

4. Discussion

Mean age of menopause in the present study was observed as 45.26 years (SD \pm 3.96) which is similar to mean age of menopause of 44.51 years reported by Kishore V, et al (2012) in a study conducted in Bhavnagar and Surat cities of Gujarat which is almost similar to the findings of the study of Shipra N, et al in the year 2005, in which they found the mean age for menopause was 44.59 years in the women of Baroda city which is almost similar to present study.

In the present study the prevalence of menopausal problems among menopausal women reveals that majority of menopausal women experienced joint and muscular discomfort (86%) and physical and mental exhaustion (81%). More than half of the study samples experienced heart discomfort (68%), irritability (66%), depressive mood (61%) and hot flushes and profuse sweating (58%). Sleep problems were experienced by 43% study samples. Whereas more than one third of samples had dryness of vagina (35%) and sexual problems (31%). Only (25%) menopausal women had bladder problems and (18%) had anxiety. The study conducted by Rahman S A S, et al (2010) to determine the commonly reported menopausal symptoms among Sarawakian women using a modified Menopause Rating Scale (MRS) revealed that the most prevalent menopausal symptoms reported were joint and muscular discomfort (80.1%) and dryness of vagina (37.9%) which is almost similar to the present study.

A Population Based Study was conducted by Dutta R, et al (2012) on the Menopausal Symptoms in a Rural Area of Poonamallee block of the Tiruvallur district of Tamilnadu. A total of 780 post-menopausal women were enrolled in the study. The study suggests that the prevalence of hot flushes and profuse sweating was (60.9 %) and sleep problems were (41%) which is similar to the present study.

The prevalence of hot flushes (58%) in the present study is near similar to the observations by Mahajan N (2012) in a study conducted at Shimla in Himachal Pradesh on health issues of menopausal women which was (56%).

Prevalence of dryness of vagina and sexual problems was (35%) and (31%) respectively which is nearly same as prevalence reported from Rahman S and co-researchers (2011) in a study on assessment of menopausal symptoms among middle age women.

Sagdeo M M and Arora D (2011) conducted an observational cross sectional study at Nagpur, Maharashtra on menopausal symptoms which suggested that commonly observed menopausal symptoms are hot flushes, joint & muscular discomfort and physical & mental exhaustion. However women do not freely express sexual problems both in rural and urban. The symptoms are at peak during 45-55 years and after 55 years severity decreases. The somatic and psychomotor symptoms were more common in the above study compared to Urogenital and sexual problems which supports the findings of the present study.

A study conducted by Kuruvila S (2012) on 30 women between the age group of 45-55 years at Bangalore on the

effects of walking exercise in coping with menopausal symptoms revealed that after practicing the walking exercise the majority 26 women had only very minimum symptoms and 4 women revealed mild menopausal symptoms. It also revealed that by walking exercise, majority of women 21 had relief from joint pain. In the present study (6.98%) adopted walking to prevent sleep problems.

In Madhukumar S, et al (2012) study on perceptions about menopausal symptoms and quality of life of post-menopausal women conducted at Bangalore suggests that, out of the study population only (21.7%) took treatment for menopausal symptoms. Some women took calcium or some Ayurvedic treatment or over the counter drugs to treat menopausal symptoms. Majority of females took treatment without doctors' advice. Some were not aware that treatment is available. About one-third of them just took some pain killers over the counter. Some women did not seek medical help due to family or financial problems. About 9% of them felt they don't like to take any tablets. None of them got HRT treatment. In the present study (89.53%) took calcium, (34.88%) used Ayurvedic pain relief oil and (32.56%) did self-administration of pain killers to treat joint and muscular discomfort.

Pachman D R, et al (2010) in a study on management of menopause associated vasomotor symptoms suggested that one key lifestyle modification to prevent hot flushes is to keep the core body temperature cool using techniques such as loose clothing, sipping cold drinks, avoiding spicy food, and keeping a lower room temperature. In the present study (87.93%) used fan and maintained ventilation, (60.34%) wore light and loose cotton clothes, (60.34%) took a cold drink and (58.62%) avoided spicy food, fatty food, hot drinks nicotine and smoking to prevent hot flushes and profuse sweating.

Unni J in Third Consensus Meeting of Indian Menopause Society (2008) suggested that utilization of yoga and meditation may be globally increased. These are keeping in mind the fact that these recommendations can be universally followed by all Indian women rich or poor, rural or urban to improve their global health. Emphasis at all levels of health care should be on inducing an "exercise culture" for women of all ages.

5. Conclusion

The study reveals varying nature of menopausal symptoms which were similar to other studies, the most common symptoms reported were from the somatic and psychological subscale:- Joint and muscular discomfort, Physical and mental exhaustion, Heart discomfort, Irritability, Depressive mood, Hot flushes and Profuse sweating. All study subjects adopted some kind of strategies to prevent menopausal problems at home.

As menopausal health demands priority in Indian scenario due to increase in life expectancy and growing population of menopausal women, large efforts are required to educate and make these women aware of menopausal symptoms. This will help in early recognition of symptoms, reduction of discomfort and fears and enable to seek appropriate medical

care if necessary.

Reference

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