THE LEVEL OF SRESS AND COPING ABILITIES AMONG MENOPAUSAL WOMEN RESIDING AT MANAMADURAI IN SIVAGANGAI DISTRICT, TAMILNADU.

S. THARANI

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY,CHENNAI IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

MARCH-2010

THE LEVEL OF STRESS AND COPING ABILITIES AMONG MENOPAUSAL WOMEN RESIDING AT MANAMADURAI IN SIVAGANGAI DISTRICT, TAMIL NADU.

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

MARCH-2010

MATHA COLLEGE OF NURSING

(Affiliated to the TN Dr.M.G.R. Medical University),

VAANPURAM, MANAMADURAI-630606,

SIVAGANGAI DISTRICT, TAMILNADU.

CERTIFICATE

This is the bonafide work of **Miss. S. Tharani**, **M.Sc.,** Nursing **(2008 -2010 Batch)** II year student from Matha College of Nursing (Matha Memorial Educational Trust) Manamadurai – 630606. Submitted in partial fulfillment for the Degree of Master of Science in Nursing Affiliated to the Tamilnadu Dr. M.G.R. Medical University Chennai.

Signature: _____

Prof.(Mrs).JebamaniAugustine.,M.Sc.,(N).,R.N.,R.M.,
Principal
Matha College of Nursing
Manamaduari - 630606

College Seal:

MARCH – 2010

NAME : S.THARANI

REGISTER NUMBER: 30085424

INSTITUTION : MATHA COLLEGE OF NURSING, VAANPURAM, MANAMADURAI.

BATCH : 2008 – 2010

SUBMITTEDTO : THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY,CHENNAI.

MARCH-2010

A STUDY TO DETERMINE THE LEVEL OF STRESS AND COPING ABILITIES AMONG MENOPAUSAL WOMEN RESIDING AT MANAMADURAI IN SIVAGANGAI DISTRICT, TAMIL NADU.

Approved by the dissertation committee on: ……

PROFESSOR IN NURSING RESEARCH : ……

Prof.(Mrs).Jebamani Augustine, M.Sc.,(N),R.N.,R.M.,
Principal cum HOD, Medical Surgical Nursing,
Matha College Of Nursing, Manamadurai.

PROFESSOR IN CLINICAL SPECIALITY: ……

Prof.(Mrs.).Thamaraiselvi, M.Sc., (N), R.N., R.M.,
Professor, Obstetrics & Gynecology Nursing,
Matha College Of Nursing, Manamadurai.

MEDICAL EXPERT :……

Dr. Chalice Raja., M.S., DGO.
Infant Jesus Hospital., Madurai.

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY,CHENNAI IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

MARCH-2010

ACKNOWLEDGEMENT

I wish to express my heart-felt gratitude to **Lord** for his abundant grace, love, wisdom, knowledge, strength and blessings in making this study towards its successful and fruitful outcome.

I wish to express my sincere thanks to **Mr. P. Jeyakumar., M.A.,B.L.**, Founder, Chairman and Correspondent, **Mrs.Jeyapackiam Jeyakumar, M.A.,** Bursar, Matha Memorial Education Trust, Manamadurai, for their support, encouragement and providing the required facilities for the successful completion of the study.

I am extremely grateful to **Prof. Mrs. Jebamani Augustine., M.Sc., (N)., R.N.,R.M.,** Principal, Professor and H.O.D of Medical Surgical Nursing, Matha College Of Nursing, Manamadurai, for her elegant direction and valuable suggestions for completing this study.

I express my sincere thanks with deep sense of gratitude to **Prof. Mrs. Sabeera Banu., M.Sc.,(N)., Ph.D.,** Vice Principal and H.O.D of Obstetrics and Gynecological Nursing., Coordinator for second year M.Sc., Nursing, Matha College Of Nursing, Manamadurai, for her valuable suggestions and advice given throughout the study.

I express my thanks to **Prof. Mrs. Kalai Guru Selvi M.Sc., (N).,** additional Vice Principal and H.O.D of Child Health Nursing in Matha College Of Nursing, Manamadurai, for their valuable guidance and support throughout this study.

It is my pleasure to express my sincere thanks and deep appreciation to my esteemed guide **Prof.Mrs.Thamarai**

Selvi.,M.Sc.,(N).,Professor, Department of Obstetrics and Gynecological Nursing, for her valuable suggestions, guidance, encouragement and support throughout my work.

My deep gratitude to **Mrs.GangaDevi.,M.Sc.,(N).,** Lecturer, **Mrs.Arulmozhi**.,**M.Sc.,(N)** Lecturer, Department of Obstetrical and Gynecological Nursing, for her valuable suggestion, guidance, encouragement and support.

I express my special thanks to all the faculty members, Matha college Nursing, Manamadurai, for their support and cooperation in completing this study.

I wish to express my sincere thanks to **DR. Indra Raja., DGO.,** and **DR. Chalice Raja., MS.DGO.**, for giving necessary guidance and suggestion.

I am grateful to all the Librarians of Matha College Of Nursing, Manamadurai for their help and assistance in obtaining the literature.

My sincere and special thanks to **Dr.M.R.Duraisamy., M.Phil., Ph.D.,** (Biostatistics) and **Dr. Jeyaram., M.Phil., Ph.D.,**for giving necessary guidance for statistical analysis and presentation of data.

I also show my thanks to the editor **Mr. Ravichandran., M.A.,B.Ed.,M.Phil.,** English Literature, for editing and their valuable suggestions; and the computer technicians for their help and untiring patience in printing the manuscript and completing the dissertation work.

I have no words to pen down the affection and inspiration given by my loving father **Mr. Subramanian, M.A., B.Ed,** my beloved brother **Mr.Senthil Velan M.Sc., M.Ed.,** and his family, My Sister **Mrs.Revathi M.A., B.Ed** and her family, **Mr.Kanaga Velan B.E.,** and his family. They have expressed a true display of devotion. I owe a great deal of them.

I want to single out a special note to **my friends** and **my class mates** for their guidance and enthusiastic support.

I extend my sincere thanks to all menopausal women, who enthusiastically participated in this study and cooperated with me in making this project a successful one.

As a final note, my sincere thanks and gratitude to all those who directly and indirectly helped in successful completion of this dissertation.

TABLE OF CONTENT

CHAPTERS	CONTENT	PAGE NO
CHAPTER – I	**INTRODUCTION**	1
	Need for the study	3
	Statement of the problem	5
	Objectives	5
	Hypothesis	6
	Operational definitions	7
	Assumptions	8
	Limitations	8
	Projected outcomes	8
	Conceptual Framework	9
CHAPTER-II	**REVIEW OF LITERATURE**	12
	General features of Menopause	12
	Studies related Menopausal stress	16
	Studies related to coping abilities among Menopausal women	21
CHAPTER– III	**RESEARCH METHODOLOGY**	25
	Research approach	25
	Research design	25
	Setting of the study	25
	Population	26
	Sampling	26

	Criteria for Sample Selection	26
	Research tool and technique	27
	Description of the tool	27
	Scoring procedure	28
	Content validity	29
	Reliability	29
	Pilot study	30
	Data collection procedure	30
	Plan for data analysis	31
	Protection of Human subject	31
CHAPTER – IV	**ANALYSIS AND INTERPRETATION OF DATA**	32
CHAPTER – V	**DISCUSSION**	58
CHAPTER – VI	**SUMMARY, IMPLICATIONS, RECOMMENDATION AND CONCLUSION**	67
	Summary	67
	Major findings of the study	69
	Implication for nursing practice	70
	Implication for nursing education	71
	Implication for nursing administration	72
	Implication for nursing research	72
	Delimitations	73
	Recommendation for further research	73
	Conclusion	74

LIST OF TABLES

TABLE NO	TITLE	PAGE NO
1	Frequency and percentage distribution of subjects according to selected demographic variables	35
2	Frequency and percentage distribution of samples according to their level of stress	45
3	Frequency and percentage distribution of samples according to their level of coping abilities	47
4	Correlation between level of stress and coping abilities among Menopausal women	49
5	Association between level of stress and selected demographic variables of the Menopausal women.	51
6	Association between level of coping abilities and selected demographic variables of the Menopausal women.	54

LIST OF FIGURES

FIGURE NO	TITLE	PAGE NO
1	Conceptual framework based on Rosen stock's & Becker's Health belief model (1974)	11
2	Percentage distribution of demographic variables according to age	39
3	Percentage distribution of demographic variables according to education	39
4	Percentage distribution of demographic variables according to marital status	40
5	Percentage distribution of demographic variables according to number of children	40
6	Percentage distribution of demographic variables according to religion	41
7	Percentage distribution of demographic variables according to occupation	41
8	Percentage distribution of demographic variables according to family income	42

9	Percentage distribution of demographic variables according to type of family	42
10	Percentage distribution of demographic variables according to age at menarche	43
11	Percentage distribution of demographic variables according to age at menopause	43
12	Percentage distribution of demographic variables according to duration of menopause	44
13	Percentage distribution of demographic variables according to dietary pattern.	44
14	Percentage distribution of level of stress among Menopausal women	46
15	Percentage distribution of level of coping among Menopausal women	48
16	Percentage distribution of level of stress and coping abilities among Menopausal women.	50
17	Comparison of stress Vs coping	57

LIST OF APPENDIX

APPENDIX NO	LIST OF APPENDIX
I	Letter seeking experts opinion for content validity
II	List of experts opinion for content validity
III	Letter seeking permission to conduct study
IV	Interview guide in English -Demographic variables -Modified Cohen's & Williamson perceived stress scale -Jalowie's & power's Likert type of coping scale
V	Interview Guide in Tamil
VI	Self instructional module (SIM) regarding the Tips to manage menopausal stress- English and Tamil

ABSTRACT

INTRODUCTION:

Menopause is a major transitional point in women's life. The hormonal changes during menopausal period cause irregular menstrual period, hot flushes, vaginal dryness, osteoporosis, heart diseases, mood swing, forgetfulness, insomnia, depression and anxiety.

STATEMENT OF THE PROBLEM:

A study to determine the level of stress and coping abilities among menopausal women residing at Manamadurai in Sivagangai district, Tamil nadu.

RESEARCH METHODOLOGY:

A descriptive approach was used for the present study. The study population comprised of women between the age group of 45 – 55 and attained menopause and within the duration of 6 months–6 years. The sample size is 60. A purposive sampling technique was used to collect the data.

OBJECTIVES:

- To assess the level of stress experienced by the menopausal women.
- To assess the level of coping abilities used by the menopausal women.

- To correlate stress and coping abilities among menopausal women.

- To find out the association between level of stress and the selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

- To find out the association between coping abilities and the selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

HYPOTHESIS:

- There will be a significant relationship between the stress and coping abilities among menopausal women.

- There will be a significant association between the level of stress and selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

- There will be a significant association between coping abilities and selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

MAJOR FINDINGS OF THE STUDY:-

I.FINDINGS ON DEMOGRAPHIC DATA:-

- Maximum number of respondent 26 (43%) were between 51-55 Years of age.
- Most of the subjects 44 (73%) studied up to school level.
- Majority of the subjects 52 (87%) were married.
- Among the subjects 50 (83%) had two and more than two children.
- Most of the women 46 (76%) belonged to Hindu religion.
- Among the respondent 48 (80%) were house wife.
- Maximum number of samples 33 (55%) had the family income of Rs. 5000- Rs.10000.
- Most of the menopausal women 32 (53%) lived in nuclear family.
- Majority of the women 34 (56%) attained menarche at the age between 10-13 years.
- Among the respondent, 30 (50%) attained menopause during 40-45 years of age.
- Most of the subjects, 27 (45%) were in the duration of 3-4 years of menopause.
- Maximum number of menopausal women 35 (58%) were non-vegetarian.

II. FINDINGS ON LEVEL OF STRESS:-

- Majority of the subjects, 40 (66.67%) had moderate level of stress. And only 7 (11.67%) were having high perceived stress.

III.FINDINGS ON LEVEL OF COPING:-

- Most of the respondents, 45 (75%) had moderate coping and only 3 women (5%) had good coping abilities.

IV.FINDINGS ON ASSOCIATION BETWEEN STRESS AND COPING:-

- There is a negative correlation (-0.88) between stress and coping abilities.
- There is a significant association between level of stress and selected demographic variables such as marital status, number of children and occupation.
- There is a significant association between level of coping abilities and selected demographic variables such as educational status, occupation and dietary pattern.

RECOMMENDATION:-

- A Comparative study could be carried out to explore the coping abilities adopted by rural and urban women.
- A qualitative study could be carried out to explore in depth of each of the menopausal problem & ways to manage it.
- A Comparative study could be done to assess the perception of menopausal problem among those who underwent a surgical menopause composed to those who had a natural menopause.
- A comparative study could be done to determine the extent of problem in women on Hormonal Replacement Therapy with women who are not on Hormonal Replacement Therapy.

- A Study can be conducted to find out the attitude of family members towards menopause.

CONCLUSION:

During the menopausal period women additionally focus lots on physiological, psychological & social challenges mostly because of the change in hormonal level & cessation of gonad function. The whole process occurs mostly around 40-55 years. Menopause often stressful but this does not make it a disease.

CHAPTER – I

INTRODUCTION:

“Tainted wealth has no lasting value,
But right living can save your life”
- Anonymous.

Menopause is a period of “ change of life” in women, because it marks the end of their ability to bear children and the beginning of a new phase of life. Menopause has been considered a major transition point in women’s reproductive life when ovaries stop producing eggs and a women is no longer able to get pregnancy naturally.

“Evolution is part of the reason why we give up our reproductive function earlier”. This is to enable women, to help their children look after and raise them, also to ensure that the continuity of the species is assured.

As women aged, their health become multidimensional issue influenced by many factors such as career, change in home life, dietary pattern, physical activity, economic status, her society and the environment. These changes together with the natural process of ageing and the hormonal change in the reproductive system**,** affects the well being of women.

Both men and women experience the age related decline in the reproductive capacity, but only women experience complete gonadal cessation by the process called “ menopause**”(Rubin & King 1995).**

Menopause is derived from Latin words “meno” and “pausia” which means month and halt respectively. Menopause essentially marks the end of a women’s period of natural fertility. Menopause is often defined as the permanent cessation of menstruation resulting from loss of ovarian follicular activity and the absence of menses for one year. The climacteric or peri menopause refers to the 2-7 years prior to menopause and the subsequent one year of amenorrhea following menopause. The Greek climacteric means “rungs on a ladder”, a rather appropriate and positive way to view maturation. The post menopause is defined as the time after menopause **(Smith 2002).**

This Menopause affects the wellbeing of the women not only physically, also psychologically, socially and so on. It has many negative connotations for women. They are likely to suffer more from the stigmatization and attitudes of ageing after the reproductive phase.

When women approach menopause their menstrual cycle begins to change and become unpredictable which is the sign of erratic ovulation that causes unpredictable release of the hormones estrogen and progesterone leading to irregular menstrual periods, hot flushes, vaginal dryness, osteoporosis, heart diseases, mood swings, forgetfulness, insomnia**,** depression and anxiety **(Susan 1996).**

During menopausal period women should have adequate knowledge regarding the menopausal transition that may enable them to accept inevitable changes, losses and recognize their qualities, capabilities. As Menopause does cause radical attraction in women’s

physical functioning and can cause anxiety in women, who do not understand the changes that are taking place **(Choi 1995).**

NEED FOR THE STUDY:

One of the major physiological events is a women's life after menopause. Cessation of menses, which usually occurs between the ages of 45-55 years, is universal, unavoidable & unpreventable. The hormonal changes of the climacteric, chiefly the decline in ovarian estrogen production, manifest in the menopause. Menopause marks not only the end of fertile period, but also the beginning of new era in which changes in metabolism and mental status may become prominent. In addition to the physical and social changes during the middle age, some psychological changes also occur which may affect their overall wellbeing and positive mental health **(Smith 2002).**

There is no social development without women. The world health organization **(WHO)** considers the health status of women to be one of the most sensitive indicators of progress in social development. The health of the women has always been at the core of WHO work.

A study mean of age of menopause at Indian women is 45.03 years. According to **Indian menopausal society (2006)** research studies reveal that there are currently 65 million Indian women over the age of 45. Thus, Menopause is a major problem among millions of Indian women **(Bharatwaj & kendurkar 2007).**

A recent study conducted based on **National Family Health Survey – 2** data has shown that the onset of menopause is different

across different states in India. Menopause takes place relatively in young ages in Andrapradesh, Karnataka, and Bihar and relatively at older ages in Kerala, &West Bengal. Premature Menopause is also high in India. Around 11% of women less than 40 years are found to be in menopause. “For many women, Menopause represents freedom from social & religious constraints and from sexual (**Syamala & Sivagami 2005).**

Bindu karat from India has mentioned in the literature on menopause, as “stop seeing menopause as a medico social issue, natural transition that may be temporarily problematic for some women and may not be for everybody” **(**as cited in lal, 2006**).**

World menopause day held in New Delhi said that even though awareness about Menopause is growing, most Indian women have a history of self denial & neglect **(Dr. Meeta Singh).**

Many people feel that this is a subject that should be discussed as it is embarrassing. However by keeping quite we may serve to frighten the women about what is happening to their bodies. So a little knowledge & awareness can be co-ordinate together to maintain complete health and fitness **(S.K.Srivastava 2003).**

Everyone must know that the menopause is a perfectly natural change and there is nothing to be afraid or embarrassed of. If Menopause is understood properly, it can be managed and life can be enjoyed even beyond 50 years of age. The welfare of the nation depends upon the development of the rural area**.** The women who live in rural area, have less chance to get information from others about menopause because of their lower educational status and low

economic status and cultural taboos. So it is a dire need to assess the knowledge of women regarding menopause in the rural area **(Lynne fredli,1999).**

The investigator was posted in Gynecological OPD. Many women's came with the problem like hot flushes, joint pain, urinary incontinence and depression. While collecting the history the women's were not aware of the tips to overcome from these menopausal problems. In the light of the above facts, it was decided by the investigator, that is essential to assess the stress level among menopausal women and their coping abilities what they are following.

This study helps to educate women regarding menopausal problems and tips to manage the menopausal problems and encourage the menopausal women to have a positive coping towards menopause.

STATEMENT OF THE PROBLEM:

A study to determine the level of stress and coping abilities among menopausal women residing at Manamadurai in Sivagangai district, Tamil nadu.

OBJECTIVES:

- To assess the level of stress experienced by the menopausal women residing in Manamadurai.
- To assess the level of coping abilities used by the menopausal women.
- To correlate stress and coping abilities among menopausal women.

- To find out the association between level of stress and the selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, Income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.

- To find out the association between level of coping abilities and the selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, Income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.

HYPOTHESIS:

- There will be a significant relationship between the stress and coping abilities among menopausal women.
- There will be a significant association between the level of stress and selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, Income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.
- There will be a significant association between coping abilities and selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, Income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.

OPERATIONAL DEFINITION:

Menopausal women:

women of menopausal and post menopausal period may be included in the duration of 6 months to 6 years. It may be either natural or surgical menopause.

Level of stress:

Consists of physiological and psychological stress.

- Stress refers to Physical changes with the menopause such as hot flash, night sweats, palpitation, joint pain, sleep disturbances, urinary incontinence, head ache, decreased libido, discomfort and pain during intercourse, weight gain and loss of skin turgor due to reduction in the oestrogen and progesterone level.

- Stress refers to Body arousal response emotionally experienced by the menopausal women such as irritability, mood swing, anxiety, depression, feeling aggressive, feeling nervous, restlessness, feeling panicky, impaired memory, decrease in concentration & forgetfulness.

Coping abilities:

It refers to an specific cognitive and behavioral methods used to deal with stress , which is measured by the ways of coping such as taking adequate rest, avoiding hot & spicy foods and places, breathing techniques, exercises, yoga and meditation, involving in enjoyable activities, spending time with others and receiving hormonal therapy.

ASSUMPTIONS:

- ✓ All the menopausal women are with stress.
- ✓ Menopausal stress have a profound effect on activities of daily living and psychological coping.
- ✓ Coping abilities will depend upon the severity of condition and social support.

LIMITATION:

- The study is limited to the period of 6 weeks.
- The sample size is limited to 60 subjects only.

PROJECTED OUTCOME:

- The study findings help the nurses to identify the level of stress experienced by menopausal women.
- The study findings help the nurses to identify the coping abilities used by the menopausal women.
- The study findings encourage the mother to adopt appropriate coping abilities.
- The study findings help the investigator to prepare the module on tips for managing menopausal problem.

CONCEPTUAL FRAMEWORK:-

A Conceptual framework is a theoretical approach to study the problems that are significantly based with emphases the section, arrangement and classification of its concepts.

The Conceptual framework for the study was adapted from the Health Belief Model given by Rosenstock's & Becker (1974). This model addresses the relationship between a person's beliefs and behavior and provides the way of understanding and predicting how clients will behave in relation to their health and how they will comply with health care therapies (Potter & Perry – 1987)

Health belief model consists of three main components;

1. Individual perception
2. Modifying factors
3. Likelihood of action

Individual perception:-

The first component in this model is the individual's perception of menopausal stress and coping.

In this study, the stresses are both physiological and psychological and they thought to be influenced by certain demographic variables such as age, education, marital status, number of children, religion, occupation, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern. Individual perception may vary with these variables.

Modifying factors:-

The second component of this model is Modifying factors which involves the assessment of stress and coping abilities among menopausal women.

The level of stress was assessed with the help of Perceived stress scale and it was categorized in to Low stress, Moderate stress and High perceived stress.

The level of coping was assessed by using Likert 5-point scale and it was categorized into Mild coping, Moderate copping, and Good coping.

Likelihood of action:-

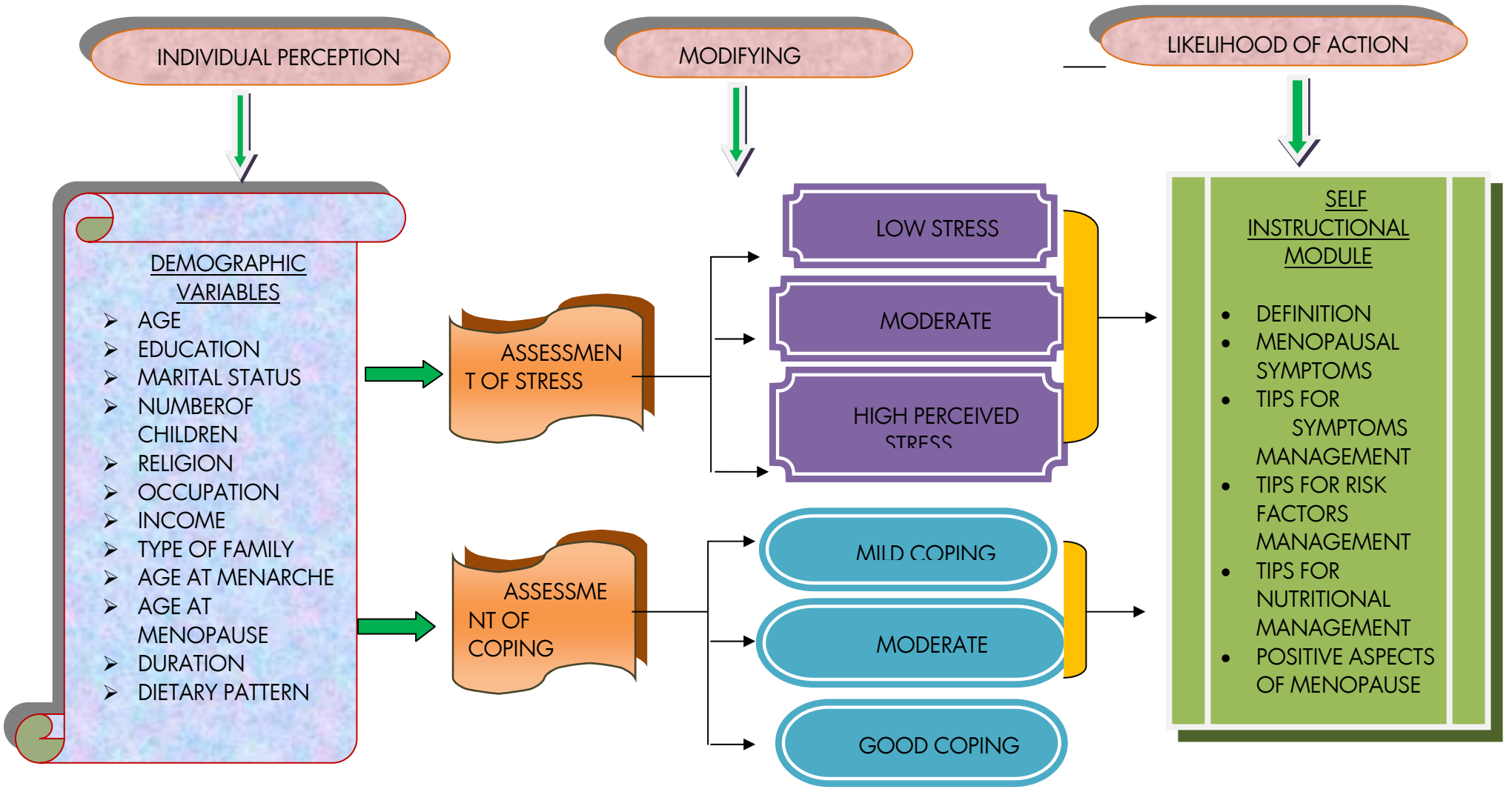
The third component of this model is Likelihood of action, which refers to perceived benefits of preventive action minus perceived threat of preventive action.

In this study, the individual's perception and modifying factors together influence the perceived threat of health problems.

In order to manage the stress and improve the coping abilities among menopausal women, the Researcher provided self instruction module on Tips for managing stress.

FIG-1 MODIFIED CONCEPTUAL FRAMEWORK BASED ON "HEALTH BELIEF MODEL"

[ROSENSTOCK'S & BECKER, 1974]



CHAPTER –II

REVIEW OF THE LITERATURE

“ Most creative force in the world is the menopausal women with Zest”

- Margaret Mead.

The systematic and critical review of the most important published scholarly literature for the present study is as follows:-

SECTION-I

- General features of menopause.

SECTION-II

- Studies related to menopausal problems [physical & psychological stress].

SECTION-III

- Studies related to coping abilities among menopausal women.

SECTION-I:

GENERAL FEATURES OF MENOPAUSE:-

MENOPAUSE:

(National Institute of ageing 2006) changing levels of estrogen and progesterone which are the two female hormones produced in the ovaries, might lead to these symptoms.

HORMONAL CHANGES & CLINICAL CHARACTERISTIC DURING MENOPAUSAL PERIOD:

(Youngkin & Davis, 2004) In normal menstrual cycle, rising level of FSH stimulates the developing dominant follicle to secrete increased amount of estradiol. The increased levels of estradiol as well as inhibition from the granulose cells exerts a negative feedback on hypothalamus & result in decreased FSH. After menopause, there is an increased FSH because of reduction in pituitary gonadotropin, inhibition of estrogen & progesterone. This change in ovarian steroid production is often gradual, resulting in anovulatory bleeding pattern. Eventually, the ovaries are completely unable to respond FSH & LH. Because of all these hormonal changes, women experience many symptoms clinically such as absence of menstruation, hot flush, night sweats, vaginal dryness, dysuria, urinary incontinence & nocturia.

IMMEDIATE CHANGES OF MENOPAUSE:-

The Immediate changes of the menopause are hot flush, causing flushing in the face, neck, chest & back; insomnia, mild to moderate depression; bone, joint & muscle aches; swelling; palpitation; vaginal dryness & increased swelling **(smith 2002).**

Physiological symptoms:-

Hot flush, night sweats, palpitation, chest tightness, insomnia, joint & muscular discomfort such as pain in the joint, rheumatoid complaints, backache. Urogenital symptoms; sexual problem such as change in sexual activity desire & sexual satisfaction, bladder problem such as difficulty in urinating, increased need to urinate, incontinence, vaginal

symptoms such as dryness, burning sensation & difficulty with sexual intercourse..

Psychological symptoms:-

Depression, mood swings, irritability, feeling aggressive, feeling nervous, anxiety, restlessness, feeling panicky, impaired memory, decrease in concentration and forgetfulness.

COPING WITH MENOPAUSAL SYMPTOMS:

Hot flushes:-

Your thermostat may be very touchy around menopause.

Ways to deal;

a. Keep the room cool.
b. Light layers of clothing.
c. Slow and deep breathing exercises.
d. Daily exercises.
e. Vitamin-E supplement.
f. Yoga.

Insomnia:-

If it left unattended for a period of time, insomnia can take the energy out of your day.

Ways to overcome;

a. Drinking a chamomile tea before bedtime
b. Keeping the bedroom cool and a comfortable temperature.
c. Avoiding caffeine and alcohol at night.
d. Drinking milk before bedtime.
e. Taking a warm bath or shower

Preventing Osteoporosis:-

Reducing bone loss should be a high priority.

Ways to prevent;

a. Get adequate nutrition especially vitamin-E and calcium.
b. Dietary supplements like dairy products, green leafy vegetables, almonds, and soy milk.
c. Muscle building exercises.

Coping with stress:-

It is important to identify what makes you feel stressed and try and make changes to lessen the feeling of stress.

Increase your activity, particularly walking is a good way of alleviating stress because activity increases the flow of chemicals in the body called endorphins, which improve the mood.

Eight simple stress busters:-

1. Have adequate rest.
2. Recreation.
3. Slow down.
4. Reduce work or school hours.
5. Nutrition.
6. Reduce stimulants.
7. Quit smoking.
8. Share your thoughts.

Coping with mood swings, and depression:-

Although there are lots of women who go through menopause with flying colors, there are some women that would feel depressed and unable to cope with the changes in their bodies. Symptoms of depression during menopause would include sadness, loss of vigor, lost of interest, lack of self worth, loss of self-confidence, extreme restless, and irritability, insomnia, loss of appetite and thoughts of suicide.

Ways of coping:-

a. Yoga,
b. Meditation,
c. Asking help from family and friends,
d. Maintaining positive relationship with family member.

SECTION-II:

STUDIES RELATED TO MENOPAUSAL STRESS:-

Physiological problems:-

Sharma.,**et.,al (2007)** identified the prevalence of menopausal symptoms. Study was conducted with the urban population of India. Most frequent menopausal symptoms were fatigue & lack of energy (72.9%), headache (55.9%) and hot flush (53%).

Shakhatreh & masad (2006) identified menopausal symptoms & health disorders among 143 menopausal women aged 50-60 years in under privileged area of south Jordan. Results revealed that the most frequently reported somatic symptoms were joint aches/ stiffness(89%),

bone pain (74%) & parasthesia in the extremities (51%), hot flushes (62%), urinary incontinence (30%).

Qazi (2006) conducted a study in an urban population of Hyderabad among 800 women between the age of 45-59 years to analyze the climacteric symptoms & its associated problem. They were headache (70.3%), tiredness (67.8%), limb pain (59.3%), sleep disturbances (53.85), hot flush (55.5%) & night sweats (45%).

Hsu & **lin (2005)** explored the prevalence of poor sleep quality among menopausal women in Taiwan. Out of 197 menopausal women, 57.9% of subjects were identified as good sleepers & 42.1% as poor sleepers. There were significant difference in quality of sleep related to occupational situation, history of chronic diseases, menopausal status & number of menopausal symptoms. And also depression & ageing were strongly related to the quality of sleep..

Oskey,et.al (2005) carried out a study in the city of Istanbul on 500 women with in the age range of 50 & over . To determine the prevalence of urogenital complaint. Among the interviewees 68.8% reported urinary incontinence, & 28.8% had the serious urinary incontinence required continuous use of pad. It was determined that 37.2% of them with urinary incontinence have stress incontinence & 30.5% had mixed incontinence & 75% reported that these symptoms are started after menopause. Many menopausal women continue to engage in sexual activity & 2/3 rd of them report discomfort & other sexual functional problems.

Addis,et.,al. (2005) examined the prevalence & correlation of sexual activity & function among 2763 post menopausal women with heart disease. They found that 39% of them were sexually active & 65% of them reported at least 1 or 5 sexual problem such as lack of

interest, inability to relax, difficulty in arousal or in orgasm & discomfort with sex.

Singh & Arora (2005) to ascertain the profile of menopausal women in North India. Results revealed that out of 558 enlisted women aged 35-55years the majority (85%) of women admitted that menopause affected their physical health. More than half (53%) reported 7 or more symptoms at menopause.

Sidhu,et.,al. (2005) also conducted a study among menopausal women in Amrister, Punjab. They revealed that majority of postmenopausal women (55.1%) had reported hot flush frequent complaint during menopause.

Bagga (2004) did a study among Indian women. This author also found that incidence of vasomotor is higher at transition of menopause & declines with advancing age & menopause., whereas psychological & rheumatic complaints are major features in late menopause.

Couzi ,et.al.(2002) in their study found that out of 199 menopausal women 65% had hot flush, 44% had night sweats, 44% had difficulty in sleeping.

Chim,et.al.(2002) conducted study among Singaporean women aged 40-60 years, to describe the prevalence & severity of menopausal symptoms. They found that classical vasomotor symptom such as hot flush (17.6%), night sweats (8.9%) were less prevalent. But low back ache with aching muscle & joint (51.4%) were more prevalent. 20.7% had reported vaginal dryness out of 459 menopausal women.

Gorode ski (2002) in“ cardiovascular disease in post menopausal women” identified that cardio-vascular disease in particular coronary artery disease, is the leading cause of morbidity & mortality in postmenopausal women.

Cynthia Maloney (2002) in “estrogen & recurrent UTI” found that, in menopausal women, lower estrogen levels will cause vaginal atrophy, diminished glycogen production & reduced number of lactobaccili in the vagina which leads to an increase in pH & over growth of other organism & an increased susceptibility to UTI.

Dhillon,et.al.(2001) among women in kelantan in Malaysia to determine the prevalence of menopausal symptoms, reported the following physical symptoms. Night sweats (53%), hot flush (44.8%), were the typical vasomotor symptoms. Tiredness (79.1%), musculo skeletal ache (70.6%) & back ache (67.7%) were the atypical symptoms. Bladder control problem (24%), UTI (19.3%) were the main Uro genital symptom.

Aarthi malik (2001) in her study “post menopausal women & cardiac diseases” stated that 80% of menopausal women have hot flushes, which is accompanied by diaphoresis & bone disorder are very common in menopausal women ranging from osteoporosis, to rheumatoid arthritis & osteoarthritis.

Zaki.S.M.(2000) in “menopause & women” pointed out that, when getting older, back ache is one of the common ailments which is mostly due to bad posture & lack of exercise.

Sr. Catherine paul (2000) conducted a study on "problems related to menopause" where she identified that, about 46% of women were irritated, 72% had joint pain & 40% had forgetfulness as the common problem after menopause.

Vonsyelow.K. (2000) conducted a study on "sexuality of older women" , she reported that, the most prevalent psycho-sexual problems of older women are not the classical medical complaints but a lack of tenderness & of sexual contact.

Psychological problem:-

Singh & Singh (2007) compared the mental health status of 50 middle aged (45-55) working women who were under menopausal period. An interview schedule with general health questionnaire & psychological stress scale questionnaire was simultaneously administered to the selected subjects. The score observed on 4 section such as anxiety, depression, social dysfunction, & somatic symptoms. The result revealed that women perceived mild to moderate level of anxiety, depression, social dysfunction, & somatic symptoms. The level of all these stress factors was comparatively higher in postmenopausal group than during menopausal group.

Shakhatreh & Masad (2006) also found that out of 143 menopausal women 62% were reported irritability & mood changes.

Freeman,et.al.(2004) in his longitudinal study to analyze the association among hormones, menopausal status, and other predictors of depressed mood in midlife women in Pennsylvania. Results revealed that there was an increased likelihood after menopause. The likelihood of depressive symptoms decreased for individual who has increased FSH profile & decreased with age compared with premenopausal women.

Couzi,et.al.(2002) found that out of 199 menopausal women with breast cancer, 44% were feeling depressed.

Taylor M (2001) conducted a study on "psychological consequences of surgical menopause". He has mentioned that depression seems to be increased at times of changing hormone levels in women possibly a result of the effect of estrogen levels & its impact on other neurotransmitters.

Dhillon,et.al.(2001) also found that mood swing (51.1%), sleep problem (45.1%), loneliness (41.1%), anxiety (39.8%) & crying spells (33.4%) were the main psychological symptoms among 326 menopausal women in Kelantan.

SECTION-III

STUDIES RELATED TO COPING ABILITIES:-

Gupta,et.al.(2006) examined the experience of menopause & quality of life in a migrated Asian population from the India subcontinent living in Birminghan, UK & to compare their experience with a matched sample of Caucasian women living in the same geographical area & also with a sample of Asia women with similar socio-economic background living in Delhi, India. In this cross sectional study of 153 menopausal women aged 45-55 & 52 Asia women living in India, where interviewed to collect the information about their life style, general health, menopausal experience & health seeking behavior. Result revealed that 2 Asian group UK & Delhi reported poorer health & generally more physical & emotional symptoms than the UK Caucasia group. However, for menopausal symptoms there were different patterns. The Delhi group reported significantly fewer symptoms compared to the UK Asian & UK Caucasian group.

Women's health initiative (WHI,2005) in its dietary modification trial examined the effect of low fat diet on the incidence of heart disease among 50000 menopausal women. It revealed that there was an insufficient evidence to recommend low fat diet for reducing the risk factors. However, low fat intake & higher fruits & vegetables intake for long term may reveal the benefit in reducing the risk factors. Similarly in the WHI calcium & vitamin-D trial, more than 36000 women were randomized to receive either 1000mg of calcium & 400 IU of vitamin-D 3 daily or placebo. Among these women who received the supplementation had higher bone densities, but similar number of hip fracture.

Ulrich (2005) did a study that involve 115 previously sedentary, over weight, menopausal women from Seattle area. They were non-smokers & didn't take HRT. Half were randomly assigned to a moderate intensity, aerobic exercise group & half who served as a comparison group & attended a weekly stretching class. It has been shown that just a 30 minutes walk can increase the level of leukocyte, which are part of the family of immune cells that fight infection. Author concluded regular, moderated exercises reduced the risk of colds in menopausal women compare to non-exercisers.

Singh & Arora (2005) found that most often (95%) considered menopause socially good for women & welcomed it. None of their respondents reported use of HRT.

Weiger (2002) in a double blind study revealed that administration of 80mg of Isoflavone per day reduced the frequency of hot flushes in menopausal women.

Research by **American Medical Association(2002)** revealed that 27% of US adults didn't engage in any physical activity & another 28.2% were not regularly active. And it says that the metabolism begins to start in the thirties, often resulting in noticeable weight problem by menopause & diet increase the metabolic rate even more. Exercises increases the metabolic rate & can replace body fat with muscle.

Other benefits of exercises in menopause include prevention of bone loss, lower blood pressure & cholesterol, relief of depression symptom & insomnia. Symptoms such as hot flush, night sweats, bladder & vaginal atrophy may not be affected.

Institute for Research in reproduction (2002) did a study among 500 women's in India among them 40.1% agreed to take short term therapy for up to one year with regard to long term therapy for more than 5 years & 67.8& refused the HRT. Among the common reasons for refusal, were nuisance of vaginal bleeding & a feeling that menopause is a natural occurrence & needed no treatment.

Cynthia Maloney (2002) in her study " Estrogen & recurrent UTI in menopausal women" identified the risk of recurrent UTI in older women may be diminished by systemic or topical estrogen replacement therapy.

Perkin's, et.al.(2001) in "old age diet" studied that a high intake of vitamin-E may ward off memory problems associated with aging.

Scherak o,et.,al.(2001) conducted study "menopausal problems" with 53 menopausal women with osteoarthritis of the hip or knee were treated with 400mg vitamin-E or 50mg diclofenac 3 times daily. There were no significant difference in the efficacy of the 2 drugs.

Zaki.S.M. (2000) in " menopause & women" stressed that, it is important to keep the head up, shoulder straight & the lower part of the back flat & relaxed to reduce backache. A cushion can be used to fit in the small of the back when sitting is necessary.

Ranjeet Manchanda (2000) stated that, exercise has been shown to increase slow wave sleep & improve the quality of sleep.

Friedli lynne (1999) "women's health" pointed out the exercises is very important for bones, walking, cycling or some other form of exercise atleast half an hour a day strengthen the bones and make fitter. So women are less likely to fall and injure themselves as they grow older.

CHAPTER-III

"I keep six honest service men, they taught me all
I know their names are,
What, When, Why, Where, Who & How'"

- Anonymous.

RESEARCH METHODOLOGY:

Research methodology includes research approach, research design, study setting, the population, sample size, & sampling technique and criteria for sample selection . It further deals with development of tool, validity and reliability, pilot study, procedure for data collection, plan for data analysis, and protection of human rights.

RESEARCH APPROACH:

The quantitative research approach was used in the study.

RESEARCH DESIGN:

Present study is designed in the form of descriptive study, a subtype of non- experimental study.

SETTING OF THE STUDY:

The study was conducted in Manamadurai Town in Sivagangai District, which is 5 km from Matha College of nursing. The Total population is 1, 40,000. Above 45 years of female populations are 6550. The researcher selected 6 areas in Manamadurai namely Bhahabath Aggaharam, Pandean Nagar, Railway colony, Alagar kovil street, kannara street and Mettu street. Most of the families were Nuclear family. Most of

them studied up to school level. All the health care facilities were available.

POPULATION:

The target population of the study was women who had attained menopause and within the duration of 6 months to 6 years, had either natural or surgical menopause.

SAMPLE:

Menopausal women residing at Manamadurai.

SAMPLE SIZE:

The total size of the sample was 60 women who attained menopause.

SAMPLING TECHNIQUE:

Purposive sampling technique was used to select the samples for this study.

CRITERIA FOR SAMPLE COLLECTION

INCLUSION CRITERIA:

- ✓ Women who have attainted menopause and within the period of 6 months to 6 years and had either natural and surgical menopause.
- ✓ Women who are willing to participate in the study.
- ✓ Women who are able to understand Tamil / English.
- ✓ Women who are available during data collection period.

EXCLUSION CRITERIA:

- Women who have attained menopause but duration of less than 6 months and more than 6 years.
- Women with disease condition.
- Women who were not willing to participate in the study**.**

SELECTION OF TOOL:-

A modified Cohen's & Williamson perceived stress scale [1983] was used to assess the level of stress. Jalowie's & Power Likert type of coping scale [1981] was used to assess the level of coping.

DEVELOPMENT OF TOOL:-

The tool was constructed for the purpose of obtaining data for the study. It was developed by the researcher on reviewing the relevant literature in consultation with the experts in the field of Medicine and Nursing.

DESCRIPTION OF THE TOOL:-

The tool consists of three sections.

PART-I DEMOGRAPHIC VARIABLES

It deals with demographic variables such as age, education, marital status, number of children, religion, occupation, family income, age at menarche, age at menopause, duration of menopause and dietary pattern.

PART-II MODIFIED PERCEIVED STRESS SCALE

The modified Cohen's & Williamson perceived stress scale [1983] was used to assess the level of stress among menopausal women. It consists of 20 statements with five responses.

PART –III LIKERT TYPE OF COPING SCALE

Jalowie's & Power Likert type of coping scale [1981] was used to assess the level of coping among menopausal women. It consists of 25 statements with five responses.

SCORING PROCEDURE:-

PART-I:-

The demographic variables was not scored, but used for descriptive analysis.

PART-II:-

Perceived stress scale was used to find the level of stress. Stress scale had 20 statements, answers were categorized in to 5 point scale {0- never, 1 - Almost never, 2-Sometimes, 3- Fairly often, 4- Very often}. Those who fell in negative score of 0 had low level of stress. Those who received high score of 4 indicated high level of stress. The maximum possible score was 80 and minimum score was 0.

The score were interpreted by mean+ SD on this it was classified into three categories:-

0 – 20: Low stress

21- 40: Moderate stress

41- 80: High perceived stress

SECTION-B

Likert type of scale was used to find the level of coping. Coping scale has 25 statement, answers were categorized in to 5 point scale. { 0-Never, 1-Almost Never, 2-Rare, 3 – Always, 4 - Often}. The maximum possible score is 100 and the minimum score is 0.

The score was interpreted as follows:-

0 – 45: Mild coping
46 -60: Moderate coping
61-100: Good coping

TESTING OF TOOL:

VALIDITY:

The validation of the tool was obtained by submitting the rating scale to the experts in the field of Obstetrics & Gynecological nursing, psychologist, Psychiatric nursing and Gynecologist. The language, content and format of the tool were revised on their suggestions. After obtaining content validity, tool was translated into Tamil.

RELIABILITY:

The spearman Brown Test (split half method) was used to establish the reliability of the tool to assess the level of stress & coping. The reliability value was r = 0.86, which was found to be highly reliable.

PILOT STUDY:

Pilot study was conducted at Manamadurai. Pilot study was carried out on 6 menopausal women who met the inclusion criteria. Pilot study was carried out in the same way as the final study in order to test the feasibility and practicability. Data were analyzed by using descriptive and inferential statistics. The ‘r’ value (-0.76) shows that there was a significant negative correlation between stress and coping. Pilot study participants were excluded from the main study. The same method and tool was used for main study.

DATA COLLECTION PROCEDURE:

Data were collected for the period of 6 weeks. Every week from Monday to Saturday from 9 am – 5pm. First week door to door survey was conducted in 6 areas in Manamadurai namely Baggabath Agraharam, Pandean Nagar, Railway colony, Alagar kovil street, kannara street and Mettu street. The survey showed that there were approximately 90 women was between 40-55 years. Second week onwards interview was started. In each area 5 days were spent for data collection and 10 samples were taken for my study in each area. Before the interview, the purpose of the interview was explained to the samples and identified demographic variables. Then each woman was interviewed for about 30-40 minutes and 3-4 samples were collected per day. Therefore, the same was carried out for 6 weeks. The total sample is 60.

PLAN FOR DATA ANALYSIS:

The data was analyzed by using descriptive & inferential statistics. The following plans for data analysis were developed.

- Frequency distribution, percentage, and graphical presentation were used to present Socio – demographic profile.
- Frequency distribution, percentage and graphical presentation were used to represent level of stress.
- Frequency distribution, percentage and graphical presentation were used to represent level of coping.
- Co-relation was used to find out the relationship between stress and coping.
- Chi- square was used to find out the association of stress and coping with their selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

PROTECTION OF HUMAN SUBJECT:

The dissertation committees approved the research proposal prior to the pilot study and main study. Permission was obtained from the head of the department of Obstetrics and Gynecology Nursing of Matha college of Nursing. And permission was obtained from the village president in Manamadurai. The oral consent also obtained from each participants of the study**.** Assurance was given to the study subject that the anonymity of each individual would maintained.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter presents the analysis and interpretation of data collected from 60 women of 45-55 years, to determine the level of stress and coping abilities among menopausal women residing at Manamadurai.

Korlinger describes data analysis as categorizing, ordering, manipulating and summarizing the data to obtain answer to research questions. Data analysis was conducted to reduce, organize and give meaning to the data. The data were collected, analyzed and interpreted according to the objectives of the study.

THE OBJECTIVES OF THE STUDY:-

- To assess the level of stress experienced by the menopausal women residing in Manamadurai.

- To assess the coping abilities used by the menopausal women.

- To correlate stress and coping abilities among menopausal women.

- To find out the association between the level of stress and the selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.

- To find out the association between coping abilities and the selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.

During the analysis, the data were reduced to an interpretable form to summarize the findings, test the hypothesis and establish the relationship between variables.

ORGANIZATION OF THE STUDY FINDINGS:-

The data were analyzed and presented under the following section.

Section- I

✓ Frequency and percentage distribution of samples on selected demographic variables.

Section- II

✓ Frequency and percentage distribution of samples in different level of stress.

Section- III

✓ Frequency and percentage distribution of samples in different level of coping.

Section- IV

- ✓ Correlation between Level of stress and coping abilities.

Section- V

- ✓ Association between level of stress and selected demographic variables.

Section- VI

- ✓ Association between level of coping abilities and selected demographic variables.

SECTION-I

TABLE-1

Frequency distribution and percentage of subjects according to the selected demographic variables:-

N=60

S.NO	Variables	Frequency	Percentage
1	AGE		
	40 -45 Years	13	22%
	46 - 50 Years	21	35%
	51 -55 Years	26	43%
2	EDUCATIONAL STATUS		
	Illiterate	10	17%
	School Level	44	73%
	Degree and above	6	10%
3	MARITAL STATUS		
	Married	52	87%
	Unmarried	2	3%
	Widow	6	10%
4	NUMBER OF CHILDREN		
	One	7	12%
	Two and above	50	83%
	None	3	5%
5	RELIGION		
	Hindu	46	76%
	Christian	7	12%
	Muslim	7	12%

6	OCCUPATION		
	Housewife	48	80%
	Working women	12	20%
7	FAMILY INCOME		
	Below Rs.5000	18	30%
	Rs.5000-Rs.10000	33	55%
	Above Rs 10000	9	15%
8	TYPE OF FAMILY		
	Nuclear Family	32	53%
	Joint family	28	47%
9	AGE AT MENARCHE		
	10 -13 Years	34	56%
	14 - 16 Years	25	42%
	Above 16 Years	1	2%
10	AGE AT MENOPAUSE		
	40 -45 Years	30	50%
	46 - 50 Years	28	47%
	51 - 55 Years	2	3%
11	PERIOD OF MENOPAUSE		
	0 - 2 Years	14	23.33%
	3 - 4 Years	27	45%
	5 -6 Years	19	31.67%
12	DIETARY PATTERN		
	Non-Vegetarian	35	58%
	Vegetarian	9	15%
	Vitamin and calcium rich	16	27%
	TOTAL	60	100

The table-1 shows the frequency & percentage of demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

The age group of women selected for the study was divided in to 3 groups, 13 (22%) were between 40-45 years, 21 (35%) were between 46-50 years, 26 (43%) were between 51-55 years.

With regard to educational status 10 (17%) were illiterate, 44 (73%) were studied up to school education, 6 (10%) were educated degree level.

Regarding marital status, 52(87%) were married, 2 (3%) were unmarried, and 6(10%) were widows. Regard to number of children 7 (12%) had one children, 50 (83%) had two and above children, 3 (5%) had no children.

Among them 46 (76%) were Hindus, 7 (12%) were Christians, and 7 (12%) were Muslim. 48 (80%) women were house wife and 12 (20%) were working women.

Regard to family income 18 (30%) had family income below Rs.5000, 33 (55%) had family income between Rs.5000- Rs.10000, 9 (15%) have above Rs. 10000.

Regarding the type of family 32 (53%) were living in nuclear family and 28 (47%) were living in joint family.

Regarding Age at Menarche 34 (56%) of women were attained menarche between 10-13 years, 25 (42%) were between 14-16 years and 1 (2%) has attained after 16 years of age.

Among the subjects 30 (50%) were attained menopause during 40-45 years , 28 (47%) were attained during 46-50 years, and 2 (3%) attained during 51-55 years of age.

Regarding the duration of menopause, 14 (23.33%) were below 2 years, 27 (45%) were between 3-4 years and 19 (31.67%) were between 5-6 yrs.

Among the subjects 35 (58%) women's were non vegetarian, 9 (15%) were vegetarian and 16 (27%) were taking calcium and vitamin rich diet and avoiding fat.

Fig .2 Percentage Distribution of samples according to Age

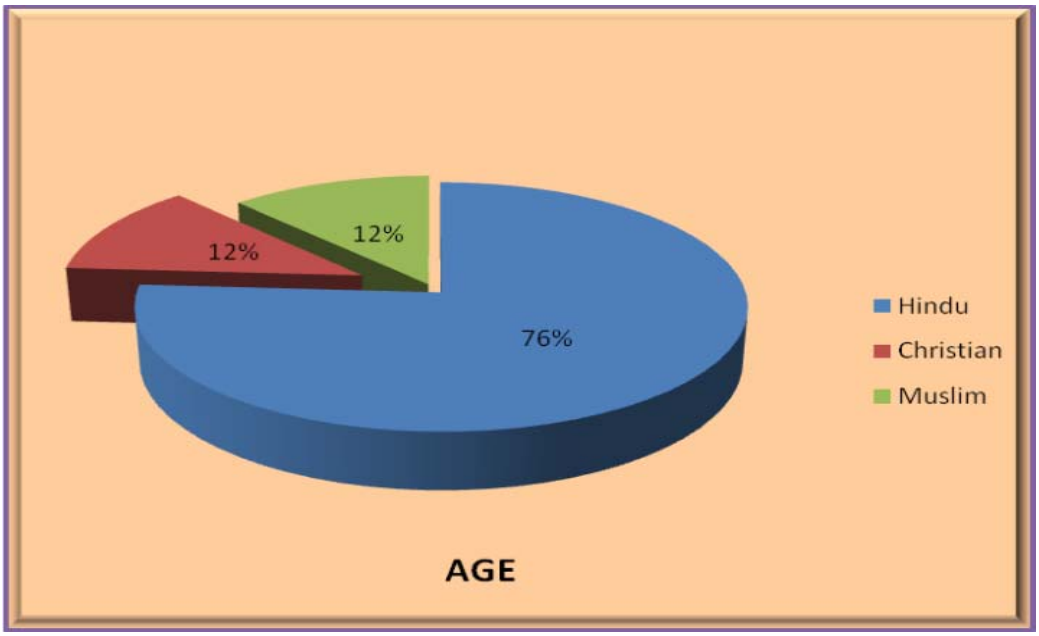


Fig .3 Percentage Distribution of samples according to Education

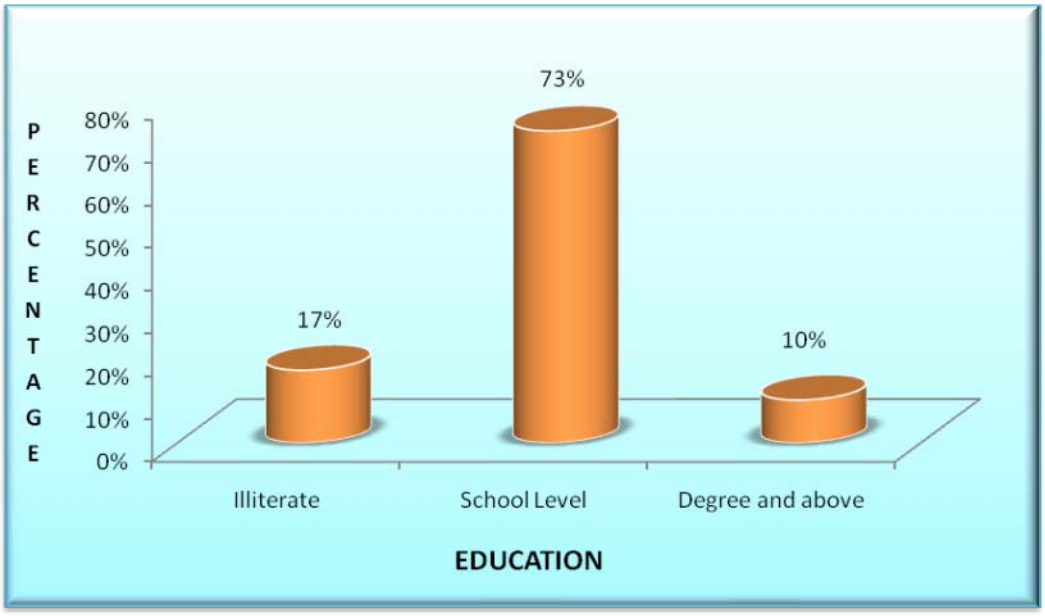


Fig .4 Percentage Distribution of samples according to marital status

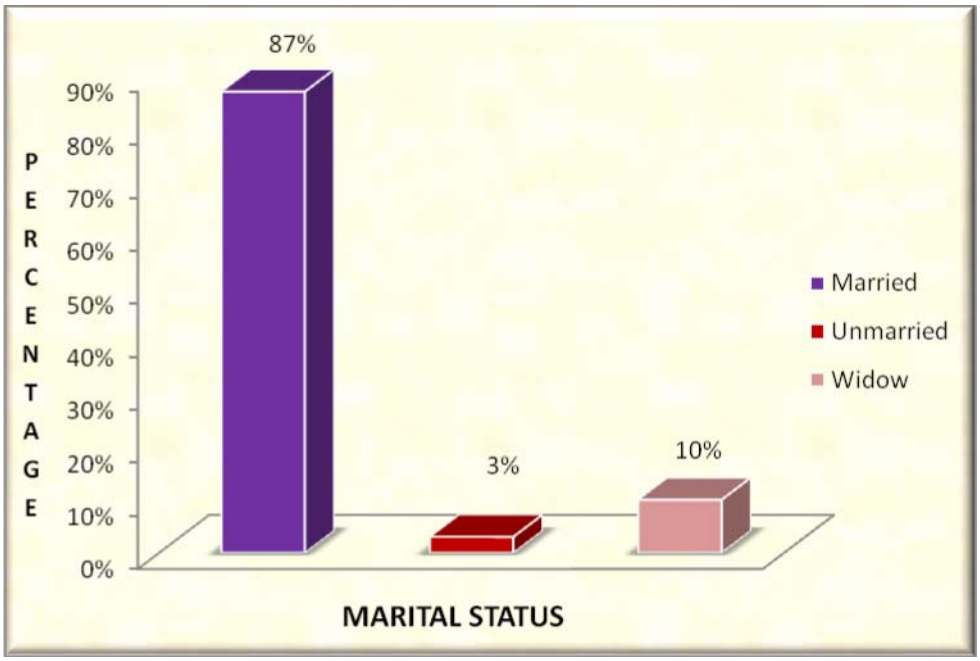


Fig .5 Percentage Distribution of samples according to Number of children

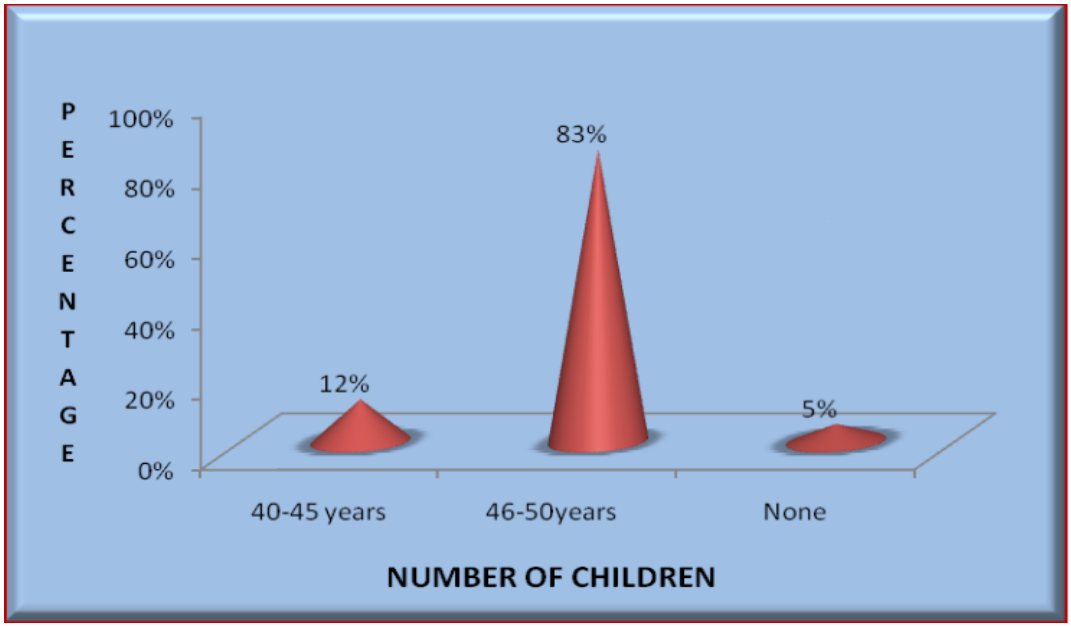


Fig .6 Percentage Distribution of samples according to Religion

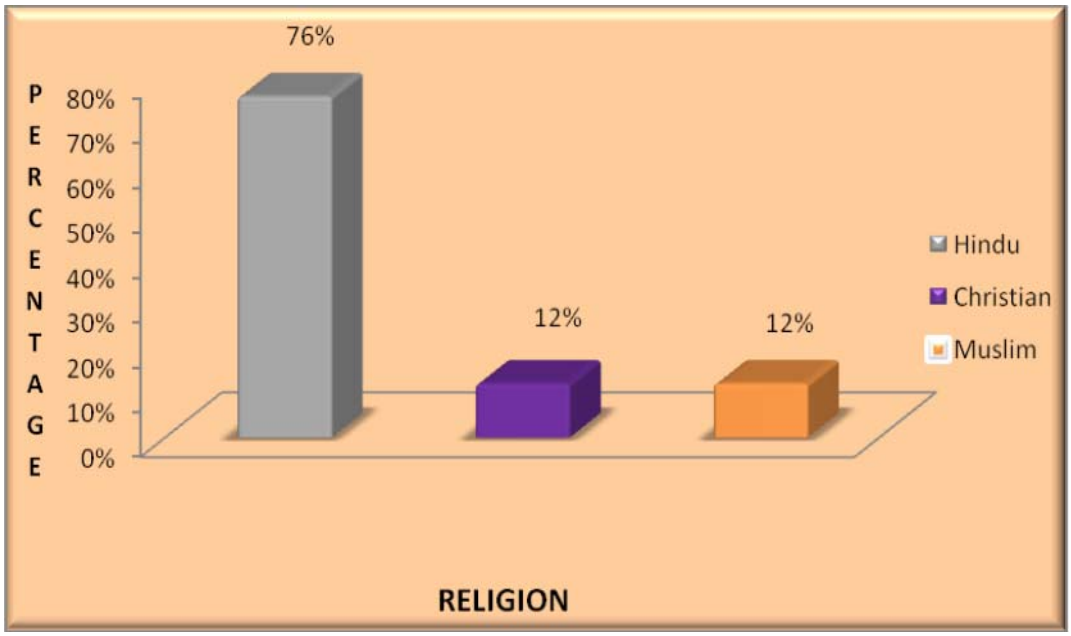


Fig .7 Percentage Distribution of samples according to Occupation

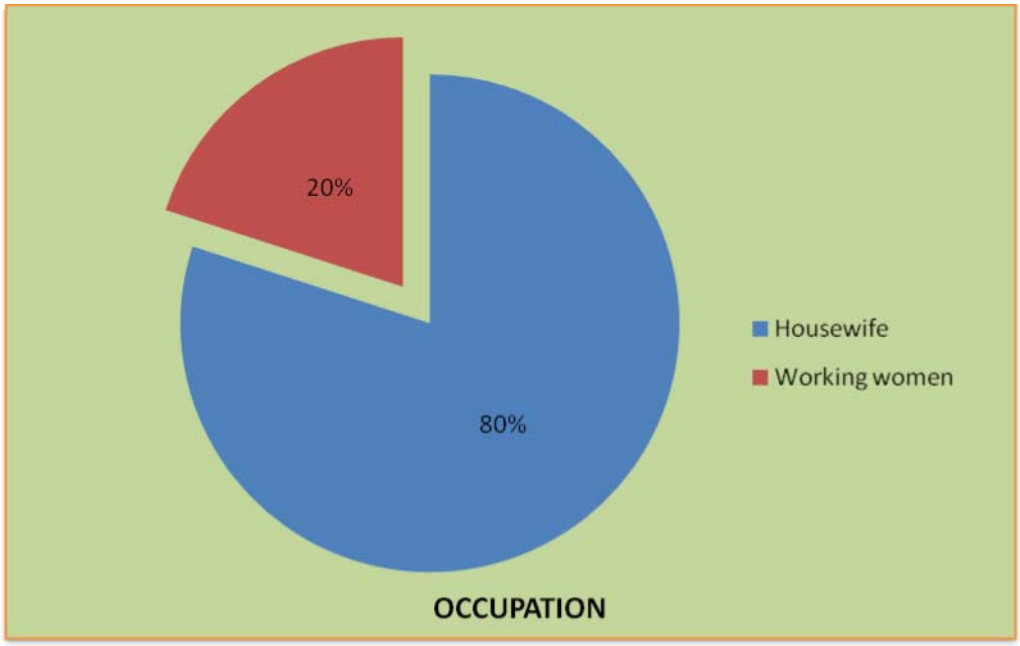


Fig .8 Percentage Distribution of samples according to Family Income

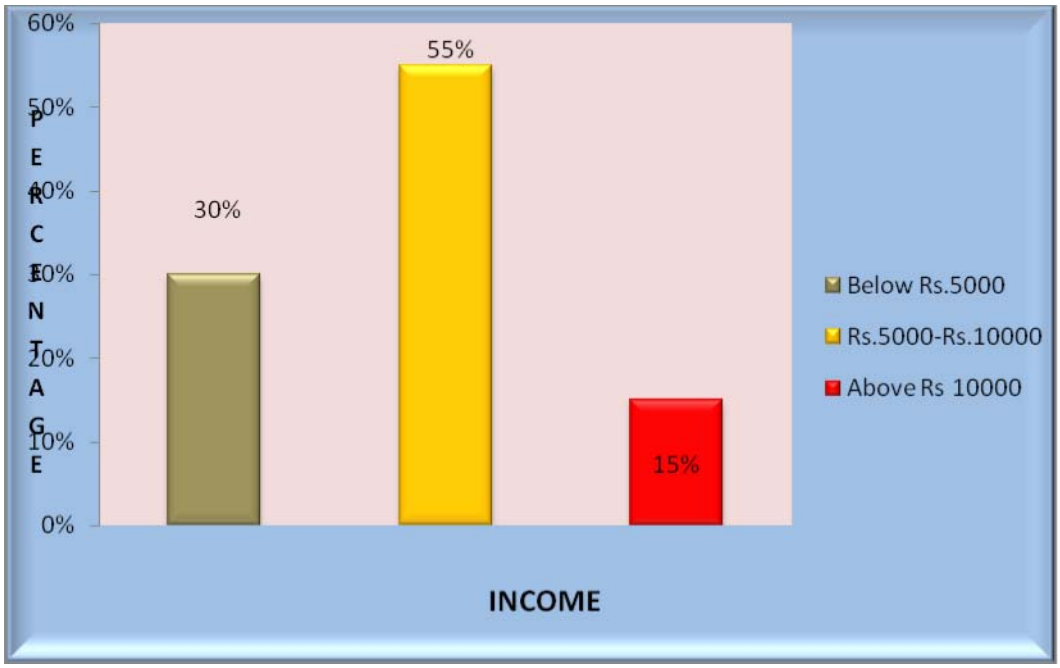


Fig .9 Percentage Distribution of samples according to Type of Family

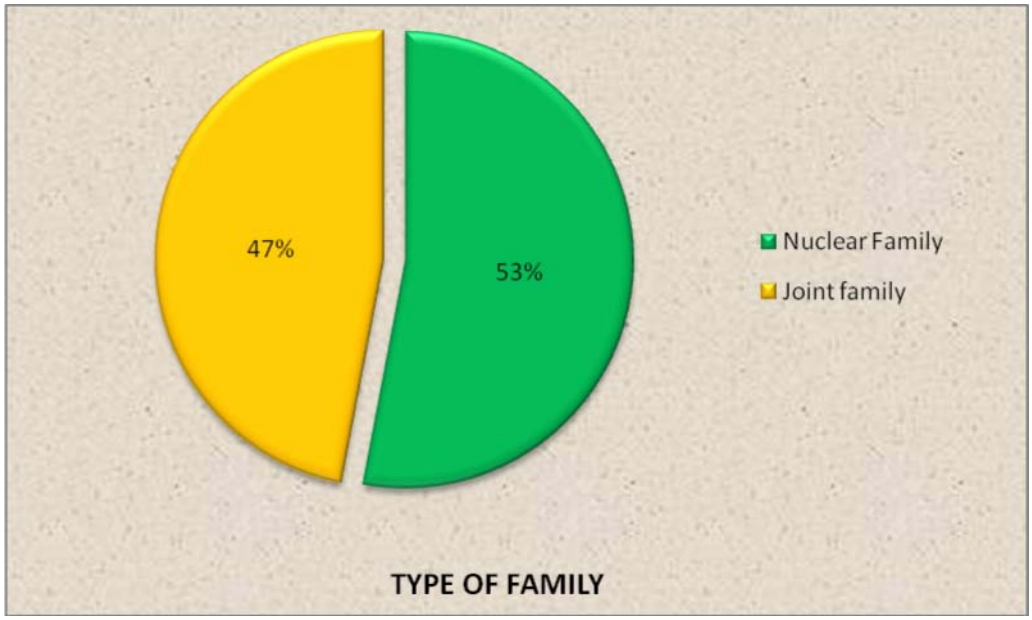


Fig .10 Percentage Distribution of samples according to Age at Menarche

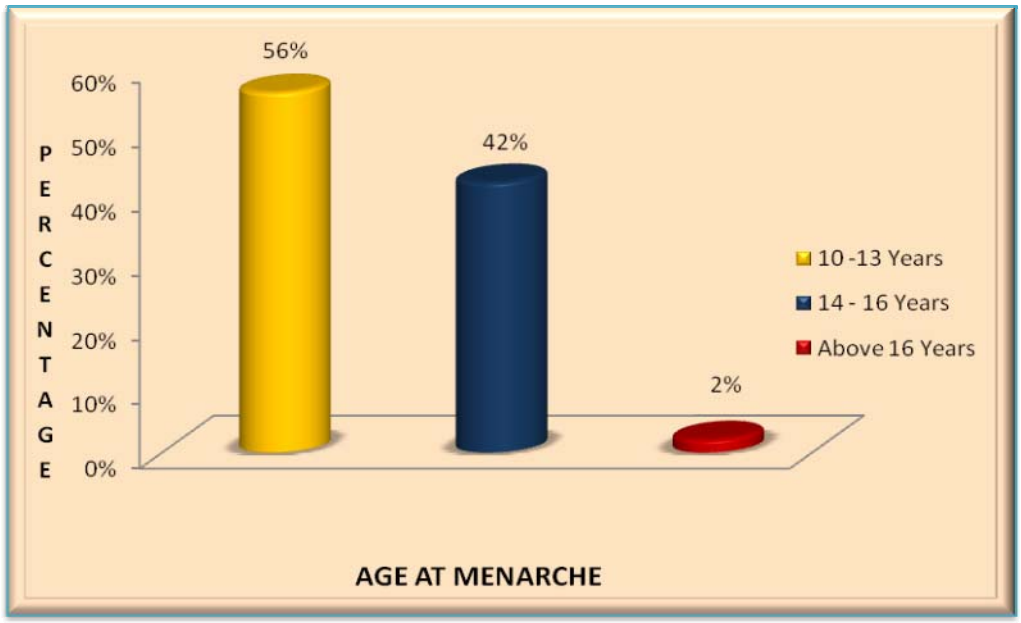


Fig .11 Percentage Distribution of samples according to Age at Menopause

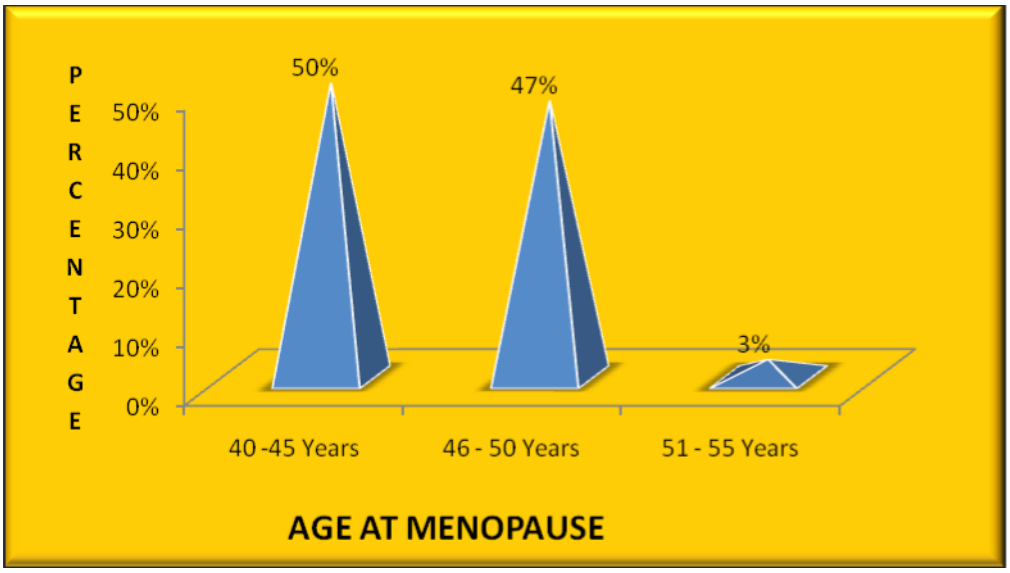


Fig .12 Percentage Distribution of samples according to Duration of Menopause

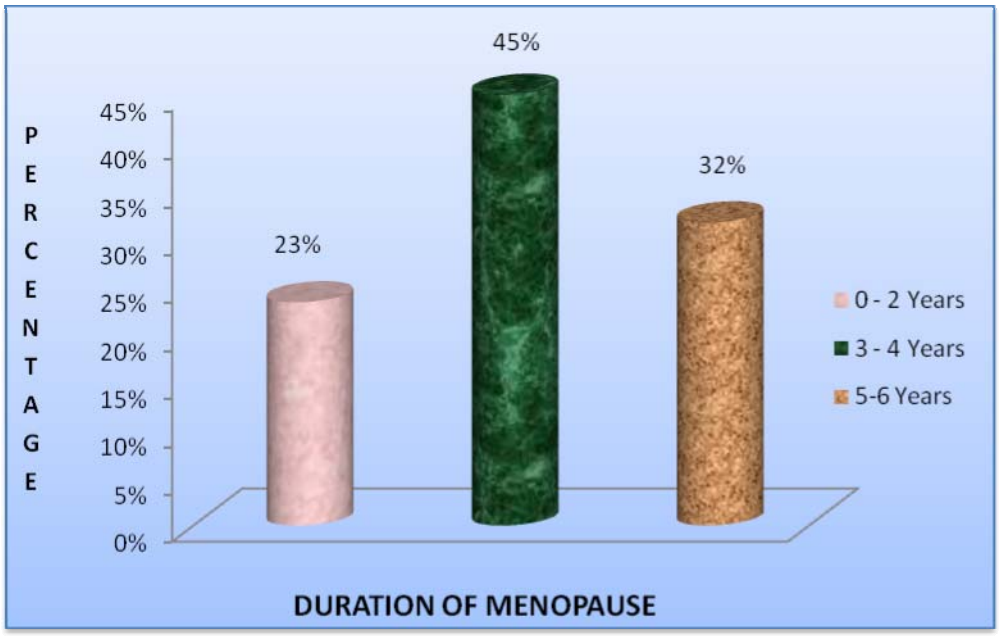
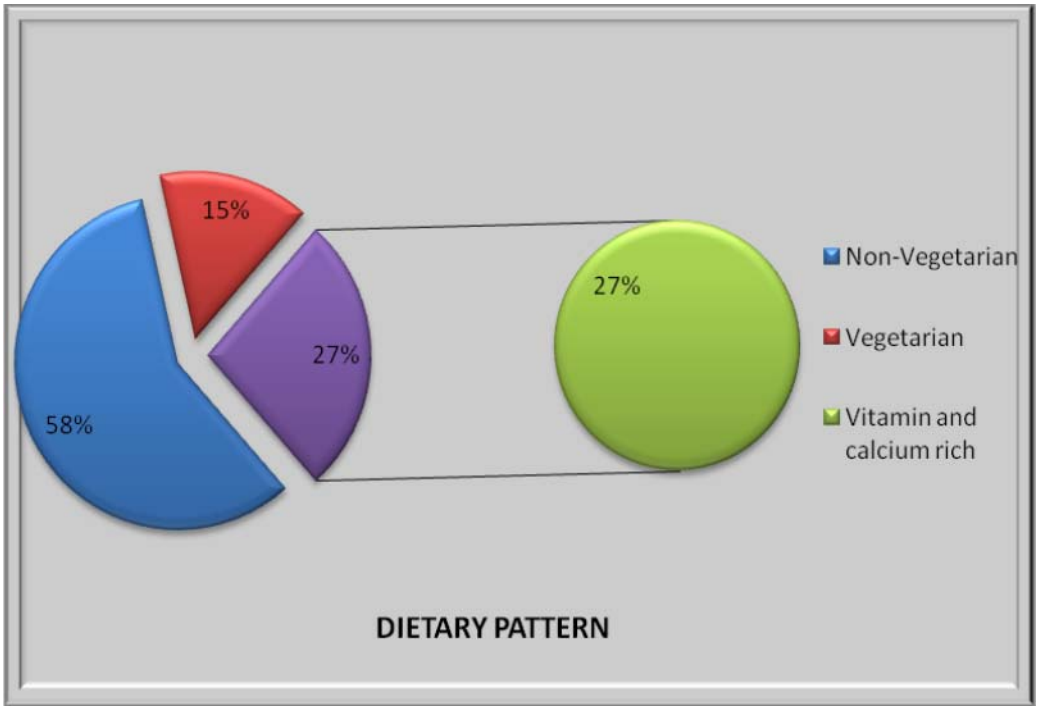


Fig .13 Percentage Distribution of samples according to Dietary Pattern



SECTION-II

TABLE-2

LEVEL OF STRESS AMONG MENOPAUSAL WOMEN

N=60

	Level of Stress	
	Frequency	Percentage
Low stress	13	22%
Moderate Stress	40	66.67%
High perceived stress	7	11.67%
Total	60	100

Based on the score obtained, the stress was divided in to three categories that are low stress (0-20), Moderate stress (21-39), and High perceived stress (40-80).

Table -2 shows that 66.67% (40) women had moderate level of stress, 21.67% (13) had low level of stress and 11.67% (7) had high perceived stress.

Fig. 14 Percentage Distribution of Level of Stress

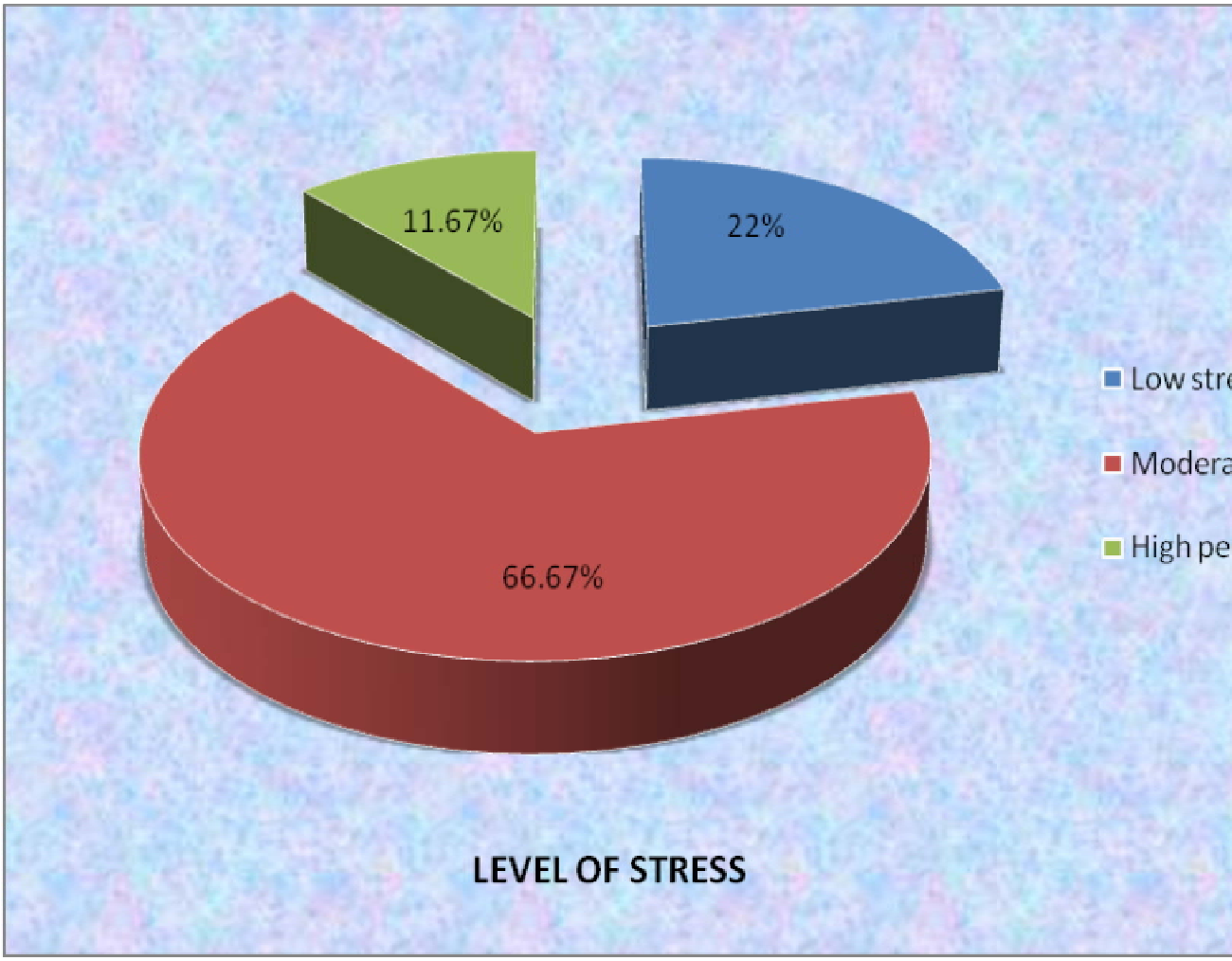


TABLE-3

LEVEL OF COPING ABILITIES AMONG MENOPAUSAL WOMEN

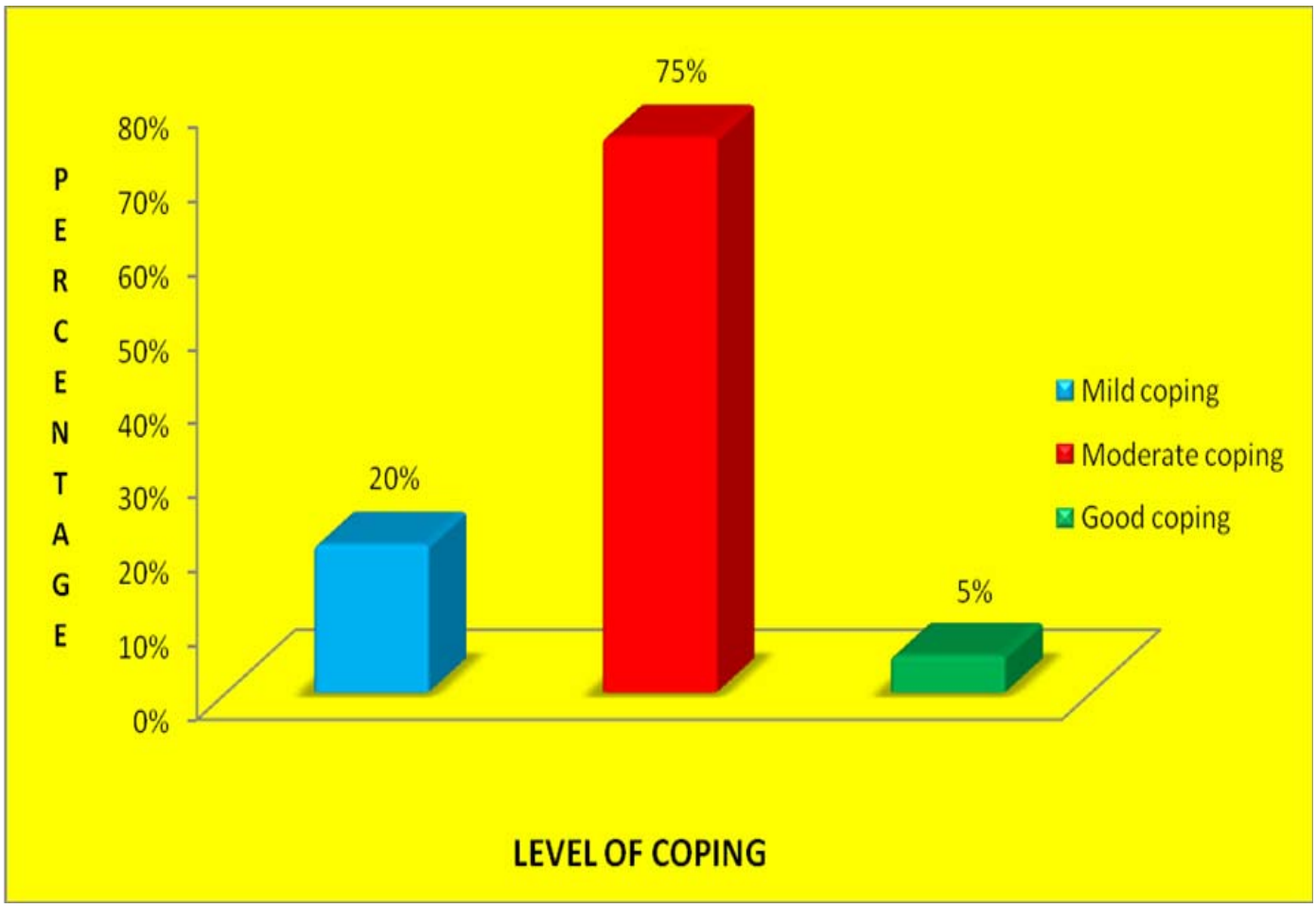
N=60

	Level of Coping	
	Frequency	Percentage
Mild Coping	12	20%
Moderate Coping	45	75%
Good coping	3	5%
Total	60	100

Based on the score obtained, the coping was divided in to three categories that are mild coping (0-45), Moderate coping (46-59) and Good coping (60-100).

Table-3 shows that 75% (45) had moderate coping, 20% (12) of women had mild coping and 5% (3) of the women had good coping abilities towards managing the menopausal symptoms.

Fig . 15 Percentage Distribution of Level of Coping



SECTION-III

TABLE: 4

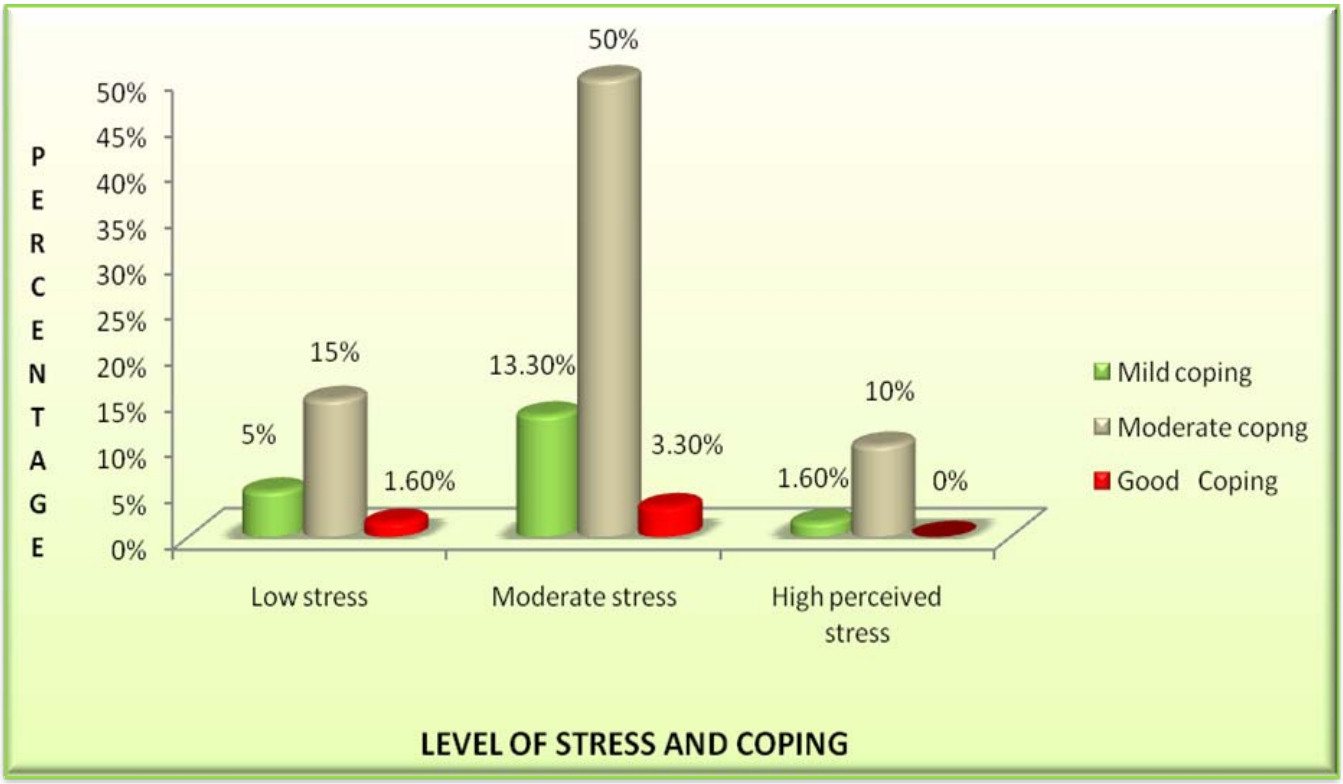
CORRELATION BETWEEN LEVEL OF STRESS AND COPING ABILITIES

N=60

Level of coping						Correlation	Result
		Mild Coping	Moderate coping	Good Coping	Total		
Level of stress	Low stress	3	9	1	13		
	Moderate Stress	8	30	2	40	- 0.88	Negative correlation
	High perceived stress	1	6	0	7		
Total		12	45	3	60		

The Table-4 shows that there is a negative correlation between stress and coping abilities at 0.05 levels. As the level stress increases that decreases the level of coping abilities among menopausal women.

Fig. 16 Percentage Distribution of Level of Stress and Coping



SECTION-IV

TABLE-5

ASSOCIATION BETWEEN LEVEL OF STRESS AND THEIR SELECTED DEMOGRAPHIC VARIABLES

N=60

S. NO	VARIABLES	MEAN	CHI-SQUARE	't' VALUE	STATISTICAL RESULT
1	AGE				
	40-45years	28.38			
	41-45 years	27.52			
	51-55 years	30.08	3.11	9.49	# NS
2	EDUCATIONAL STATUS				
	Illiterate	30.5			
	School level	28.86			
	Degree level	25.67	8.4	9.49	# NS
3	MARITAL STATUS				
	Married	27.81			
	Unmarried	49			
	Widow	32	15.2	9.49	* S
4	NUMBER OF CHILDREN				
	One	25.86			
	Two and above	28.6			
	None	29	9.81	9.49	* S
5	RELIGION				
	Hindu	29.04			
	Christian	31.74			
	Muslim	24.29	2.3	9.49	# NS

6	OCCUPATION				
	Housewife	28.44			
	Working women	30.33	9.84	5.99	* S
7	FAMILY INCOME				
	Below Rs.5000	33			
	Rs.5000- s.10000	27.9			
	Above Rs 10000	23.77	5.3	9.49	# NS
8	TYPE OF FAMILY				
	Nuclear Family	30.69			
	Joint family	26.68	3.45	5.99	# NS
9	AGE AT MENARCHE				
	10 -13 Years	29.38			
	14 - 16 Years	28.36			
	Above 16 Years	21	3.43	9.49	# NS
10	AGE AT MENOPAUSE				
	40 -45 Years	29.9			
	46 - 50 Years	27.64			
	51 - 55 Years	36	1.68	9.49	# NS
11	PERIOD OF MENOPAUSE				
	0 - 2 Years	28.21			
	3 - 4 Years	27.63			
	5 -6 Years	30.89	2.46	9.49	# NS
12	DIETARY PATTERN				
	Non-Vegetarian	30.26			
	Vegetarian	24.22			
	Vitamin and calcium rich	28.25	4.61	9.49	# NS

*** Significant at 0.05 level**

 # Non - significant at 0.05 level

The table-5 shows that there was no significant association between level of stress and demographic variables such as age, educational status, religion, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern. But there was a significant association between level of stress and other demographic variables such as marital status, number of children and occupation.

Marital status was calculated. The chi-square value was 15.2 and tabulated value was 9.49. The calculated value was greater than the tabulated value at 0.05 levels. Thus there was a significant association between marital status and stress.

Number of children was calculated. The chi-square value was 9.81 and tabulated value was 9.49. The calculated value was greater than the tabulated value at 0.05 levels. Thus there was a significant association between number of children and stress.

Occupation was calculated. The chi-square value was 9.84 and tabulated value was 5.99. The calculated value was greater than the tabulated value at 0.05 levels. Thus there was a significant association between occupation and stress.

SECTION-V

TABLE-6

ASSOCIATION BETWEEN LEVEL OF COPING AND THEIR SELECTED DEMOGRAPHIC VARIABLES

N-60

S.NO	VARIABLES	MEAN	CHI-SQUARE	't' VALUE	STATISTICAL RESULT
1	AGE				
	40-45years	49.85			
	41-45 years	51.9			
	51-55 years	50.15	1.95	9.49	# NS
2	EDUCATIONAL STATUS				
	Illiterate	48.7			
	School level	50.07			
	Degree level	58.67	9.7	9.49	* S
3	MARITAL STATUS				
	Married	51.42			
	Unmarried	52.5			
	Widow	43.83	6.7	9.49	# NS
4	NUMMBER OF CHILDREN				
	One	52.57			
	Two and above	50.74			
	None	54.66	0.48	9.49	# NS
5	RELIGION				
	Hindu	50.46			
	Christian	54.57			
	Muslim	48.2	4.96	9.49	# NS

6	OCCUPATION				
	Housewife	49.58			
	Working women	55.17	10.4	5.99	* S
7	FAMILY INCOME				
	Below Rs.5000	49			
	Rs.5000-Rs.10000	50.36			
	Above Rs 10000	55.33	6.42	9.49	# NS
8	TYPE OF FAMILY				
	Nuclear Family	52.75			
	Joint family	48.36	4.28	5.99	# NS
9	AGE AT MENARCHE				
	0 -13 Years	49.88			
	14 - 16 Years	52.04			
	Above 16 Years	45	1.48	9.49	# NS
10	AGE AT MENOPAUSE				
	40 -45 Years	50			
	46 - 50 Years	46.67			
	51 - 55 Years	56	2.72	9.49	# NS
11	PERIOD OF MENOPAUSE				
	0 - 2 Years	33.33			
	3 - 4 Years	48.33			
	5 – 6 Years	18.33	0.34	9.49	# NS
12	DIETARY PATTERN				
	Non-Vegetarian	48.33			
	Vegetarian	52			
	Vitamin and calcium rich	54.06	10.46	9.49	* S

*** Significant at 0.05 level**

 # Non - significant at 0.05 level

The table-6 shows that there was no significant association between coping abilities and selected variables such as age, marital status, number of children, religion, family income, type of family, age at menarche, age at menopause, and duration of menopause.

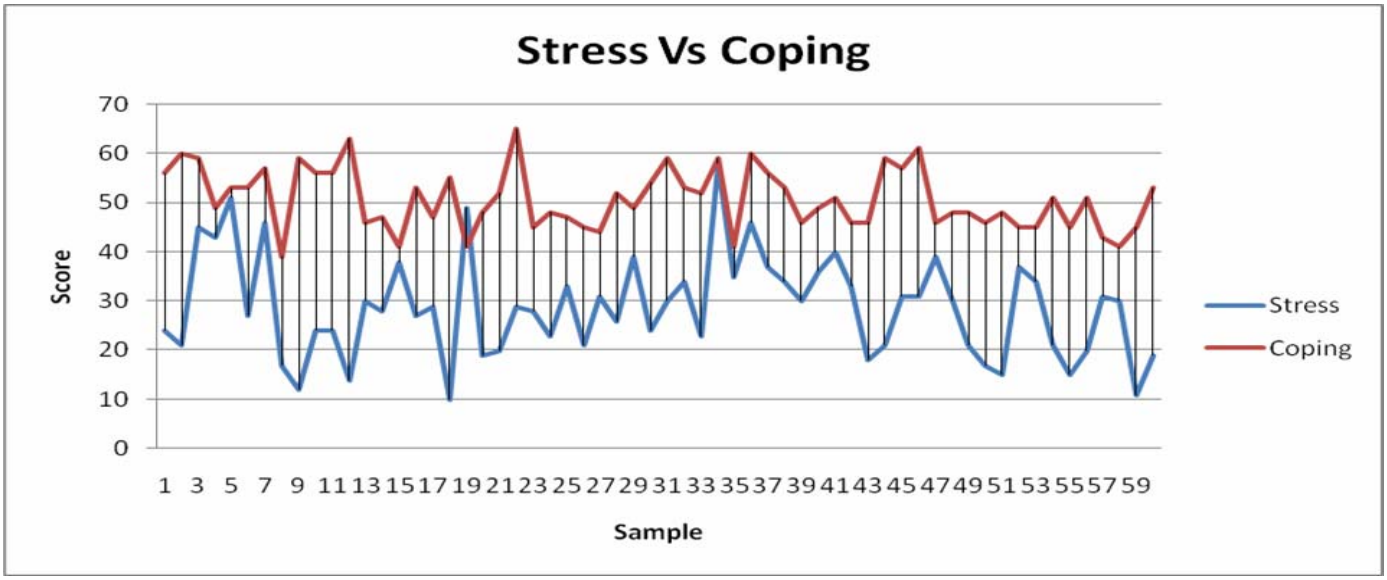
But there was a significant association between coping abilities and demographic variables such as educational status, occupation and dietary pattern.

Educational status was calculated. The chi-square value was 9.7 and tabulated value was 9.49. The calculated value was greater than the tabulated value at 0.05 levels. Thus, there was a significant association between educational status and coping abilities.

Occupation was calculated. The chi-square value was 10.4 and tabulated value was 9.49. The calculated value was greater than the tabulated value at 0.05 levels. Thus, there was a significant association between occupation and coping abilities.

Dietary pattern was calculated. The chi-square value was 10.46 and tabulated value was 9.49. The calculated value was greater than the tabulated value at 0.05 level. Thus there was a significant association between dietary pattern and coping abilities.

FIGURE: 17 STRESS Vs COPING



The figure shows the relationship between stress and coping abilities. In ‘x-axis the samples is plotted and in ‘y’-axis stress and coping score is plotted. Inside the figure the lower line represents level of stress & upper line represents the level of coping among menopausal women.

CHAPTER-V

DISCUSSION

The aim of this study is to determine the level of stress and coping abilities among menopausal women residing at Manamadurai in Sivagangai district, Tamilnadu.

A descriptive approach was used for the present study. The study population comprised of women between the age group of 45 – 55 and attained menopause and within the duration of 6 months–6 years. The sample size is 60. A purposive sampling technique was used to collect the data.

The data collection tools used were Demographic variables, perceived stress scale and Likert type of coping scale was used to determine the level of stress and coping abilities. The content validity and reliability was established for all the tools. The pilot study was done on 6 women who met the sampling criteria.

During the period of data collection the data were collected from the women by using the tool, which had already been prepared by the investigator.

The findings of the study had been discussed in terms of Objectives and Hypothesis stated for the study.

The objective of the study were,

- To assess the level of stress experienced by the menopausal women residing at Manamadurai.

- To assess the coping abilities used by the menopausal women.

- To correlate stress and coping abilities among menopausal women.

- To find out the association between level of stress and their selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

- To find out the association between coping abilities and their selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

Objective 1:- to assess the level of stress experienced by the menopausal women.

Table – 2 shows that the distribution of level of stress among menopausal women. 40 (66.67%) had Moderate stress, 13 (21.67%) had mild stress and 7 (11.67%) had high perceived stress.

Majority of women were in moderate level of stress this may be due to their ageing process, family support, poor socio-economic status, dietary habits and lack of self interest towards maintaining good health status.

During the data collection period, the investigator encountered the woman and asked her name. Suddenly, she turned her head to opposite side and not even listened; this incidence showed that she was extremely stressful. After some time the investigator collected data from her. She said that “I have been in severe joint pain since 2 years and I met many doctors and got treatment and I spent more money but I didn’t relieve from my joint pain”.

Another woman was sadly saying that “I could not able to get up from the toilet, unable to sit on the floor, unable to walk and have severe joint pain. I got treatment from Government Hospital in Madurai (She was diagnosed as severe Osteoporosis). But doctor told me to undergo surgery (total knee replacement) but it is not affordable for me. So is there any other way to relieve my joint pain”.

Majority of women were complaining of joint pain. It might be due to poor calcium and vitamin intake in the diet, avoidance to seek medical care, reduction in estrogen level, obesity, and lack of exercises.

Most of the subjects expressed their feelings that their Memory status were reduced after menopause. Majority of women were complaining of sleep pattern disturbances.

These finding were consistent with the study by **Ellen (2009)** tested the prevalence of women with menopausal symptoms with 105 women through longitudinal study and found that 59% of women reported as depressed mood, 73% hot flushes, 72% reported aches, joint pain & stiffness and 43% reported as poor sleep.

Chin.,et.,al.,(2009) identified the prevalence and severity of urogenital symptoms in post menopausal women, a cross sectional study on 251 women and the result was 63% of women reported all symptom.

Hence, the researcher concluded that majority of menopausal women were perceiving both physiological and psychological health problem.

Objective 2:- to assess the level of coping abilities used by the menopausal women.

Table – 3 shows that the distribution of level of coping abilities among menopausal women. 45 (75%) of women had moderate coping, 12 (20%) had mild coping, 3 (5%) of women follows good coping.

Majority of women had in moderate coping level; the reasons found were inadequate educational status, family support, family income and good dietary pattern. The investigator felt that adequate family support, adequate income and knowledge on menopausal symptoms helps in maintaining good coping.

A woman who was living without spouse and had handicapped daughter said that “why should I live?” I want some kind of relief from this miserable life. She was crying and telling; I don’t want to concentrate on my health and waste money. Instead of that, I can spend it for my daughter’s life.

Another woman who is well socio economic status and well educated, she was telling that she was going for daily walk in the morning, doing yoga with minimal exercise and receiving calcium supplementation with advice. So she was free from these symptoms.

The present study was supported by the following study, **Mahmud (2009)** In his study on natural hormonal replacement for menopause among 189 menopausal patients 97% of women experienced varying degree of symptom control whereas 3% had minimal or questionable benefit.

Hence, the researcher concluded that the most of the menopausal women were not having good coping towards managing the menopausal problems due to their poor economic status, inadequate support from the family, lack of health visit and inadequate dietary intake of calcium and vitamins.

Objective 3:- to correlate stress and coping abilities among menopausal women.

The Researcher formulated the null Hypothesis to prove researcher’s hypothesis.

$Ho^{1:}$ There will not be a significant relationship between stress and coping abilities among menopausal women.

H 1: There will be a significant relationship between stress and coping abilities among menopausal women.

Karl Pearson correlation coefficient was used to find the relationship between stress and coping abilities among menopausal women. The data reveals that (Table - 7) that there was a negative correlation (r = -0.88) between stress and coping, which means who were maintaining good coping had mild stress. So, the investigator rejects the null hypothesis **(Ho^{1})** and accepted the research hypothesis **(H1).**

This result is consistent with **Allen.,et,al (2006)** in his study on cognitive behavior therapy for menopausal hot flushes; two case reports of women treated with an individual cognitive behavior treatment (CBT) reported substantial improvements in the number of hot flashes experienced as well as in their quality of life as measured by the Menopause quality of Life Scale (MENQL).

Hence the researcher concludes that there was a significant negative correlation between stress and coping abilities. If menopausal women follow the ways to cope up with the menopausal symptoms, the stress level will be reduced for the menopausal women.

Objective 4:- to find out the association between the level of stress and selected demographic variables such as age, education, marital status, number of children, religion, occupation, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

The Researcher formulated the null Hypothesis to prove researcher's hypothesis.

$H0^2$: There will not be a significant association between the level of stress and selected demographic variables such as age, education, marital status, number of children, religion, occupation, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

H 2: There will be a significant association between the level of stress and selected demographic variables such as age, education, marital status, number of children, religion, occupation, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

The Chi- Square was used to find association between level of stress and selected demographic variables. The results (Table-5) shows that there is a significant association between stress and the marital status (χ^2=15.2), number of children (χ^2= 9.81), and occupation (χ^2 = 9.84). So investigator partially rejects the null hypothesis **(Ho^2)**

The table-5 shows that there was no significant association between level of stress and demographic variables such as age, educational status, religion, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern. Hence the researcher is unable to reject the null hypothesis (**Ho^2).**

This was supported by **Rice (2005)** in his result " menopause is a naturally occurring equal opportunity event, the women approaches the menopausal transition depends on a number of factors, from educational

level to socioeconomic status; health-related factors, including stress and marital status.

Hence the researcher concludes that the level of stress among menopausal women may vary with lack of support system, type of occupation, family income and dietary intake.

Objective 5:- to find out the association between the level of coping abilities and selected demographic variables such as age, education, marital status, number of children, religion, occupation, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

The Researcher formulated the null Hypothesis to prove researcher's hypothesis.

Ho^3: There will not be a significant association between the level of coping abilities and selected demographic variables such as age, education, marital status, number of children, religion, occupation, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

H3: There will be a significant association between the level of coping abilities and selected demographic variables such as age, education, marital status, number of children, religion, occupation, family income, type of family, age at menarche, age at menopause, duration of menopause and dietary pattern.

The Chi- Square was used to find association between level of stress and selected demographic variables. The results (Table-5) show that there is a significant association between coping and education (χ^2 = 9.7),

occupation (χ^2 = 10.4), and dietary pattern (χ^2 = 10.46). So the investigator partially rejects the null hypothesis **(Ho^3).**

The table – 5 shows that there was no significant association between coping abilities and selected variables such as age, marital status, number of children, religion, income, type of family, age at menarche, age at menopause, and duration of menopause. Hence the researcher is unable to reject the null hypothesis **(Ho^3).**

This was supported by **Minker(2004)** in his large study 886 women 45-65 years of age surveyed about their beliefs and attitudes towards HRT, use of alternative therapies and interaction with health care providers. The majority of participants (90%) were white and 78% were well educated, overall 76% reported at least one alternative therapy, and 22% reported using therapy for menopausal symptom. The most commonly used therapies were stress management or relaxation techniques (43%); herbal, homeopathic, or naturopathic remedies (37%); chiropractic therapy (32%); massage therapy (30%); dietary soy (23%); and acupuncture (10%).

This study was similar to the study of **kanagavalli (2008)** conducted study on perceived health problem and coping strategies adopted by the post menopausal women. In her result, the women who perceived the somatovegetative problems as severe & very severe, had demonstrated ineffective coping. And no significant association between any of the demographic variables and the coping strategies adopted by the menopausal women.

CHAPTER-VI
SUMMARY, FINDINGS, IMPLICATIONS, RECOMMENDATION AND CONCLUSION

This chapter presents the summary of the study, findings and its implication for nursing and Health care services. This chapter ends with recommendation for further researcher in this field.

SUMMARY OF THE STUDY:-

The purpose of the study was to determine the level of stress and coping abilities among menopausal women residing at Manamadurai in Sivagangai District, Tamilnadu.

The objectives of the study were;

- To assess the level of stress experienced by the menopausal women residing at Manamadurai.
- To assess the level of coping abilities used by the menopausal women.
- To correlate stress and coping abilities among menopausal women.
- To find out the association between the level of stress and the selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type

of family, age at Menarche, age at menopause, duration of menopause and dietary pattern.

- To find out the association between coping abilities and the selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.

HYPOTHESIS:

- ✓ There will be a significant relationship between the stress and coping abilities among menopausal women.

- ✓ There will be a significant association between the level of stress and selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, Income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.

- ✓ There will be a significant association between coping abilities and selected demographic variables such as age, educational status, marital status, number of children, religion, occupation, Income, type of family, age at Menarche, age at menopause, duration of Menopause and dietary pattern.

MAJOR FINDINGS OF THE STUDY:-

I.FINDINGS ON DEMOGRAPHIC DATA:-

- Maximum number of respondent 26 (43%) were between 51-55 Years of age.
- Most of the subjects 44 (73%) studied up to school level.
- Majority of the subjects 52 (87%) were married.
- Among the subjects 50 (83%) had two and more than two children.
- Most of the women 46 (76%) belonged to Hindu religion.
- Among the respondent 48 (80%) were house wife.
- Maximum number of samples 33 (55%) had the family income of Rs. 5000- Rs.10000.
- Most of the menopausal women 32 (53%) lived in nuclear family.
- Majority of the women 34 (56%) attained menarche at the age between 10-13 years.
- Among the respondent 30 (50%) attained menopause during 40-45 years of age.
- Most of the subjects 27 (45%) were in the duration of 3-4 years of menopause.
- Maximum number of menopausal women 35 (58%) were non-vegetarian.

II. FINDINGS ON LEVEL OF STRESS:-

- Majority of the subjects 40 (66.67%) had moderate level of stress. And only 7 (11.67%) were having high perceived stress.

III.FINDINGS ON LEVEL OF COPING:-

- Most of the respondents 45 (75%) had moderate coping and only 3 (5%) has good coping abilities.

IV. FINDINGS ON ASSOCIATION BETWEEN STRESS AND COPING:-

- There is a negative correlation (-0.88) between stress and coping abilities.
- There is a significant association between level of stress and selected demographic variables such as marital status, number of children and occupation.
- There is a significant association between level of coping abilities and selected demographic variables such as educational status, occupation and dietary pattern.

IMPLICATIONS:-

The findings of this study had implications in various areas of nursing i.e., nursing practice, administration, education and nursing research.

IMPLICATION IN NURSING PRACTICE:-

Nurses should be considered as the first hand resources, in educating the transitional changes that take place in the women age. Nurse by early intervention can reduce the discomfort because many women at their climacteric period do not have a spouse to care for them & are living alone with the health problem that have not been adequately addressed. So the nurse should find all the opportunities to approach these women & educate them about the health promoting behaviors, self care activities & other behavior modification therapies to reduce the severity of symptom & prevent the complication.

Menopause is a period of stress & strain. So nurses as women & competent professionals have a responsibility to promote health information & practice among women in the society. Nurse had the primary responsibility for women health teaching individual & in-group. Nurses working in the hospital & community health centre can provide information & timely help to middle aged women in managing the menopausal phase of their constructively & to prevent unwanted physiological & mental stress.

News letters can be circulated and self instructional modules or pamphlets can be issued. Mass educational program can be conducted in the gynecological OPD for the menopausal women.

For nurses today, health promotion counseling is a major focus within the health care delivery. Nurses can focus on the physiological & social well- being of the women & provide counseling. The module prepared by the investigator based on the results can be utilized in the clinical setting to educate the women.

IMPLICATION IN NURSING EDUCATION;-

The topic of menopausal problem, the medication & non pharmacological measures to prevent & treat the health problems could be included in the curriculum of nursing student. This would enable them better handle the crisis related to various aspects of stress.

As future nurses they may be either be involved in taking care of menopausal women in the clinical setting or they may take up the responsibility of preventing the illness in this age group

while visiting their homes in the community settings. Therefore, the standard nurses need to be educated regarding the hormonal changes during menopause, the symptom which appears as a result of ageing & hormonal changes, its complication & the non-pharmacological measures to overcome these problems…

IMPLICATION IN NURSING ADMINISTRATION:-

Nurse administrator are the back bone for providing facilities to improve knowledge regarding menopause. There should be a provision for nurses to devote time for giving health education regarding menopause in the community. Also there is a need to encourage nurse to develop educational material. Necessary administrative support should be provided to conduct health education in any setting as required. Cost effective health teaching should be encouraged. Health education materials such as pamphlets, leaflets should be made & available to the public.

IMPLICATION IN NURSING RESEARCH:-

Nurses being the largest group in the health care delivery system and being close to patient should take initiative to conduct further research regarding menopause.

There should be more scope for research in this area to identify the psychological problem faced by the women. As a result, more innovative technique & methods to improve the coping abilities could be found out.

DELIMITATION:-

- The level of stress may vary between women those who had natural menopause compared to those who had surgical menopause
- The level of coping abilities may vary between women those who educated and illiterate.
  - Study was conducted only at selected areas in Manamadurai.

RECOMMENDATION:-

- A Comparative study could be carried out to explore the coping abilities adopted by rural and urban people.
- A qualitative study could be carried out to explore in depth each of the menopausal problem & ways to manage it.
- A Comparative study could be done to assess the perception of menopausal problem among those who underwent a surgical menopause composed to those who had a natural menopause.
- A comparative study could be done to determine the extent of problem in women on Hormonal Replacement Therapy compared with women who are not on Hormonal Replacement Therapy.
- A Study can be conducted to find out the attitude of family members towards menopause.

CONCLUSION:-

Ceasing of menstrual period is more properly called Menopause. Menopause is a critical point in the women life. Women have a pivotal role in society & family like raising up her children, managing the family financially, guiding the children morally, spiritually & looking after the senior members in the family. During this menopause phase, additionally she focuses lots of physiological, psychological & social challenges mostly because of the change in hormone level & cessation of gonadal function. The whole period of process of change around the menopause occurs mostly around 45-55 years of age. Menopause is often stressful but this does not make it as a disease.

REFERENCES

- Addis. et.al.,(2004) Prevalence of sexual activity among postmenopausal women with heart disease. American Journal of Obstetrics and Gynecology. 106. 121-127.

- Albertazz .P.,et.al.,(2001) Dietary soy supplementation and phytoestrogen levels. American Journal of Obstetrics and Gynecology, 94, 229-231.

- Bagga A. (2006). Age & symptmatology of menopause a case study. Obstetrics & Gynecology today.11(10). 660-666.

- Bertero C. (2003). What do women think about menopause? International Journal of Nursing review.50. 109-118.

- Bethsabal C.K. (2004). Knowledge, attitude and practice of women regarding menopausal syndrome. Unpublished M.Sc.(N) dissertation. Dr. M.G.R. Medical University. Chennai.

- Bharatwaj.J.A. & Kendurkar.S.M.(2007).Age and symptomatology of menopause in Indian women. Journal of postgraduate medicine.9 (1). 52-55.

- Bhavadam, L.(2009). Menopause in Indian context. The Hindu.

- Boulet M.J., & Lehert P.(2007). Climacteric and Menopause in seven south East Asian Countries. Maturitas (19). 157-176.

- Bobak Lowdermilk & Jensen (2004). Maternity nursing. 8th(ed). Mosby publications. Philadelphia

📖 Brandt .M.L.(2007) .Acupuncture as hot flash treatment. Journal of Obstetrics & Gynecology nursing.

📖 Burns N & Groove S.K. (2001) Practice of nursing research: conduct, critique and utilization. 3rd (ed).W.B. Saunders company, Philadelphia.

📖 Cassidy A. Bingham S. & Setchel K.D.(2006) .Biological effects of a diet of soy protein rich in isoflavones on the menstrual cycle of premenopausal women. American Journal of Clinical Nutrition (60) 333-340.

📖 Couzi R.J.,et.al., (2002) Prevelance of menopausal symptoms among women with breast cancer. Journal of clinical oncology, 113.

📖 David & Norman (2000). Gynecology Illustrated. Edinburgh. Churchill Living stone publishers.

📖 Dawn c.s. (2006). textbook of obstetrics & neonatology. 14th(ed). Dawn book publications. Newdelhi.

📖 Desireelie (2005). Exercise, Ca supplementation may improve BMD in post menopausal women. Osteoporosis International 16. 2122-2141.

📖 Dhillon H.K (2001).Prevalence of Menopausal symptom in Kelantan.Malaysia. Climacteric 4. 162-165.

📖 Dutta D.C. (2007). Text book of Gynecology. 5th (ed). Central book agency. Calcutta.

📖 Freeman E.W & Hollander L.(2004) .Hormones and menopausal status a predictors of depression in women in transition to menopause. Archives of General Psychiatry 6(1).62-70.

📖 George J.B.(1995). Nursing theories. East North wall: Appleton & Large publications.

📖 Gothari C.R. (2004). Research methodology& technique. New age international publishers. Newdelhi.

📖 Gupta. (2005). Statistical methods. 4th(ed). Newdelhi.

📖 Gupta P Sturdee D.W. & Hunter M.S (2006). Mid age health in women from Indian subcontinent: general health and the experience of menopause in women. Climacteric 9(1). 13-22.

📖 Hallstrom T & Samuelsson S.(1985) .Mental health in climacteric. Acta obstetrics gynecologic Scand supplement 130. 13-18.

📖 Hsu H.C. & Lin M.H. (2005). Exploring Quality of sleep and its related factors among menopausal women. Nursing Research 13(2). 153-164.

📖 Hvas L. Thorsen H. & Sondergaard K. (2000). Discussing menopause in general practice. Maturitas 61(2). 60-68.

📖 Indian Menopausal Society. (2006). World menopausal day.

- Jansson, C. & Hammar M.(2007). Prevalance of symptoms possibly related to climacteric in sweden, maturitas 45(2).129-135.

- Keefer L. & Blanchard E.B.(2007). Conceptualizing Menopausal Symptoms from a cognitive – Behavioral perspective. Applied psychopathology and biofeedback 30(1).

- Kozier & Sydner (2005) .Fundamentals of Nursing, 7th(ed). pearson education publishers. India.

- Lal N.(2007). Making menopause easier. The India together.

- Landis C.A. & Moe K.E.(2003) .Sleep & Menopause. The Nursing Clinics of north America (39). 97-115.

- Lauvea D.R & Halls J. (1999). Explaining women's intentions & Use of Hormones with menopause. Research in nursing & health. 22. 309-320.

- Leventha J.L. (2007). Management of libido problems in Menopause.

- Major G.C. et al., (2005). Energy expenditure from physical activity & the metabolic risk profile at menopause. Medicine & Science in sports & exercise 6(2). 204 – 212.

- Miranda H. (2006). Hot flashes linked to insomnia. Archieves of Internal Medicine 16(3). 112 – 116.

- Moore A.A. & Noonan M.D. (1996). A nurse's guide to Hormone replacement therapy. Journal of Obstetrics & Gynecology Nursing 25(1). 24-31.

📖 National Institute of Ageing (2006). Menopause.

📖 Nilamadhabkar (2005). Psychological challenges in Menopausal women.

📖 North American menopause society (2000). Statistics : Menopause.

📖 Ohayon M.(2006). Hot flashes linked to insomnia. Archieves of internal medicine 6(11).63-70.

📖 Olshansky E. (2005). Feeling Normal women's experience of menopause after Infertility. Maternal & Child Nursing 30(3). 195-200.

📖 Oskay V.Y Beji N.K. & Yalcin O. (2007). Urogenital complaints of Istanbul women. Acta Obstetrical & Gynecological Scandinavica, 84, 72.

📖 Palacios S Borrego S.R. & Forteza A. (2007). Importance of Preventive Care in Postmenopausal Women. Maturitas 52(1). 53-60.

📖 Polit D.F & Beck C.T. (2004). Nursing Research: Principles and Methods. (7th ed.). Lippincott Williams & Wilkins. Philadelphia

📖 Qazi R.A. (2006). Age, Pattern of Menopause, Climacteric symptoms & associated problems among urban population of Hyderabad & Pakistan. Journal of the College of Physicians & Surgeons – Pakistan 16(11). 700 – 703. Retrieved November 2006.

📖 Rubin R.T. & King B.H. (1995). Comprehensive text book of psychiatry. 6th (ed). Baltimore .Williams & Wilkins.

📖 Rufeena, Sr.(2007). Prevalence of voiding dysfunction and its impact on quality of life in menopausal women. Unpublished M.Sc.(N) dissertation, Dr.M.G.R. Medical University, Chennai.

📖 Scura K.W & Whipple B. (1997). How to provide better care for the postmenopausal women. American Journal of Nursing 97(4). 36-43.

📖 Shakhatreh I.M.N & Masad D. (2006). Menopausal symptoms & health problems of women aged 50-65 years in South Jordan. Climacteric 9(4). 305 – 311.

📖 Sharma S. Tandon V & Mahajan A. (2007). Menopausal symptoms among urban population of India. Journal of postgraduate medicine, 9(1), 45-47.

📖 Shea, J.L. (2006). Chinese women's symptoms: relation to menopause, age & related attitudes. Climacteric, 9(1), 30-29

📖 Sherman, et.al.. (2003). Baseline health related quality of life in postmenopausal women with coronary heart disease. Journal of Women's health 49(2). 87-95.

📖 Sidhu, A., & Arora, A.K. (2005). Profile of menopausal women in North India, Climacteric, 8, 177-184..

📖 Singh, M., & Singh, G. (2007). Comparison of Mental Health Status during Menopause & Post menopause working women. Internet Journal of World Health and Societal Politics, 24(1), 1-5.

📖 Siris, et.al., (1999). Long term Study: Fractures in Postmenopausal women. Osteoporosis International, 15(2), 1417 – 1425.

📖 Smith, P.E. (2005). Menopause, assessment treatment & patient education. The Nurse Practitioner. 30(2), 33-43.

📖 Smith, P.R. (2002). Netter's obstetrics and Gynecology & Women's health, (1st ed.). New Jersey: Icon learning Systems.

📖 Speroff, L. (2007). Preventive health care for older women. International Journal of fertile menopausal studies. 41(2), 64-68.

📖 Sundarrav & Richard (1999). An introduction to biostatistics. 6th(ed). Newdelhi.

📖 Syamala & Sivakami (2005). Reaching the unreached: the older women and the RCH programme in India the Challenges ahead.

📖 Tamilmani.(2006). Menopause & HRT. Nightingale Nursing Times, 2(1), 24-32.

📖 The International menopause society (2003). Ageing and Menopause. March 2007.

📖 Thurston R.C.,et.al., (2006). Associations between hot flashes, sleep complaints & psychological functioning among healthy menopausal women. International Journal of behavioral Medicine, 13(2), 163-172.

📖 Toobert J.,et.al.,(2000). Enhancing support for health behavior change among women at risk for heart disease: The Mediterranean Lifestyle Trial. Oxford Journal, 550(4), 110 – 125.

📖 Weijer, V. (2002). Isoflovones from red doves reduces hot flush. Maturitas. 42. 187-193.

📖 Willis, et al., (1997). An educational intervention as decision support for menopausal women. Research in Nursing & Health, 20, 377 – 387.

📖 Women Health Initiative (2002). HRT became a magic pill to slave off the effects of aging. The Hindu.

📖 World Health Organization (2002). The status of world population. Geneva: WHO office.

📖 Young T.,et.al., (2003). Objective and subjective sleep quality in premenopausal, peri menopausal and postmenopausal women in Wisconsin sleep cohort study. Sleep. November, 2006.667-672.

📖 Youngkin, E.Q., & Davis, M.S. (2004). Women's Health : A primary care clinical guide, (3rd ed). New Jersey : Prentice Hall Pvt. Ltd.

Wes site:-

- www.google.com.
- www.yahoo.com.
- www.emedicine.com.
- www.medscape.com.
- www.medline.com.
- www.pubmed.com.
- www.wikipedia.com.
- www.amsrm.com.
- www.medicinenet.com.
- www.sciencedirect.com.

APPENDIX - I

Letter seeking expert's opinion for content validity of the tool

From:

Ms. Tharani

M.Sc., Nursing, II Year,

Matha College of nursing

Manamadurai.

To:

Through: The Principal, Matha College of Nursing, Manamadurai.

Respected Madam,

Sub: Requisition of expert opinion and suggestion for content validity of the tool.

I am the second year master degree student in Matha College of Nursing, Manamadurai. In partial fulfillment of Master Degree in Nursing. I have selected the topic mentioned below for the research project to be submitted to the Dr. MGR Medical University, Chennai.

Problem statement:

"A descriptive study to determine the level of stress and coping abilities among menopausal women residing at Manamadurai in Sivagangai district".

I request you to kindly validate the tool and give your expert opinion for necessary modification and also I would be very grateful if you could refine the problem statement and objectives.

ENCL:

Demographic profile

Tool for assessment of Stress and Coping Abilities scale

Thanking you

Place: Manamadurai

Date:

yours faithfully,

S. THARANI

APPENDIX –II

LIST OF EXPERTS OPINION FOR CONTENT VALIDITY

1) Dr. Chalice Raja MS.,DGO
   Infant Jesus hospital,
   Madurai.

2) Prof (Mrs.) Merlin,
   Vice- Principal cum HOD obstetrics & gynecology nursing,
   C.S.I.Jeyaraj Annapackium College of nursing,
   Pasumalai, Madurai.

3) Prof (Mrs.) Vimala,
   HOD obstetrics & gynecology nursing,
   Sacred Heart College of nursing,
   Anna Nagar, Madurai.

4) Mrs. Santhi,
   Lecturer in OBG dept,
   C.S.I.Jeyaraj Annapackium College of nursing,
   Pasumalai, Madurai.

5) Prof (Mrs.) Tamil Selvi,
   HOD Psychiatric nursing dept,
   K. G. college of nursing,
   Coimbatore.

APPENDIX – III

LETTER SEEKING PERMISSION TO CONDUCT STUDY IN MANAMADHURAI

To

Respected Sir / Madam,

Sub: Project work of M.Sc., Nursing student in urban area in manamadurai.

I am to state that **Ms. Tharani** one of our final year M.Sc., Nursing student has to conduct a project, which is to be a partial fulfillment of university requirement for the degree of Master of Science in Nursing.

The topic of research is " A descriptive study to determine the level of stress and coping abilities among menopausal women residing at Manamadurai in Sivagangai district "

Kindly permit her to do the research work in your rural area.

Thanking you.

Place: Manamadurai yours faithfully,

Date: Prof. Mrs. Jebamani Augustine

(PRINCIPAL)

APPENDIX – IV

SEMI STRUCTURED INTERVIEW SCHEDULE

PART - I : Socio Demographic Profile of the Women

1. Age in Years
   a) 40 - 45 Years
   b) 46 - 50 Years
   c) 51 - 55 Years

2. Educational status
   a) Illiterate
   b) School level
   c) Degree and above

3. Marital status
   a) Married
   b) Unmarried
   c) Widow

4. Number of children
   a) One
   b) Two and above
   c) None

5. Religion
   a) Hindu
   b) Christian
   c) Muslim

6. Occupation
   a) House wife
   b) Working women

7. Income of the family

a) Below Rs.5000

b) Rs.5000 - Rs.10000

c) Above Rs.10000

8. Type of family

a) Nuclear family

b) Joint family

9. Age at Menarche

a) 10 – 13 years

b) 14 – 16 years

c) Above 16 years

10. Age at menopause

a) 40 - 45 years

b) 46 - 50 years

c).51 - 55 years

11. Duration of menopause

a) 0 – 2 Years

b) 3 - 4 Years

c) 5 - 6 Years

12. Dietary pattern

a) Non – vegetarian

b) Vegetarian

c) Calcium and vitamin rich food

PART II

ASSESSMENT OF STRESS

PERCEIVED STRESS SCALE

[COHEN'S AND WILLIAMSON 1983 MODIFIED]

S.No	Stress Factors	0 Never	1 Almost Never	2 Some times	3 Fairly Often	4 Very Often
	Physiological stress					
1	Often experiences hot flushes.					
2	Often gets head ache.					
3	Getting night sweats.					
4	Have insomnia.					
5	Feeling palpitation.					
6	Having dribbling of urine while cough, sneeze & exercise.					
7	Feeling discomfort and pain during intercourse.					

8	Feels joint pain.					
9	Showing interest in having sex with your partner.					
10	Weight is increased.					
11	Getting urinary tract infection.					
12	Feels your skin is itchy and dry.					
	Psychological stress					
13.	Disturbed memory and thinking					
14	Feels lonely, isolated and boredom					
15	Having personal feelings of anger or hostility					

16	Feeling bad about your body and yourself					
17	Often gets mood change					
18	Feeling irritated and altered self image.					
19	Have concentration on work					
20	Maintains positive relationship with others [family and friends]					

SCORING:

0 - 25: Low stress

26- 50: Moderate stress

51- 80: High perceived stress

PART III

COPING LEVEL ASSESSMENT

LIKERT TYPE OF COPING

[JALOWIE'S AND POWER'S 1981 MODIFIED]

S. No	COPING METHOD	0 Never	1 Almost Never	2 Rare	3 Often	4 Always
1	Wearing cotton clothing which lets the skin "breathe"					
2	Drinking plenty of water					
3	Avoiding hot places					
4	Avoiding hot & spicy foods					
5	Avoiding caffeine at night					
6	Keeping an ice pack by the bed at night to use on the skin when a hot flushes occurs					
7	Using Cool bed room					
8	Taking a bath or shower before bed time					
9	Drinking milk / chamomile tea					

	before bedtime.					
10	Taking adequate rest.					
11	Adopting Breathing techniques (meditative breathing exercises)					
12	Eating a healthy diet low in saturated fat, plenty of fish, fruits, vegetables and high fiber					
13	Doing regular exercises (walking, swimming, light jogging in the morning, weight bearing exercises)					
14.	Doing Meditation					
15.	Doing Yoga and Bio feedback					
16	Taking calcium and vitamin supplements as per advice					

17	Going for checkup and receiving hormonal replacement therapy.					
18	Spending time with others(family and others)					
19.	Seeking support from others(family, friends and counselor)					
20	Sharing your thoughts					
21.	Involving you in enjoyable activities.					
22.	Taking a break from your work or usual daily activities					
23.	Maintaining regular sleep pattern.					

24 25.	Taking antidepressants and sedatives as prescribed. Using any alternative therapy [acupuncture , relaxation therapy, massage therapy, and stress management therapy]					

SCORING:

0 - 50 : Mild coping

51 - 75: Moderate Coping

76 - 100: Good Coping

Menopause

Not to pause

LIVING LONGER
LIVING BETTER

APPENDIX – VI

SELF INSTRUCTION MODULE ON COPING ABILITIES FOR MENOPAUSALWOMEN

INTRODUCTION:-

In yesteryears menopause used to mean a pause in the women activities and it was accepted as a change of life. Today's women are shoulder to shoulder with men sharing equal responsibility in all spheres of life. Women have equal right to enjoy life and menopause can no longer be a pause in her life. There is increasing demand for information and treatment options for managing the symptoms of menopause, which continues to the research.

As women age, their health becomes a multidimensional issue influenced by factors such as career, changes in home life, diet & physical activity, the economy, society & environment. This changes together with the natural process of ageing & the hormonal changes in the reproductive system affects the wellbeing of women. It was only in the decade that the menopausal syndrome were identified & acknowledge as an issue that affected some women & become a matter of concern to health care provides.

AIM:-

The aim of preparing this module is to enable the women reaching menopause to understand what is menopause, the symptoms, effect on heart & bone, and the non-pharmacological measures to deal with the symptom of menopause.

OBJECTIVE:-

By reading this module, the women will be able to,

- ✓ Understand the term menopause.
- ✓ Identify the symptoms of Menopause.
- ✓ Practice the non-pharmacological measures to deal with the symptoms of menopause.

TIPS TO MANAGE MENOPAUSAL STRESS

MENOPAUSE:-

Menopause is a stage in a woman's life when she stops having her monthly periods. It is really the end of a long slow process.

When does menopause usually begin?

Menopause typically occurs in a woman's late forties to early fifties. It is a natural transition, making the end of a woman's reproductive years.

Why does menopause occur?

Menstrual cycles in women occur due to production of female hormone estrogen. Menopause occurs due to reduction or complete stoppage of Production of estrogen hormone by ovaries.

Symptoms:-

when a women progresses towards menopause she experiences following physiological and psychological symptoms;

Physiological:-

- Irregular periods ;shorter, lighter periods; heavier periods, shorter cycles, longer cycles
- Hot flush; Night sweating;
- Trouble sleeping through the night(with or without night sweats)
- Headache;
- Vaginal tissues becomes thinner, dryer, and elastic, which may cause discomfort or pain during sexual intercourse;
- palpitation;
- Joint pain & stiffness;
- Uncontrolled urination upon sneezing, laughing
- Lack of energy;
- Weight gain.
- Itchy, crawly skin
- Breast tenderness

Psychological:-

- Mood swing
- Depression,
- Anxiety,
- Irritability,
- Stress,
- Emotional changes,
- Problems with remembering and thinking clearly,
- Difficulty in concentrating, Disorientation, mental confusion
- Overreacting to minor upsets and forgetfulness.

TIPS FOR SYMPTOMS MANAGEMENT:

Hot Flushes:-

- Try to pinpoint what triggers the hot flush.
- Avoid hot drinks like tea or coffee, hot weather, or a warm room and spicy foods.
- Exercise regularly.

- Wear cotton clothes.

- Make your room well ventilated

Dry and itchy skin:-

- Use a good moisturizing cream or sunscreen.
- Limit exposure to sun

Sleep trouble:-

- Regular exercises in the morning.
- Take a warm bath.
- Follow bedtime ritual.
- Follow relaxation techniques.
- Drink Milk
- Arrange comfortable sleep environment.
- Avoid sleeping medication.
- Limit food intake just prior to sleep.
- Sleep in a cool room.

Weight gain:-

- Eat only healthy food.
- Take small meal at regular intervals.

Psychological problem:-

- Try 20 min yoga, 15 min progressive deep relaxation techniques, 15 min meditation, 5 min of directed or receptive guided image.
- Do at least 1hr/ day for relaxation therapies.
- Practice light aerobic activities.

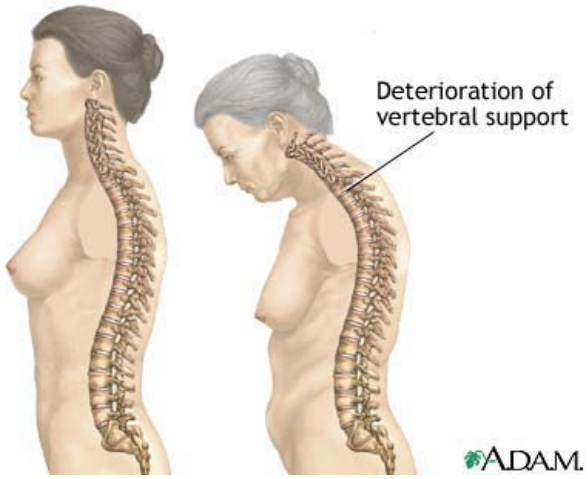
TIPS FOR RISK FACTOR MANAGEMENT:-

Osteoporosis:-

Osteoporosis is a disease that causes bone loss. When the women attains menopause, bone mineral density starts to decrease due to which the bones become thin and fragile and the incidence of fracture increases.

Coping with Post menopausal Osteoporosis:-

- Menopausal women should consume 1200-1500 mg of calcium per day.
- Maintain good posture.



- Prevent falls.
- Manage pain (limit mobility)

Heart disease:-

Menopause brings changes in the level of cholesterol in women blood. Elevated bad cholesterol (LDL) and total cholesterol levels can lead to stroke and heart attack.

- To avoid these risks eat a variety of vegetables, fruits and whole grain.
- Moderate exercises.

TIPS FOR NUTRITIONAL MANAGEMENT:-

- Eat plenty of fruits and vegetables.
- Eat complex carbohydrate-like brown rice, oats, and whole meal bread.
- Eat beans such as lentils, chickpeas and soya products which are natural source of estrogens.
- Reduce the intake of saturated

from dairy products

- Drink enough fluids.

- Increase fiber intake
- Avoid additives, preservatives
- Reduce your intake of caffeine
- Avoid excess intake of sugar.
- Adding low fat yogurt, milk, or soy milk.
- Drink mineral/ bottled water, diluted fruit juices including Calcium- fortified juices, vegetable juice, fat-free milk.

TIPS ON EXERCISE FOR MENOPAUSE:-

Making exercise a routine of your life pays rich dividend. Exercise can help you lose weight and keep you fit. Aerobic exercise help protect against heart diseases and diabetes, and weight bearing exercises help to prevent osteoporosis.

Regular exercises:

- Energizes you,
- Relieve stress and symptoms of menopause
- Increase muscle strength & flexibility
- Helps you sleep better
- Improves circulation
- Lower blood pressure

In short, exercise makes you look and feels better….

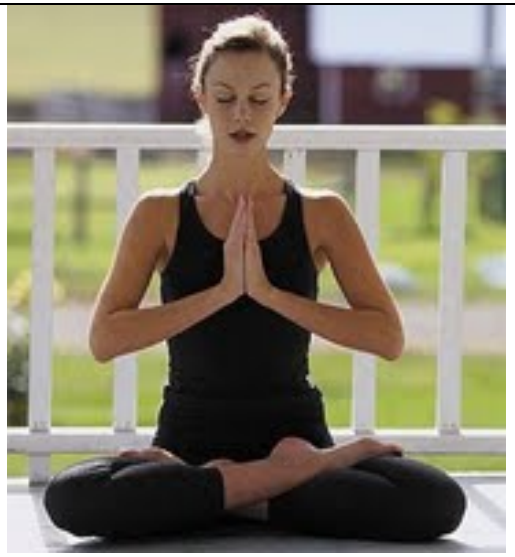
POSITIVE ASPECTS OF MENOPAUSE:-

- Do not consider menopause a " PAUSE" that brings your life to a standstill. Develop new interests and keep looking forward to life with the following approaches;
- So long reproduction – you can travel and swim

Flickr: NejroN

any time of the year without having to think twice about " that time of the month"

- Take control of your symptoms a healthy lifestyle will make you feel better about yourself because it reduces stress, and encourages positive thinking and creativity.
- Change your attitude – you need to get on with your life, and shouldn't use menopause as an excuse to slow down. Transforming the way you perceive yourself and the world around you with the positive impact the way your body deals with menopause.



Thank you

மெனோபாஸ்

மெனோபாஸ் என்றால் என்ன?

ஒரு பெண்ணின் வாழ்க்கையில் மாதவிலக்கு ஏற்படுவது நிரந்தரமாக நிற்கும் நிலை மெனோபாஸ் ஆகும்.

மெனோபாஸ் பொதுவாக எப்போது ஆரம்பிக்கும்?

மெனோபாஸ் நாற்பது வயதுகளில் பிந்தைய காலகட்டத்தில் ஐம்பது வயதுகளின் ஆரம்பத்தில் ஏற்படலாம். இது ஒரு இயற்கையான மாற்றம். பெண்களின் பல்வேறு காலகட்டத்தின் முடிவு ஆகும்.

ஏன் மெனோபாஸ் ஏற்படுகிறது?

பெண்களுக்கான ஹார்மோன்களான ஈஸ்ட்ரோஜென்கள் உற்பத்தி காரணமாக பெண்களுக்கு மாதவிலக்கு சூழற்சிகள் ஏற்படுகின்றன. கருவகங்களால் ஈஸ்ட்ரோஜென்கள் ஹார்மோன்கள் உற்பத்தி குறைவு அல்லது முழுமையான உற்பத்தி நின்றுவிடுதல் காரணமாக மெனோபாஸ் ஏற்படுகிறது. இதனால் பெண்ணுக்கு மாதவிலக்கு சூழற்சி நின்றுவிடுகிறது.

பெண்களுக்கு உண்மையில் மெனோபாஸ் நிகழ்வதற்கு 8-10 மாதங்களுக்கு முன்பாகவே மெனோபாஸ் சம்மந்தப்பட்ட அறிகுறிகள் ஆரம்பித்து விடலாம்.

அறுவை சிகிச்சையில் கருவகங்கள் அல்லது கருப்பை இரண்டுமே அகற்றப்பட்ட பெண்களுக்கு திடீரென மெனோபாஸ் ஏற்படுகிறது.

மெனோபாஸ் அறிகுறிகள் என்ன?

ஒரு பெண்ணுக்கு மெனோபாஸ் ஏற்படும்போது கீழ்க்கண்ட உடல்ரீதியான அறிகுறிகள் மற்றும் மனரீதியான அறிகுறிகள் ஏற்படும்.

உடல்ரீதியான அறிகுறிகள்:

- ஒழுங்கற்ற மாதவிலக்கு, குறைவான மற்றும் லேசான இரத்தப்போக்கு, அதிகமான இரத்த வெளியேறும் மாதவிலக்குகள், மாதவிலக்கு குறிப்பிட்ட நாட்களுக்குள்ளரே ஏற்படுதல், மாதவிலக்கு குறிப்பிட்ட நாட்களையும் தாண்டி தாமதமாக ஏற்படுதல்.

- உடலில் வெப்ப உணர்வு பரவுதல், இரவு நேரத்தில் அதிக வியர்வை.
- இதயத்துடிப்பில் ஒழுங்கின்மை
- இரவில் தூங்குவதில் சிரமம்
- உடலுறவில் ஆர்வம் குறைதல்
- பிறப்புறுப்பில் உலர்ந்த தன்மை
- தூங்கும் போது, சிரிக்கும் போது கட்டுப்படுத்த இயலாமல் சிறுநீர் கசிந்து விடல்
- அரிப்பு, சொறி ஏற்படும் சருமம்
- தசைகளில் இறுக்கம் அதிகமாகுதல்
- மார்பகங்கள் லேசான உணர்வு
- தலைவலி
- உடல் எடை அதிகரிப்பு
- தலை பிறப்புறுப்பு அல்லது உடல் முழுவதும் கேசம் உதிர்தல்.
- உடலில் ஏற்படும் வியர்வை நாற்றத்தில் மாற்றங்கள்
- ஈறுகளில் பிரச்சனைகள், அதிக இரத்தக்கசிவு

- விரல் நகங்களில் மாற்றங்கள்; நகம் மென்மையாகுதல் அல்லது சுலபமாக உடைதல்
- டின்னிடஸ்: காதுகளில் மணிச்சத்தம் ஒலித்தல்

மனரீதியான அறிகுறிகள்:

- களைப்பு
- கவலை
- கவனம் செலுத்துவதில் கஷ்டம், கவனம் செலுத்த முடியாமை, மனக்குழப்பம்
- மனச்சோர்வு
- கிறக்கம், தலை லேசான உணர்வு, சமநிலை (பாலன்ஸ்) இழப்பு சம்பவங்கள்

அறிகுறிகளை கட்டுப்படுத்த ஆலோசனைக்குறிப்புகள்:-

ஹாட்ப்ளஷ்கள்;-

- டீ மற்றும் காபி போன்ற சூடான பானங்களை தவிர்த்தல்
- உடற்பயிற்சி செய்தல்
- கார உணவு வகைகளை தவிர்த்தல்
- வறண்ட மற்றும் அரிப்பு ஏற்படும் சருமம்:-
- சிறந்த மாய்சரைசிங் க்ரீம் அல்லது ஸன்ஸ் கிரீன் பயன்படுத்துங்கள்.
- வெயிலில் அதிகம் அலையாதீர்கள். இதனால் சரும உலர்வை மற்றும் சரும சுருக்கத்தை குறைக்கலாம்.

தூங்குவதில் பிரச்சனை:-

- குறித்த நேரப்படி அனைத்தையும் செய்யுங்கள்
- நாள்தோறும் குறிப்பிட்ட நேரத்தில் தூங்கி குறிப்பிட்ட நேரத்தில் விழித்து எழுங்கள்
- குறிப்பிட்ட இடைவெளியில் வழக்கம்போல் உணவு சாப்பிடுங்கள். நேரம் தவறி சாப்பிடாதீர்கள் மற்றும் அதிகமாக சிற்றுண்டிகள் (ஸ்நாக்ஸ்) சாப்பிடாதீர்கள்.
- காப்பின்கள் அடங்கிய காபி, டீ, சாக்லேட் மற்றும் கோலா ட்ரிங்க்குகள் வேண்டாம். தொடர்ச்சியாக உடற்பயிற்சி செய்யுங்கள்.

உடல் எடை அதிகரிப்பு:-

- ஆரோக்கியம் அளிக்கும் உணவுகளை மட்டும் சாப்பிடுங்கள்.
- மனச்சோர்வு, கவலை மற்றும் எண்ணங்களின் மாற்றம்
- உங்களுக்குப் பிடித்த பொழுது போக்கில் ஈடுபடுங்கள்
- புத்தகங்களை படியுங்கள்
- நட்பு கொண்டவர்கள் உடன் வெளியே செல்ல திட்டமிடுங்கள்

- கிளப்புகளில் சேருங்கள்
- புது நட்பு வட்டத்தை உருவாக்கிக் கொள்ளுங்கள்

அபாய நிலைகளை கையாள ஆலோசனைக்குறிப்பு

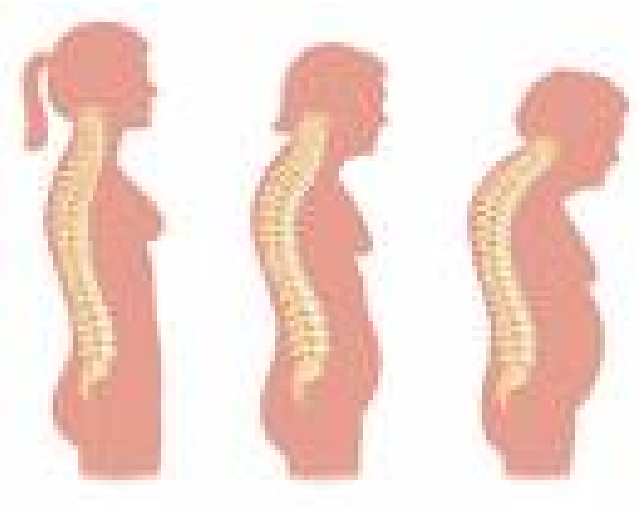
எலும்பு தேய்வு:-

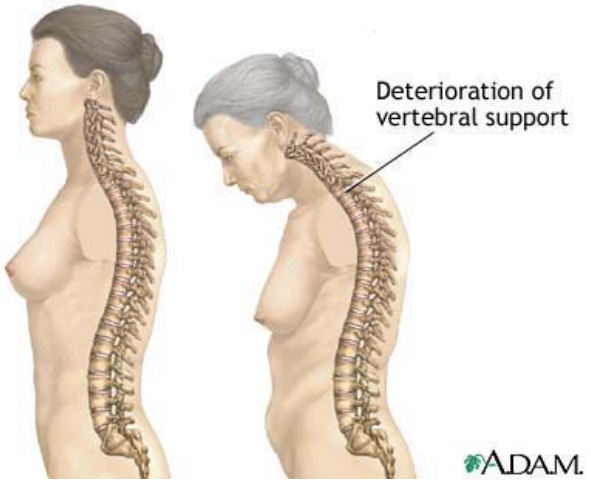
இது ஒரு எலும்பு சம்பந்தப்பட்ட நோய் - ஒரு பெண்ணுக்கு மெனோபாஸ் நிலையை அடையும்போது எலும்பு தாதுச்சத்து அடர்வு குறைய ஆரம்பிக்கிறது. இதனால் எலும்பு ஒல்லியாகி, ஒடியும் நிலையை அடைவதால் எலும்பு முறிவுகள் அதிகரிக்கின்றது.

போதிய கால்சியத்தை உட்கொள்ள வேண்டும். (1500 கி.மீ. கால்சியம் வைட்டமின் டி கால்சியம் உட்கிரப்பு மட்டுமின்றி அதன் வளர்சிதை மாற்றத்திற்கும் முக்கியமானது.

இதயநோய் அபாயம்:-

மெனோபாஸ் பெண்களின் இதயத்தில் கொலஸ்ட்ரால் நிலையில் மாற்றங்களை ஏற்படுத்துகிறது. அதிகரிக்கும் கெட்ட கொலஸ்ட்ரால் (எச்டிஎல்) மற்றும் மொத்த கொலஸ்ட்ரால் அளவுகள் காரணமாக ஸ்ட்ரோக் மற்றும் மாரடைப்பு





ஏற்படலாம்.

சோயா உணவுகள் உட்பட காய்கறிகள், பழங்கள் மற்றும் முழு தானியங்கள் சாப்பிடுங்கள் உணவில் உப்பு குறைவாக சேருங்கள் கொழுப்பு சத்துள்ள உணவுகள் குறைவாகவே சாப்பிட வேண்டும்.

ஊட்டச்சத்து நிர்வாக ஆலோசனைக்குறிப்புகள்

- பழங்கள் மற்றும் காய்கறிகள் அதிகமாகச் சாப்பிடுங்கள்
- புழுங்கல் அரிசி, ஓட்ஸ், ஹோல்மீல் ப்ரெட் போன்ற கார்போஹைட்ரேட் கலவையைச் சாப்பிடுங்கள்.
- ஈஸ்டரோஜென்கள் அதிகம் உள்ள காராமணி, பட்டாணி மற்றும் சோயா தயாரிப்புகளை அதிகம் சாப்பிடுங்கள்
- பூரித கொழுப்புள்ள பால் தயாரிப்புகள் முதலியவற்றை குறைவாக சாப்பிடுங்கள்
- போதுமான அளவு திரவ உணவை குடியுங்கள்
- நார்ச்சத்துள்ள உணவுகளை அதிகமாக சாப்பிடுங்கள்
- காபின் அடங்கியவற்றை குறைவாகச் சாப்பிடுங்கள்
- சர்க்கரை அதிகம் சேர்ப்பதை குறையுங்கள்