INTRODUCTION:

The continuum of an individual’s life can be divided into several life stages with certain features characteristic of each stage. Each stage of life is influenced by specific aspect as infancy, childhood, adolescent, adult, middle age and old age.

Biologically, life stages of a typical woman are divided into infancy, puberty (adolescence), sexual maturation (reproductive age), climacteric period, and post-climacteric (elderly) years. Puberty (adolescence) roughly corresponds to ages of students from junior high school through college. From the late teens to pre-menopause in the late 40s is a period of sexual maturation, also called the reproductive age, the 5 years before and after menopause is defined as the climacteric period, and a woman is said to have reached menopause when no menstruation occurs for 12 consecutive months and this usually occurs in the mid-40s to mid-50s. The stage associated with old age is called post climacteric years, in this stage ovarian function is almost at its end, and issues associated with aging begin to grow.

Menopause refers to last menstrual period. Menopause is defined as the time of cessation of ovarian function resulting in permanent amenorrhea. According to the World Health Organization; it takes 12 months of amenorrhea to confirm that menopause has set in.

Climacteric period often overlaps with the timing of children leaving home, the need to care for elderly parents, changes in relationship with a husband owing to a loss of common goals as a couple, or disease of the husband. Consequently, loss of motivation in life, mental depression, and physical fatigue may accumulate, influencing
wellness in a woman. Some even become clinically depressed, faced with their physical limitations and sense of running out of time.

The average life expectancy of women has increased rapidly, and, consequently, incidence of medical diseases specific to postmenopausal women have increased. Decreased estrogen secretion from the ovaries induces vasomotor symptoms including hot flushes (flashes), abnormal sweating, and vertigo. With estrogen deficiency, osteoporosis due to increased bone resorption, hypercholesterolemia due to decreased LDL receptors, and atherosclerosis may progress. These diseases are also associated with lifestyle habits and call for active intervention.

Psychiatric symptoms like mood changes may also occur, as well as urinary incontinence and migraine. Though the severity varies, some develop morbid conditions called menopausal (climacteric) disorders depending on personality factors and social environmental features, which may require medical treatment.

Although most women transition to menopause without experiencing psychiatric problems, an estimated 20% have depression at some point during menopause. Research has shown that reproductive hormones produced during menopause contribute to mood alterations, such as depression. Insomnia occurs in 40-50% of women during the menopausal transition, rates of sleep apnea increase with age, rising from 6.5% in women aged 30-39 years to 16% in women aged 50-60 years. A second peak in the incidence of schizophrenia is noted among women aged 45-50 years; this second peak is not observed in men. Some researchers have observed a worsening of the course of schizophrenia in women during the menopausal transition. These observations suggest that estrogen may play a modulatory role in the pathophysiology
of schizophrenia. Panic disorder is common during perimenopause. New-onset panic disorder may occur during menopause, or preexisting panic disorder may worsen. Panic disorder may be most common in women with many physical symptoms of menopause.

In 1990, about 25 million women worldwide reached menopause; this number is expected to double by the late 2020s. About 130 million Indian women are expected to live beyond menopause by 2015.

With the advent of modern medicine, there is a general increase in life expectancy, thus many women are likely to live for more than two decades beyond menopause, in an estrogen deficient state. Some of the menopausal symptoms experienced by these women can be severe enough to affect the normal lifestyle. Menopause related symptoms have been extensively studied in western countries, but very little data is available from developing countries, especially South East Asia.

According to Indian Menopause Society, there were about 65 million Indian women over the age of 45 years in the year 2006. Hence, menopausal health demands even higher priority in Indian scenario.

In India, there is no current health program that caters to the specific health needs of postmenopausal women. Moreover, Reproductive and Child Health-II and National Rural Health Mission only addresses women in the reproductive age group, ignoring those who have passed their reproductive stage. Also very few studies have been conducted in rural areas to understand menopause at micro level.

Since majority (68.84%) of Indian population resides in rural areas, therefore there is an urgent need to focus our health services to postmenopausal women residing
in rural areas. This study is therefore expected to bring out the magnitude of suffering due to bio-psycho-social issues among postmenopausal women in rural areas.