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PERCEPTION OF MENOPAUSAL HEALTH IN INDIAN WOMEN

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ABSTRACT

Background: Menopause, a natural biological transition marking the end of a woman's reproductive phase, is often misunderstood and stigmatized in Indian society. Despite its universal occurrence, perception surrounding menopausal health remain limited, especially in urban Indian women approaching this life stage. Misconceptions, cultural taboos, and lack of open dialogue contribute to inadequate healthcare-seeking behavior and emotional distress during this period.

Objective: This study aims to assess the perception of menopausal health among Indian women aged 35–45 years using a self-constructed and validated questionnaire. It seeks to evaluate their understanding of menopause, associated symptoms, lifestyle influences, and attitudes toward medical consultation and family support.

Methodology: A cross-sectional, survey-based study was conducted over six months using a simple random sampling method. A total of 165 premenopausal women, fluent in English and aged between 35 and 45 years, participated by responding to a 16-item questionnaire distributed via Google Forms. Data were analyzed to interpret awareness levels, beliefs, and readiness for menopause-related health management.

Results: The study showed positive perception of menopause as a natural, universal process, with most participants recognizing its symptoms and supporting lifestyle changes and medical consultation. However, some misconceptions remained – 26% associated menopause with infertility, 25.4% were uncomfortable discussing it, and 40% felt no need for medical care after menopause.

Conclusion: The study highlights that urban Indian women aged 35–45 years generally possess a sound understanding of menopause, viewing it as a natural life transition rather than a medical condition. However, the relatively lower acknowledgement regarding the need for medical treatment suggests a gap in health literacy. Improving education and open discussion can better support women during this phase.

KEYWORDS: *Menopause, Indian Women, Perception, Awareness, Lifestyle, Health Education, Psychological Symptoms, Stigma, Gynecological Consultation.*

INTRODUCTION

Menopause is defined as the permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity [2]. Discontinuation of menstrual cycle for 12 months in a row confirms the clinical diagnosis of menopause although, the period of this transition is called the climacteric [2].

The period of climacteric when menstruation becomes irregular is termed as perimenopause [2]. The average age of menopausal onset in Indian women is estimated to be 45.59+/-5.59 years while mean perimenopausal age is said to be 44.69+/-3.79 years [4]. Age for natural menopause in India is 46.2+/- 4.9 years [4].

After attaining menopause, most of the women experience a number of perimenopausal and menopausal symptoms ranging from hot flushes (excessive and sudden feeling of heat that is followed by excessive sweating), palpitations, fatigue and weakness as in vasomotor symptoms, stress incontinence, recurrent urinary tract infections, feeling of dryness in vagina, decreased sexual desires, depression, anxiety, and insomnia as in psychological symptoms [2][5]. Other long-term symptoms includes cardiovascular issues, osteoporosis, and other musculoskeletal problems[2].

Research has identified several key factors linked to an earlier onset of menopause [6]. These include socioeconomic indicators such as limited education and lower economic status, as well as lifestyle factors like being underweight [5] and smoking [6][2]. Additionally, reproductive history plays a significant role, with influences from age of first menstruation, timing of first pregnancy, number of pregnancies, breastfeeding history, oral contraceptive use, history of abortion [6]. Furthermore, demographic characteristics like educational attainment, employment status, body mass index, and dietary habits like consuming oily food also impact menopausal timing[6]. Notably, smoking has been shown to have detrimental effects on reproductive health, leading to an earlier menopause2[2][6].
Due to unnecessary stigma and fear, menopausal perception is shrouded in misconception and myth. Menopause is frequently stigmatized, discouraging open discussion, forcing women to silently endure perimenopausal and menopausal symptoms [5].
During this difficult period of menopause, several women become socially withdrawn due to reduced energy and self-esteem, feeling less valued and disconnected from their

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communities [13]. Mood fluctuations might lead to tension in family dynamics, especially with spouses and children, further isolating them during this phase [13]. Concerns regarding a need for support and better understanding by their partner and family are also raised. And when it's time to get some help from expertise, a number of restraints might hold them back from receiving the help required, may it be a gap in knowledge, a gap in utilization of already established resources or economical limitations [13].

To navigate menopausal changes in the body, women require a comprehensive understanding of its physical, emotional, social, and psychological impacts. Recognizing women's perceptions of menopause is crucial for developing effective programs that enhance their quality of life. Raising awareness about menopause symptoms and fostering a positive attitude towards hormone therapy will increase their willingness to seek help when they need it and health education plays a vital role in achieving this. To mitigate postmenopausal health issues, prevention through education is necessary. By prioritizing health education, we can promote public health and well-being of women [7].

OBJECTIVE

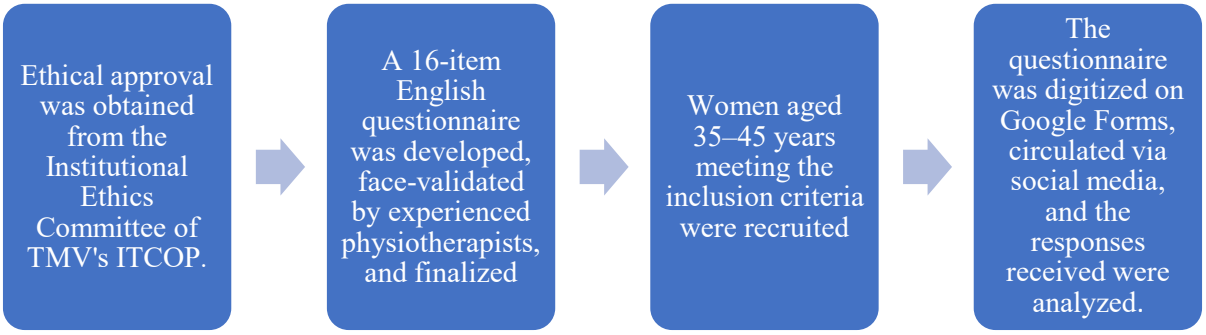
The objective is to study the perception of menopausal health in Indian women using a self-made questionnaire.

METHODOLOGY

This study was a cross- sectional type of study with a survey based method of study design. Sampling method was simple random sampling method with a sample size of 165 premenopausal women collected in a study duration of 6 months. Inclusion criteria consisted of women of age 35 to 45 years who had not attained menopause yet, females willing to participate and females who were able to understand English language. Exclusion criteria consisted of women with history of hysterectomy, females having cognitive and psychological dysfunction and females who were not willing to participate.

SAMPLING DESIGN

165 females between the age of 35 years to 45 years who had not attained menopause yet or are in perimenopausal stage were included in the study from Pune and various parts of India using random sampling method.



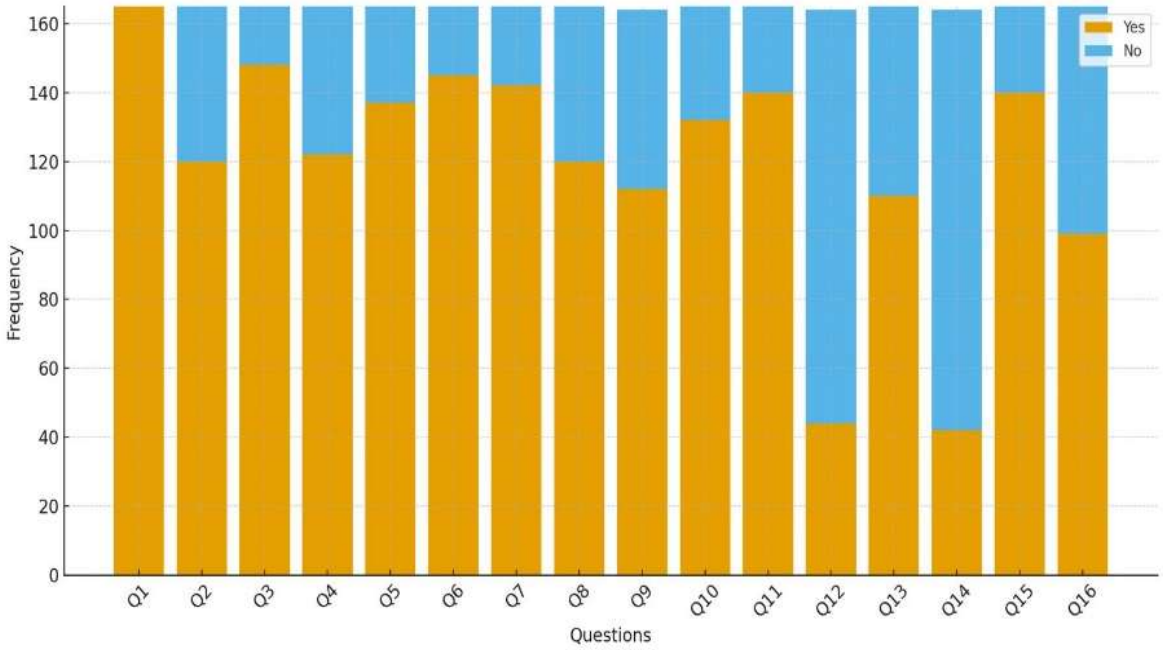
STATISTICAL DESIGN

A total of 165 premenopausal women aged 35–45 years participated in the study. Most participants were in the age group of 35–37 years (33.3%), followed by 27.3% from 38–40 years, 21.2% from 41–43 years, and 18.2% from 44–45 years. Overall survey responses showed positive perception regarding menopause. All women (100%) knew that every woman attains menopause, and a majority identified important factors such as menopause being a physiological process (89.69%), ideal age in India (83.03%), and requirement of modification in lifestyle (84.84%). Maximum participants correctly identified common physical symptoms (87.87%) and psychological symptoms of menopause (86.06%). Awareness regarding the role of lifestyle (80%), body build (67.87%), addictions (72.72%), and gynaecologist visits post-menopause (84.84%) was comparatively good. However, misconceptions remained, with 26.67% believing that menopause is due to infertility problems, and 25.45% still believed it cannot be discussed even with family members. Overall, the findings suggest generally positive and unbiased perception but the need for continued education to address remaining myths.

INTERPRETATION

Cumulative distribution of yes/no responses received by the participants for every individual question.

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Survey Responses on perception of menopausal health in Indian women (n = 165)

Q. No.	Question	Yes (n)	Yes (%)	No (n)	No (%)
1	Does every woman attain menopause?	165	100.00	0	0.00
2	Can menopause be attained naturally as well as surgically?	120	72.72	45	27.27
3	Is menopause a physiological process and not a disease?	148	89.69	17	10.30
4	Is menopause beginning of a new phase of life?	122	73.93	43	26.06
5	Is ideal age of menopause in India 40–50 years?	137	83.03	28	16.97
6	Are hot flushes, dry vagina, fatigue, UTIs physical symptoms of menopause?	145	87.87	20	12.12
7	Does menopause cause psychological changes like anxiety, depression, insomnia, mood swings and irritability?	142	86.06	23	13.93
8	Do addictions like smoking/tobacco affect onset of menopause?	120	72.72	45	27.27
9	Does built (thin/obese) affect onset of menopause?	112	67.87	52	32.12
10	Does lifestyle of a woman affect onset of menopause?	132	80.00	33	20.00
11	Are lifestyle modifications needed before/after menopause?	140	84.84	25	15.15
12	Is menopause caused by infertility?	44	26.67	120	73.33
13	Is menopause a prime sign of aging?	110	66.67	55	33.33
14	Is menopause a matter that cannot be discussed with partner/family?	42	25.45	122	74.54
15	Should you visit a gynaecologist after menopause?	140	84.84	25	15.15
16	Does menopause need medical treatment?	99	60.00	66	40.00

DISCUSSION

The aim of the study was to find out the perception of Indian women over menopausal health using a self-made questionnaire. The questionnaire was converted to google forms after getting validated and 165 females from age 35 to 45 years who has not attained menopause yet participated in the study. Out of all the 165 women, it was found that all of them believed that every woman attains menopause in their life.

The study done by Sujata A. Dalvi et. al. mentions that surgical procedures such as bilateral oophorectomy resulting because of various pathologies can lead to surgical menopause in women [10]. This supports the responses received for question 2. It shows that a higher percentage of women perceive menopause to be a natural as well as a surgically induced procedure.

A greater number of participants agree to the mentioned age of menopause in question number 5 being correct. Studies by Maninder Ahuja et. al. shows results from data collected all over 21 cities and 26 doctors in India. From this large number of sample size, they found out that among Indian women, age for natural menopause is 46.2+/- 4.9 years [4].

According to Nabarun Karmakar et. al., in their study on women in West Bengal about their Quality of life in menopausal stage, fatigue was the most common and highest recurring physical symptom, differing from a study done in Chennai by Ayushi Vazirani et. al. that found out that joint pain was the most frequent symptom observed in the participants. While other vasomotor, psychological and sexual symptoms were also

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significant in both the studies. Meanwhile, depression and anxiety were on a higher side of the most common symptoms in both the studies [11][12]. A mean of 86.5% perceived mentioned physical and psychological symptoms to be correct whereas mean of 13% women denied them being correct in our study.

It is seen in this study that a higher percentage of women among participants feel the need to modify their lifestyle and take a step towards healthy habits. This is also recommended by Leela Digumarti et. al. in their paper of Clinical practical guidelines on menopause[13]. Also, in a study by Sampurna Kundu, it was evident that consumption of tobacco, alcohol and regular consumption of fast food has a considerable effect on onset of menopause [6]. Only 72.7 % of women are aware of addictions affecting the onset of menopause in our study.

74% women responded against the generalized social taboo and felt a need to discuss their problems while going through menopause in their future, similar was observed in an article by Anisha Sarkar et. al. in a study on women in West Bengal [14]. Remaining 26% perceived menopause to be an uncomfortable topic to be discussed with their close ones in our study.

85% of the respondents felt the need to visit a gynecologist in future after attaining menopause which is significantly higher than a study conducted in Telangana India by Sai Madhuri Rangaraju et. al in which only 49% of the perimenopausal women were open to seeking medical help by a gynecologist [15]. 15% of the women among participants thought there is no such need to visit a doctor after attaining menopause, which is lesser than the study in urban Telangana [15].

Only 60% of respondents felt that menopause needed medical attention, whereas 40% of participants believed that seeking help is not essential. A similar trend was observed in Kerala, when Sagar A. Borkar et al. reported that 22.4% of females avoided visiting any doctor due to the belief that it would make no difference [8]. Similarly, Ayushi Vazirani et al., in Chennai, reported that only 48% of women knew about possible medical treatments for menopausal symptoms [12]. These are essentially the same constraints that have been documented by Anisha Sarkar et al. which may contribute to the large proportion of negative responses depicted in Table 2 for question 16 [14].

RESULTS

The study surveyed 165 premenopausal women aged 35–45 using a validated questionnaire to assess their perception of menopausal health. Results revealed a generally high level of awareness, with 100% acknowledging that all women experience menopause and 90% recognizing it as a physiological process rather than a disease. Most participants correctly identified physical and psychological symptoms, such as hot flushes, fatigue, depression, and anxiety. Additionally, 85% supported lifestyle modifications and post-menopausal gynaecological visits, though only 60% believed menopause requires medical treatment. Notably, 74% felt comfortable discussing menopause with family, indicating a shift away from traditional taboos.

CONCLUSION

The study highlights that urban Indian women aged 35–45 years generally possess a sound understanding of menopause, viewing it as a natural life transition rather than a medical condition. Most participants were aware of its physical and psychological symptoms and acknowledged the importance of lifestyle adjustments and medical consultations. However, the relatively lower awareness regarding the need for medical treatment suggests a gap in health literacy. Addressing this through targeted education and open conversations can empower women to manage menopausal changes more effectively and improve their overall well-being during this phase of life.

FUTURE SCOPE

Future research can expand to include rural populations and diverse socioeconomic backgrounds to compare perceptions across different demographics. Longitudinal studies tracking women from premenopause through postmenopause could offer deeper insights into evolving attitudes and healthcare-seeking behavior. Additionally, integrating educational interventions and assessing their impact on awareness and treatment uptake would be valuable in shaping public health strategies.

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