The aim of this study was to compare the climacteric symptoms, the activity and quality of life of women in the menopausal period from
Poland, Greece, Belarus and Belgium using a Menopause Rating Scale (MRS). The study was conducted among women over 40 years of age, from Poland (241), Belarus (119), Greece (100), and Belgium (79). For the purpose of this research, the Polish, Russian, Belgian and Greek versions of the MRS were used. The MRS Scoring scheme is simple, i.e. the score increases point by point with the increasing severity of subjectively perceived symptoms for each of the 11 items (severity 0 - no complaints, 4 scoring points - severe). The respondent provides her perception by checking one of 5 possible boxes of “severity” for each of the items. We found some differences between the menopausal complaints reported by women from Belgium, Belarus, Greece and Poland. Belgian women exhibited a more impaired quality of life due to a higher rate and severity of urogenital and sexual symptoms.

Amanda Griffiths, Sara MacLennan & Yin Yee Vida Wong (2010)22 Women’s experience of working through the Menopause. The objective of the study is to examine the range of experiences reported by women with regard to the menopause and work. To harvest their views on changes that could be made to their work and working environment so as to improve experience for them and also for future generations of working women. Interview method as followed, total no of questionnaire has been collected from 912 women. Percentage analysis has been used in this study. It was found that greater awareness of managers about the menopause as a possible occupational health issue for women. There is a need of increased flexibility of working hours and arrangements. Better access to informal and formal sources of support. There is a need of improvement in workplace temperature and ventilation. Majority of the women felt they need further advice and support.

Marie E Pinto (2010)23 in her article titled “A Study on Knowledge and Attitude Regarding Menopause among Rural and Urban Married Women in Mangalore”. The objectives of the study are to assess the knowledge among urban and rural married women regarding menopause and to identify the attitude of urban and rural married women regarding menopause. A descriptive survey approach was used in this study. The sample size consisted of 100 married women aged between 40-50 years belonging to the urban and rural areas. The sampling technique used for the study was purposive. The tool used for gathering relevant data was SIS and attitude scale. The study revealed that a majority of women both in rural area (60%) and urban area (58%) belonged to
age group of 40-45 years. Menopausal health is important since this stage of life is not to be avoided. Nurses as health personnel can assess knowledge and identify attitudes towards menopause and help them to select coping strategies to overcome the menopausal problems.

Hossien Fallahzadeh (2010) Quality of life after the menopause in Iran: a Population study” Quality of life (QoL) decreases after the menopause as it has been assessed by several designed tools. The aim of the present research was to assess Quality of Life and determine factors related to its impairment among post-menopausal Iranian women. This cross-sectional study was conducted through cluster sampling among 480 postmenopausal women in Yazd, Islamic Republic of Iran, in 2008. Data were collected using the menopause quality of life questionnaire (MENQOL) by interviewing. Content validity and Cronbach’s alpha were used, respectively, to ensure the validity and reliability of the questionnaires. Inferential and descriptive statistics via SPSS.15 software was used for data analysis. Menopause causes a decrease in quality of life, which is dependent to work and other socio-demo-graphic variables. Therefore, it is necessary to develop effective intervention programs to improve quality of life after menopause.

Mouloud Agajani Delavar, Mahmoud Hajiahmadi (2011) in their article titled “Factors Influencing the Age at Natural Menopause and Menopausal Symptoms: Community Based Study in Babol, Iran”. To examine the distribution of age at natural menopause and associated factors, the authors analyzed data from 1,397 women around 45-63 years old in Babol (Iran). The research design of the pre-sent research was a community based study, and the Symptom Score Card was used to assess the frequency and severity of menopausal symptoms. Subjects were selected using the standard cluster sampling techniques. Menopausal symptoms were common, while almost all of the subjects reported that they had not used hormone replacement therapy and calcium supplement concerning menopause. This could be beneficial by providing evidence for managing menopausal women in Primary Health Care centres (PHCs). It is more cost effective to focus menopausal symptoms could be beneficial by providing evidence.
UNISON Health & Safety guide to the Menopause (2011)26 “The Menopause and Work”. The objective of the study is to identify the symptoms associated with the menopause and to analyse how to overcome the menopause period in organization. The variables used in this study are Hot flushes, sleep disturbance, Urinary problems, Heavy periods and vaginal symptoms. Survey method is used in this study. Employers should ensure that all line managers have been trained to be aware of how the menopause can affect work. Employers can ensure that, as part of a wider occupational health awareness campaign issues such as the menopause. Working time arrangements should be flexible and it should meet the needs of menopausal women.

Adedapo B. Ande, Oruerakpo P. Omu et.al. (2011)27 “Features and perceptions of menopausal women in Benin City, Nigeria”. The aim of this study was to determine the features and perceptions of natural menopause among menopausal women in Benin-City, Edo State, Nigeria. Perceptions of menopausal symptoms are greatly influenced by social, cultural and economic settings and may influence the mode of treatment for menopausal symptoms. The features of menopause have always been assumed to occur only to a minor degree of significance in Nigerian women. A descriptive cross-sectional study of 533 randomly selected Nigerian women in Benin City, Edo State who had experienced at least 24 continuous months of amenorrhea using a structured questionnaire. Although menopause is well-tolerated by women in our environment, it needs further investigation. Research priorities include the influence of socio-cultural beliefs on sexuality at menopause and evaluation of HRT benefits.

M.M. Sagdeo, Dimple Aroara28 “Menopausal symptoms: A comparative study in rural and urban women”. To find out average age of menopause in rural and urban women and associated menopausal symptoms and its awareness and prevalence by predesigned questionnaire. 500 females in the age group of 40-60 years were interviewed. We found out that, the percentage of all menopausal symptoms is more in urban women as compared to rural cases. Commonly observed symptoms' are hot flushes, joint & muscular discomfort and physical & mental exhaustion. Large efforts are required to educate and make the women aware of menopausal symptoms including rural women. This will help in early recognition of symptoms, reduction of discomfort and enable them to seek appropriate treatment.
R. García-Campos, H. Aguilar-Zavala and J. M. Malacara29 “Symptoms at Menopause and care of Grandchildren”. To study the possible interaction of care of grandchildren with women’s symptoms at post-menopause. A cross-sectional, community-based study was carried out recruiting a total of 386 postmenopausal women at public places in the city of León, Mexico. For each woman, we collected data about their interaction with children and grandchildren, and scores of physical and emotional symptoms frequently found at menopause. Levels of follicle stimulating hormone and estradiol in serum were measured. Among other factors associated with symptoms at post menopause, such as hormone conditions, age and schooling, maternal investment in children and grandchildren may impose a physical and emotional cost that favours the onset of symptoms at post menopause.

2.9 THE PROBLEM OF BIOLOGICAL MECHANISMS

Generally, studies relating to menopause do not explicit suggestions of potential mechanism based on the underlying associations found. In some cases, there have been exceptions within the body of research on particular predictors. For example, several studies have tested for associations between menopausal age and aspects of childhood social circumstances [Lawlor, Ebrahim, and Smith (2003)30; Hardy and Kuh (2005)31; Garrido-Latorre et al., (1996)32; Shinberg (1998)33; Ayatollahi, Ghaem, and Ayatollahi (2005)34]. “Some of these studies have used rural residence in childhood or having lived in a farming household as an indicator of socio-economic status (Garrido-Latorre et al. (1996); Shinberg 1998; Ayatollahi, Ghaem, and Ayatollahi 2005), usually assumed to indicate low status, but certain studies has found an independent relationship between farming/rural residence in childhood and early menopause status (Shinberg 1998). Other studies have looked at multiple indicators of childhood socioeconomic status (Lawlor, Ebrahim, and Smith 2003; Hardy and Kuh 2005)”.

It is noted that social circumstances in childhood and adulthood are largely independent predictors of the timing of menopause (Hardy and Kuh 2005). Hardy and Kuh have suggested that the association between adult housing tenure (and indicator of SES) and timing of menopause may simply reflect influences of early nutrition (a factor related to social circumstances in childhood) on both menopause and cognitive development.
Additionally, a study that investigated the potential relationship between ovarian function late in life and early life experience of abuse found similar results to the studies which examined the role of social circumstances (Allsworth et al. 2001). “Women, 41-45 years of age who had experienced violent abuse in childhood or adolescence had higher FSH levels and lower estradiol levels (both considered signs of the menopausal transition) than those not abused (Allsworth et al. 2001). Women 36-40 years of age who had experienced abuse had higher FSH levels but not lower estradiol compared to women who were never abused (Allsworth et al. 2001). It is not surprising that use of such different measures of childhood social circumstances have produced different results, however, most authors do not comment on the inconsistencies at all. While it is not clear what the mechanisms underlying the associations that have been found are, the work of Allsworth and colleagues (2001) and Hardy and Kuh (2005) indicates that the associations may have a psychological basis, perhaps involving the relationship between hypothalamic-pituitary adrenal (HPA) axis and the hypothalamic-pituitary ovarian (HPO) axis”.

Some authors [e.g. Sievert, Waddle, and Canali (2001)] have gone a step further by hypothesising biological mechanisms as well as trying to explain why previous results have been inconsistent. “While studies from the Americas and Europe have frequently shown no significant association between marital status and menopausal age independent of confounders such as parity” [Ortiz et al. (2006); Parazzini, Negri, La Vecchia (1992); Sievert and Hautaniemi (2003); Reynolds and Obermeyer (2005); Garrido-Latorre et al. 1996; Johnston (2001); Özdemir and Çöl (2004); Brett and Cooper (2003)], some studies from the Middle East have found associations with marital status or aspects of marital status [Ayatollahi, Ghaem, and Ayatollahi 2005; Bener et al. (1998)], though there are some exceptions [Sievert, Waddle, and Canali 2001; Reynolds and Obermeyer (2003)]. Sievert, Waddle, and Canali (2001) hypothesised a pheromonal basis to the associations found between age at menopause and marital status.

Overall, the picture that emerges from reviewing research into predictors of timing of menopause is one of inconsistent results. Reviewing some of the existing studies has suggested that this inconsistency may be related to the overall sparsity of attention paid to social context and biological mechanisms. A greater understanding of
the socio-cultural context in which the factors suspected to influence the timing of menopause arise could therefore help determine which other factors may mediate or modulate the effects on timing of menopause or, in fact, confound the associations. In addition, greater attention to the question of what biological mechanisms could potentially underlie the statistical associations found is required and attempts to illuminate biological mechanisms may also benefit from a better understanding of socio-cultural context.

2.10 VARIATION OF SYMPTOM EXPERIENCE AMONG WOMEN IN DIFFERENT COUNTRIES (INTRA-PopULATION)

A number of studies have also attempted to understand the reasons for intra-population variation in experience of changes associated with menopause, often called symptoms. These studies often categorise individual symptoms into groups with other similar experiences (e.g. hot flushes and night sweats grouped together as vasomotor symptoms; insomnia and wakefulness grouped together as sleep symptoms). These studies generally collect menopausal symptom experience via use of standard checklists of menopausal symptoms. Many of the same problems outlined above are apparent in the research into the predictors of menopausal symptoms, though this body of research is considerably smaller.

“As with timing of menopause, consideration of the social significance of variables used in analyses is generally absent. This is evident in the research which has investigated the possibility that socio-economic status influences menopause experience. As with timing of menopause, studies have looked at symptom reporting differences between women from different socio-economic backgrounds using a range of different socio-economic indicators. None of these have suggested any biological mechanisms by which socio-economic status would increase or reduce hot flushes, though it has been suggested that psychosocial stress may play a role” [Sierra et al. (2005)46].

Most have found that women who are more educated, have fewer financial problems, have higher occupational social class jobs, or who have husbands in high social class jobs have been found to experience fewer menopausal symptoms [Sierra et al. 2005; Sievert and Espinosa-Hernandez (2003)47; Dennerstein et al. (2000)48;

However, some results do not fit this pattern, farmers in Japan (a lower status job) have been found to be less likely to experience vasomotor symptoms than non-farmers (Shiwaku et al. 2001)⁵⁸, more educated US women have been found to report more psychosomatic symptoms than less educated women (Avis et al. 2001), and some studies have found no significant association between education and symptom experience [Obermeyer, Ghorayeb, and Reynolds (1999)⁵⁹; Hollander et al. (2001)⁶⁰; Gallicchio et al. (2005)⁶¹] or social class and symptom experience (Wasti et al. 1993)⁶².

“The lack of consistency in findings may be due to differences in the social circumstances underlying these indicators of socio-economic status or may be due to the use of different measures in different studies and populations. It appears that even where a clear biological mechanism is suggested, results are still inconsistent and looking at population differences and social influences may be useful. Despite the fact that tobacco is thought to damage oocytes and thereby reduce estrogen levels”. (Harlow and Signorello 2000)⁶³, which are thought to influence symptom experience [Dennerstein et al. (2002)⁶⁴; Sievert (2006)⁶⁵], results of studies which consider smoking as a predictor of experience of symptoms have been inconsistent.

Several studies have found that cigarette smoking (each of current use, long-term use, high use, and former smoking) is associated with greater likelihood of experiencing hot flushes [Dennerstein et al. 2000; Gallicchio et al. 2005; Sievert, Obermeyer, and Price 2006; Ford et al. (2005)⁶⁶; Whiteman et al. (2003)⁶⁷]. One study also found a significant association between smoking and urinary symptoms (Ford et al. 2005). Some studies, however, have found no significant association between smoking and hot flush experience (Hollander et al. 2001; Shiwaku et al. 2001) or between smoking and other experience of other menopausal symptoms including negative mood symptoms, sleep/fatigue symptoms, and hair/skin changes (Ford et al. 2005).
It appears that most of the studies which found an association between smoking and symptom experience had relatively high proportions of women who were current or former smokers (20-50%), whereas one of the studies which did not find an association which evaluated on the basis of non-smokers versus smokers had a relatively low percentage of smokers (<10%) (Shiwaku et al. 2001). The other study which did not find a significant association (Hollander et al. 2001) used number of cigarettes per day as the indicator of smoking, which is not the measure used by other studies, and the relationship between smoking and menopausal symptom experience may not be a dose-response relationship.

It is also possible that the social factors that determine whether a person takes up smoking may be related to symptom experience rather than a biological effect of tobacco on the ovaries, especially since studies often find that a history of smoking is related to symptom experience as well (Whiteman et al. 2003; Gallicchio et al. 2005). One exception is in the case of adiposity and symptom experience, in particular, hot flush experience, which has been the subject of several hypotheses. Several studies have assessed potential associations between menopausal symptoms and measures of adiposity such as body mass index (BMI) and waist-to-hip ratio, but results have been inconsistent.

Some have found that these measures have positive associations with symptom experience (Gallicchio et al. 2005; Young et al. (2003)\textsuperscript{68}; den Tonkelaar, Seidell, and van Noord (1996)\textsuperscript{69}; Ford et al. 2005; Whiteman et al. 2003; Chiechi et al.(1997)\textsuperscript{70}; Freeman et al. (2001)\textsuperscript{71}; Sternfeld, Quesenberry and Husson (1999)\textsuperscript{72}; Wilbur et al. 1998) while other studies have found no significant association [Shin et al. (2005)\textsuperscript{73}; Hafiz, Liu, and Eden (2007)\textsuperscript{74}; Grisso et al. (1999)\textsuperscript{75}; Staropoli et al.(1998)\textsuperscript{76}] or no significant independent association (Hollander et al. 2001). Still other studies have found a negative association between measures of adiposity and likelihood of symptom experience, particularly hot flush experience [Guthrie et al. (1996)\textsuperscript{77}; Huerta et al. (1995)\textsuperscript{78}; Schwingl, Hulka, and Harlow 1994].
“Some researchers hypothesised that less adipose women’s lower estrogen levels lead to more hot flushes whereas more adipose women’s fat tissue converting androgens to estrone (a form of estrogen) should buffer them against hot flush experience”. However, higher BMI has been associated with increases in hot flushes (den Tonkelaar, Seidell, and van Noord 1996; Gallicchio et al. 2005; Whiteman et al. 2003; Chiechi et al. 1997; Freeman et al. 2001; Sternfeld, Quesenberry and Husson 1999; Wilbur et al. 1998), as well as other symptoms such as sleep problems (Young et al. 2003; Sievert, Obermeyer, and Price 2006), and urinary problems (Sievert, Obermeyer, and Price 2006). These findings regarding BMI have led to two opposing hypotheses.

Klinga and colleagues’ (1983) hypothesis predicted greater adiposity to be associated with greater likelihood of experiencing hot flushes via causing early entry into perimenopause, and a longer period of perimenopause. This is based on the previous finding that a relatively early and longer period of perimenopause was associated with greater risk of hot flushes (McKinlay, Brambilla, and Posner 1992). Klinga et al. (1983) suggested that adiposity leads to an early and long experience of perimenopause by causing ovarian insufficiency. The reason for adiposity in some populations is a proxy for other exposures which influence symptom experience, such as socio-economic status, since these types of variables can either be associated with greater adiposity [Xu et al. (2005); Garcia and Alderman, (1989); Ferro-Luzzi et al. (1992)], less adiposity [Galobardes, Morabia, and Bernstein (2000); Robert and Reither (2004)], or show no clear relationship to adiposity [Shetty and James (1994); Khan, Sobal, and Martorell (1997)], depending on the population.

It appears that variation in menopause symptom experience is being studied with the same lack of consideration of social context, though perhaps proportional to the number of studies into this variation there is more interest in finding mechanisms to account for variation. An understanding of social context could be useful in pursuing the suggested role of psychosocial stress in causing menopause symptoms. This, in turn, might help to better explain inconsistencies in the results of studies.
2.11 EXPLORATION ON ATTITUDES AND VIEWPOINT ON THE ISSUE OF MENOPAUSE

Previous studies have used quantitative or qualitative methodologies to assess attitudes and beliefs about menopause and reproductive ageing in many different populations. Most of these studies have been done in last 25 years, many of them inspired by seminal works by medical anthropologists such as Yewoubdar Beyene and Margaret Lock. “This research rarely attempts to engage with biological questions, though it is at times concerned with describing and understanding human variation. However, it has demonstrated the important role of social context in women’s perceptions of menopause. Understanding women’s perceptions of menopause may be more important than previously thought since some studies have found that beliefs and attitudes predict symptom experience (Sievert and Espinosa-Hernandez 2003; Avis et al. 2001; Dennerstein et al. 2000) including among western women (Avis et al. 2001; Dennerstein et al. 2000)”.

Lock’s (1993) major work on Japanese women at midlife looked at the end of menstruation as well as at the Japanese concept of women’s midlife transition, konenki. Lock found that konenki, which, at first glance, appears to be the same as the transition known in the West as menopause, with attendant physical and psychological symptoms, was not always considered by women to be related to the end of menstruation. Lock carried out a large number of interviews as well as long term ethnographic fieldwork as part of developing an expertise on Japanese culture and society. Her work contextualised the narratives of the women interviewed within the politics, demographics, and history of Japan. In the book, Lock mainly looked at symptom experience at midlife and she used quantitative approaches to understand prevalence of symptoms though she did not try to understand symptoms in terms of biology instead choosing to look at the social context of beliefs about symptoms. She particularly examined ideas from within Japanese society about experience of a troublesome konenki being associated with wealthier, less active housewives. Lock also looked closely at inter-family relationships as important to understanding this transition and the symptoms experienced. She described problems with husbands, caring for mothers-in-law, and managing relationships with offspring as being very important to women at mid-life, more so, in some cases, than the end of menstruation.
Beyene’s (1989) research about menopause in two cultures also made an important contribution to the bio-cultural study of menopause. Beyene spent one year carrying out ethnographic fieldwork in each of her two rural fieldsites: the village of Chichimila in the Yucatan in Mexico and the village of Stira on Evia in Greece. She used participant observation as well as survey methods, including census taking. She contextualised the analysis of meaning and experience of menopause in the two cultures within her ethnographic descriptions of the lives of women in the society. The work identified that the Mayan women studied did not relate the end of menstruation with any physical or emotional changes besides menstrual changes and that they experienced no hot flushes. She found that menopause for these Mayan women meant a relief from problems associated with menstruation (staining garments, etc.), an end to pregnancy, and, in some cases, an improved sexual relationship and a feeling of returned youth. In speaking to local doctors and health workers, she established that the few women who do visit a health professional at menopause only require confirmation of the cause of their menstrual irregularity and they do not return for a second consultation about menopause. The Mayan women in the village believed that menopause came naturally when a woman had used up all of her menstrual blood through menstruating and having children, and they believed that a woman with no children would have a later menopause since she had not used up the blood as quickly.

Among the Greek women of Stira, on the other hand, Beyene found that menopause was viewed with more mixed feelings since it was associated with a time of greater social freedoms as well as an inevitable decline due to ageing. The Greek women experienced hot flushes which they believed were caused by their blood boiling up inside them and they expected these to pass within a year of final menstrual period without intervention. “Beyene found that the women of Stira believed that the timing of menopause was important, that an early menopause could cause health problems because of the retention of unclean blood. Beyene’s approach was more biosocial than that of Lock and she hypothesised some biological mechanisms for the variation in symptom experience she found. Beyene suggested that this variation was due to the effects of diet and fertility patterns on reproductive hormone levels”.

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A study of attitudes toward menopause carried out in Iran compared 49 rural and 70 urban postmenopausal women hypothesised that the urban group would have a more negative perception of menopause than would rural women. The authors suggested that exposure to a youth-oriented western culture, which generally takes a negative view of menopause, would have had greater impact on urban women, who would generally be more expected to have contact with western ideas (Khademi and Cooke 2003). Contrary to what the authors hypothesised, urban women in the sample tended to have more positive attitudes towards menopause. The authors report that, in their spontaneous commentary during the questionnaire-based interviews, the rural women generally expressed negative feelings about menopause while the urban women often expressed that they thought it was positive and natural (Khademi and Cooke 2003). This finding indicates the importance of interviewing in person and allowing space for women to present their own perspectives.

Some studies documented attitudes and understandings of menopause but did not present these in a contextualised way nor did the authors look to understand what shaped women’s perceptions of menopause. For example, an Indian study by Aaron and colleagues (2002) used a structured questionnaire administered to 100 postmenopausal married women aged 40-49 years living in rural Tamil Nadu in order to examine perceptions of menopause. The authors reported that 57% of women considered menopause to be very convenient, 69% of women thought it meant diminishing abilities and competence, a smaller percentage were concerned that their husbands would lose interest in them (16%) and that they would lose their femininity (11%) but none felt that their social status was improved because of menopause, though the authors had predicted they would (Aaron et al.2002).

Aaron and colleagues did not attempt to understand why such a large proportion of women considered menopause to indicate diminishing abilities. The few studies which have taken place in Pakistan have been similarly decontextualised. A Pakistani study of 130 women aged 42 to 80 years old based on a random sample of women over 40 years old living in one area of Lahore found that 82.3% of women considered menopause to be a positive change (Yahya and Rehan 2003). A Pakistani study of 70 postmenopausal women over 45 years of age recruited from a hospital outpatient clinic in Islamabad found that not all women had heard of or knew about menopause (24.3%
had not) (Mazhar and Gul-e-Erum 2003). The study also found that most women felt positive about the fact that their menstrual periods had stopped (75.7%), though a third of women were unhappy with their menopausal status (34.3%). Most women said they felt there was a need for more education about menopause (74.3%) and that they wanted to learn more about menopause themselves (78.6%). Nearly half of women interviewed felt that menopause required medical treatment (47.1%). These percentages are presented by the authors without discussion of the implications of the overlap in the findings between some seemingly contradictory views.

2.12 CONCLUSION

Based on the literatures and evidences mentioned above it is understood that very few studies indicate the aspects of biological stress (menopause) of women executives particularly in India. So, to fill this gap this study has been conducted and it is also found that the literatures reveals that there were no specific study on job stress in the biological perspective of women executives in Indian context, especially in South India. Therefore, this study makes an attempt to understand the effect of menopause on job stress, job satisfaction and coping strategies of women executives in IT/ITES industry.
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