



Attitudes towards Menopause and Menopause related symptoms: A cross sectional study among the Mising Tribal women of Majuli River Island, India

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KEYWORDS

Mising, menopause, attitude, Assam, women

ABSTRACT

The main aim of the present study is to understand the attitudes of Mising menopausal women toward menopause and menopause related symptoms. For the purpose of the study, Majuli, one of the greatest river islands in the world is selected as the study area. The present study is a cross sectional study carried out among 500 Mising tribal women age ranging from 40-55 years. Purposive sampling method is used to collect the data. To investigate attitudes towards menopause the investigator prepared a checklist for collecting data by following the checklist of Neugarten, 1963 and Bowles 1986, Borah, 2017 and Saikia, 2020. Mean age at menopause in the present study is found to be 46.70 ± 3.32 years. Most women were unaware about the occurrence of menopause or menopause related problems and takes the attainment of menopause negatively. But some proportion of women takes the attainment of menopause as a positive thing. Menopausal symptoms are very important in attitudes towards menopause in women. Some severe symptoms can lead to negative attitudes. In such cases it is very important to make some plans for evaluating menopausal symptoms and controlling them.

Introduction

As per the definition of the World Health Organization, menopause is the time of a women's life when reproductive capacity ceases. The ovaries stop functioning and their production of steroid and peptide hormones falls (WHO, 1994). Menopause is a multifaceted process and a bio-psychosocial phenomenon. During their passage through menopause, women experience some physiological symptoms that may be influenced by a range of psychological, social, and cultural factors (Ayers, 2011). Women experience menopause in different social contexts, and therefore, their experiences reflect different meanings as a result of this process (Sievert, 2012).

Socio-cultural factors may influence the menopausal transition, and there is some evidence that social context may also influence the menopausal experience and the resulting attitudes towards menopause (Ayranci, 2010 Bertero, 2003, Memon *et al.* 2014).

The age at which natural menopause occurs is between 45 and 55 years for women worldwide. In developed countries, the average age at menopause is about 51 years; whereas in countries like Philippines, Papua New Guinea, in various parts of Africa, India, Pakistan and Thailand, it is reported to be 45-50 years (Pathak and Parashar, 2010). Diagnosis of menopause is mostly retrospective and a

woman is considered to have reached menopause when she has stopped having her monthly period for 12 consecutive months (Soules *et al.*, 2001).

Different attitudes towards menopause determine how women define menopause as well as how they interpret its effects on their lives (Akkuzu, 2009). One study has indicated that attitudes towards menopause, which evolve in the context of a community and are influenced by social beliefs, affect women's lifestyles during menopause (Bowles, 1986). Accordingly, it can be said that cultural values, beliefs, and attitudes about menopause could have a positive or negative impact on the lives of women during the menopausal years. Moreover, attitudes towards menopause have been mentioned as one of the reasons that justify the different experiences of menopausal symptoms (Green, 2009; Santoro, 2009; Thurston, 2008; Nei, 2001).

Experiences of menopause may be different from one population to another or sometime it may be different between the different groups of the same population. The differences in socio-cultural factors like educational status, socio-economic status, geographical region or the area where they live may influence their understanding and experience of menopause, as well as influence their knowledge, perception and attitudes toward menopause. Therefore, the socio-cultural environment or milieu is very important for a menopausal woman (Saikia, 2020).

The main aim of the present study is to understand attitudes of the Mising menopausal women toward menopause and menopause related symptoms.

Materials and Methods

For the purpose of the study, Majuli, one of the greatest river islands in the world is selected as the study area. In the year 2016 Majuli became the first island to be made a district in India. It had an area of 880 square kilometers at the beginning of the 20th century (Sarma, 2004) but having lost significantly to erosion it covers 352 square kilometers as at 2014 (Loiwal, 2014). Geographically Majuli is between 26°45' north latitude to 27°22' north latitude and in between 93°39' east longitude to 94°35' east longitudes. As per the census 2001 the total area of Majuli is 421.65sq.km. The Island is surrounded by the river Brahmaputra on the south, its channel Luit –Kherkatia suti on the north and the Subansiri river on the extreme North-West. Majuli is inhabited by the people of various castes and tribes, preserving their own tradition and style. Total population of the island is 1, 67,304 (Census Report. 2011).

The Mising, known as the *Miri* in the early days, are the largest tribal community in Majuli. They are the Tibeto-Burmese branch of Mongoloid people and settled down in the Brahmaputra valley in the later part of seventeenth century A.D and their population of 63,572, constituting about 42% of the total population of Majuli (Census Report, 2001). In the long back they used to live in the hilly areas in between the Siang and Subansiri districts of present day Arunachal Pradesh and came down the plains of Assam around 14th -15th century. Since then they used to settle on the riverside areas of the Brahmaputra and the Subansiri rivers of Assam. (Pegu, 2013). The Mising women are expert in handloom and weaving art. The Misings are traditionally agriculturist and their economic structure is based on production of rice, mustard seeds, black pulses and certain varieties of crops such jute, potato, vegetables etc. Rice is their staple food and rice beer is their favourite beverage.

Methods

The present study is a cross sectional study carried out among 500 Mising tribal women age ranging

from 40-55 years. Among them 279 are perimenopausal and 221 are postmenopausal women. Purposive sampling method is used to collect the data. The pre structured survey schedule is also used to collect data on prevalence of menopausal symptoms such as vasomotor, psychological, urinary problems, sexual life and other somatic symptoms and prevalence of different types of disease among the menopausal women (40-55 years) of the study area.

The pre structured survey schedule is also used to collect the data on attitudes of the women towards menopause. Attitudes are often assessed by administering agreement scales in conjunction with statements about menopause or ageing (Avis *et al.*, 1997; Neugarten *et al.*, 1963). In the present study the investigator prepared a checklist for collecting data by following the checklist of Neugarten, 1963 and Bowles 1986 and Borah, 2017). Age at menopause is estimated by using retrospective method in which women were asked to recall the age at what age they get menstruating and stopped their menstruation. After data collection for processing and analysis the data Microsoft office excel 2007 and SPSS 16 has been used.

Results

Mean age at menopause of the present sample is 46.70 ± 3.32 years. Mean perimenopausal age is 44.68 ± 3.80 years and mean age of postmenopausal women is 51.02 ± 3.50 years.

Table 1 states that the most frequent menopausal complaints were hot flush, night sweat, muscle and joint pain and back pain, forgetfulness, loss of sexual desire, frequency, urgency, urinary tract infection, vaginal irritation, headache, sleep disturbances, dryness of skin, etc. 42.3% perimenopausal and 47.05% postmenopausal Missing women of the present study experienced hot flush and 28.67% perimenopausal and 31.67% postmenopausal women of the experienced night sweats.

The most reported musculoskeletal problems are muscle and joint pain (perimenopausal=40.14%, postmenopause=43.89%) and back pain (perimenopausal=25.45%, postmenopause=36.65%).

Forgetfulness is the most common psychological problem among the both perimenopausal (26.88%) and postmenopausal women (42.99%). In case of urogenital and sexual problem loss of sexual desire (perimenopause=57.92%, postmenopause=66.97%), is the most common problem followed by vaginal dryness and irritation, frequency and urgency. The Table also states that headache is one of the most reported somatic problems among the menopausal women followed by dryness of skin, sleep disturbances, rapid heartbeat and fatigue. 3.6% of postmenopausal women have reported the problem of postmenopausal bleeding.

Number of women experienced different types of menopausal problems is found to be higher among the postmenopausal women compared to the perimenopausal women except the vaginal dryness and irritation and depression. Experiences of depression and vaginal dryness and irritation are reported by a higher number of perimenopausal women compared to the postmenopausal women.

Some proportions of the participants welcomed the attainment of menopause as a positive thing. They define menopause mainly as the cessation of their monthly periods or menstruation and every woman has to go through this process and experience it. 53.76% of perimenopausal 38.46% of postmenopausal women reported that women who no longer have menstrual periods feel free and better to do things for themselves after menopause ad some of them said that they felt happy because after menopause they can go to the prayer hall and could enter the *Namghar* or temple or any religious places or religious

functions without any restriction.

The majority of menopausal women (perimenopause=66.67%, postmenopause=61.54%) takes the attainment of menopause negatively. Among the Mising women they have a belief that because of the menopause the ovaries (they refer ovary as flower) fall and due to this reason the menopausal women feel very weak (Saikia, 2020).

Majority of the women were unaware about the occurrence of menopause or menopause related problems. Very few of them go to the doctors to consult about their menopausal problems. Majority of them thought that the symptoms they have experienced may be due to their hard works, tensions or worries related to their personal life or family.

Though the women of Majuli experience the symptoms during perimenopause or after attaining menopause they do not relate them to menopause. Majority of the women thought that the symptoms they have experienced may be due to their hard works, tensions or worries related to their personal life or family. Because Mising women are the center of their home and they have no time to think about the issues related to menopause. Mising women are very hardworking women and have to remain completely busy with their different daily household activities. Besides the everyday household works, including child-rearing, collection of firewoods, fish-catching they have to go to their agricultural field to help their partners (Saikia,2020).

Discussion

Menopause, the cessation of menstruation, is a psychosocial as well as a biological event. Attitudes, perceptions, and expectations are part of the psychosocial phenomena surrounding menopause (Avis, 1996). Women's attitudes toward menopause, as well as the attitudes of those close to them, can exert a strong influence on the way they experience menopause (Avis & McKinlay, 1991; Papini, Intrieri, & Goodwin, 2002). Most Indian women were not concerned about becoming menopausal. This could be because of their positive socio-cultural ideas and attitudes towards menopause as they believe that it is natural biological event like birth and death (Boulet *et al.*, 1994; Chim *et al.*, 2002; Kaur *et al.*, 2004). Most of the researchers have demonstrated that premenopausal women hold more negative attitudes toward menopause than the post menopausal women (Neugarten, 1963; Bowles, 1986). Some studies have said that depressed mood during the time of menopause may be the cause of premenopausal negative beliefs about menopause.

The Mising tribal women of Majuli has refer 'meopause' as *amir ni'suri'ya etokuma* or *nare'man etokuma*, means their menstruation has stopped. *Nare'man edung* is used to refer that they are still getting menstrual periods. In general the term *etokuma* used to say 'no' and *edung* is used to say 'yes'. When someone ask them *noke'nare'manetil dunei' ete'rkabone'*? (Whether your menstruation has gone or are youstill getting your menstrual periods?),then they replied as *amir ni'suri'ya etokuma* or *nare'man etokuma* (menstruation has stopped) or *Nare'man edung* (they are still getting menstrual periods) (Saikia, 2020).

The attitudes of the women towards menopause are different among different countries and cultures. Menopausal symptoms are very important in attitudes towards menopause in women. Some severe symptoms can lead to negative attitudes. In such cases it is very important to make some plans for evaluating menopausal symptoms and controlling them.

Menopause and its associated symptoms do not require treatment unless they are troublesome or interfere with a woman's quality of life. The medical community is now shifting to this perspective, but in times past menopause was viewed as a deficiency disease. Instead of a natural change in hormonal levels that occurs over time, it was seen as an absence of something that should be there – an unnatural, abnormal development that should be cured (Blumberg *et al.*, 1996). When symptoms do negatively affect quality of life, hormone replacement therapy is frequently an effective treatment for some issues, such as hot flashes (Nelson, 2008). Even when menopause is not viewed as a deficiency disease, women have difficulty communicating with medical professionals about their concerns; doctors can be dismissive and fail to fully explain issues related to menopause (Buchanan, Villagran, & Ragan, 2001). Communication between doctors and patients is essential to help women understand and effectively treat any symptoms they may experience.

The prevalence of menopausal symptoms varies widely not only among individuals of the same population but also between different ethnic populations. Even there is a great diversity in nature of symptoms and frequencies across countries even in the same cultures (Robinson, 1996; Obermeyer, 2000).

Loss of sexual desire (57.92%) is the most reported urinary and sexual symptoms among both perimenopausal and postmenopausal women of present study. Bhatt, (2008) stated that in India and many Asian countries, socio-cultural factors may influence sexual activity. Upbringing in an environment based on strict religious or moral codes that discourage sexual activity in old age can have effect on sexual activity. In many middle class families and people living in slums, growing family size in joint family, does not allow privacy to have sex and therefore no sexual activity. Due to different social and religious restrictions most of the Indian women believe that sex to be way of reproduction only and considered appropriate only after marriage. Again older women are thought to be sexually inactive. As suggested by Jain *et al.*, (2019) satisfied past sexual experience, joint family system, low socio-economic and educational status were found to be main determinants of sexual health in postmenopausal women. Likewise, low socio-economic status, educational status, joint family system, privacy issues may be the reason for loss of sexual desire among the present sample population.

Most Indian women were not concerned about becoming menopausal. This could be because of their positive socio-cultural ideas and attitudes towards menopause as they believe that it is natural biological event like birth and death (Boulet *et al.*, 1994; Chim *et al.*, 2002; Kaur *et al.*, 2004). Most of the researchers have demonstrated that premenopausal women hold more negative attitudes toward menopause than the postmenopausal women (Neugarten, 1963; Bowles, 1986). Some studies have said that depressed mood during the time of menopause may be the cause of premenopausal negative beliefs about menopause.

A woman's attitudes toward menopause were correlated with the number of friends and family members she reported being able to speak comfortably with about menopause – the more people she was comfortable with, the more positive her attitudes (Theisen, Mansfield, Seery, & Voda, 1995).

In the present study, the majority of the postmenopausal women take menopause positively. Because after attaining menopause they have no restriction on go to the different religious places or religious functions. Some of them said that after attaining menopause they are feeling weak and unhealthy. But in case of perimenopausal women majority of women think about this change of life negatively. Most of the postmenopausal women reported that menopause is the midlife change that generally does not need any medical attention regarding menopausal health problems compared to perimenopausal women.

Conclusion

The attitudes of the women towards menopause are different among different countries and cultures. Menopausal symptoms are very important in attitudes towards menopause in women. Some severe symptoms can lead to negative attitudes. In such cases it is very important to make some plans for evaluating menopausal symptoms and controlling them.

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Tables

Table 1: Distribution of women according to their menopausal problems

Symptoms	Perimenopause	Postmenopause
Vasomotor symptoms		
Hot flush	118 (42.3)	104 (47.05)
Night sweat	80 (28.67)	70 (31.67)
Musculoskeletal problems		
Back pain	71 (25.45)	81 (36.65)
Muscle and joint pain	112 (40.14)	97 (43.89)
Psychological symptoms		
Depression	18(6.45)	13(5.88)
Irritability	30(10.75)	24(10.86)
Mood swing	32(11.47)	29(13.12)
Anxiety	4(1.43)	9(4.07)
Forgetfulness	75(26.88)	95(42.99)
Urogenital & sexual problems		
Urgency	46 (16.49)	51(23.08)
Frequency	59(21.15)	62(28.05)
UTI	17(6.1)	49(22.17)
Vaginal dryness and irritation	83(29.75)	59(26.7)
Dysuria	11(3.94)	13(5.88)
Loss of sexual desire	128(57.92)	148(66.97)
Postmenopausal bleeding		8(3.6)
Somatic problems		
Fatigue	55(19.71)	61(27.60)
Loss of appetite	32(11.47)	67(30.32)
Loss of hair	27(9.67)	56(25.34)
Dizziness	33(11.83)	31(14.03)
Dryness of skin	79(28.32)	140(63.35)
Sleep disturbance	68(24.37)	99(44.8)
Headache	106(38)	90(40.72)
Rapid heart beat	69(24.73)	63(28.51)

Figures in parentheses indicate percentage. Source- Field data

Table 2: Attitudes towards menopause of both perimenopausal & postmenopausal women

Positive statements of the menopausal women	Perimenopause	Postmenopause
1. The women feels freer and better to do things for herself after menopause	150(53.76)	85(38.5)
2. The women takes the change positively	93(33.33)	85(38.5)
3.The women generally feel happy after the menopause	118(42.3)	81(36.65)
Negative statements of the menopausal women		
1. The Women takes the change negatively	186(66.67)	136(61.54)
2. The Women feel irritable and depressed during the change	48(17.2)	37(16.74)
3. The women feel unattractive	96(34.4)	61(27.6)
4.The women feel weak and unhealthy	190(68.10)	140(63.35)
Consult with doctor		
yes	125(44.8)	69(31.22)
No	154(55.2)	152(68.78)

Figures in parentheses indicate percentage. Source- Field data