

Is Menopause a Health Risk for Bengali Women?

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Abstract: Researches suggest that people's perception about menopause largely depends on the inherent sociocultural context. In some of the developed countries of the west, menopause is viewed pessimistically. So, the understanding of this reproductive phase as a health risk and the approach to medicalise it are more pronounced in these countries. Some studies show that presently, to certain extent, people from developing countries are espousing menopause in a similar way like the west.

The present study aims to understand the knowledge, attitude and perception of urban middle class women of West Bengal (India) toward menopause. The data have been collected on post menopausal women from their lived experience. The result shows that women of this study group are not much concerned with menopause and menopausal problems and do not perceive this reproductive episode of their life as health risk. It seems that the sociocultural perspective of the Bengali middle class epitomize menopause as uneventful. Thus, it appears that the agenda of promoting menopause as a medical model, has probably failed to penetrate the life of Bengali middle class community.

Keywords: Menopause, health, women.

INTRODUCTION

Health of women has been a global concern for many decades [1, 2]. In recent times, the health of elderly women has drawn attention of the researchers and policymakers because there is a global trend of increase in number and life expectancy of this population [3, 4]. In India, during the last 10 years, there has been a numerical increase in elderly population (aged 45 years and above) and presently around 20.1% of women fall in this age group [5, 6].

In general, women have a more complex phase of old age than men because of the effects of hormonal changes that occur to them due to menopause. The onset of this physiological development not only marks the end of women's reproductive function but, also introduces a woman to a new phase of life. Studies in various parts of the world show that women of developing countries reach menopause at an earlier age, compared to those of the developed countries [7-11]. Thus, women of developing countries are spending larger part of their lives at the postmenopausal stage compared to those of developed countries.

During menopause, women may experience vasomotor, urogenital and psychological symptoms as well as sexual dysfunction. These problems are often attributed to hormonal changes during midlife and are projected as health risk. Had these symptoms been solely influenced by hormonal changes, then all women would have experienced in the same way. But, studies across sociocultural and ethnic groups show that, all women do not experience similar symptoms [12-25]. A number of factors that are inherent in

the prevailing sociocultural paradigm like, cultural beliefs, values, and attitudes toward menopause influence women's menopausal experience as negative and troublesome or positive and liberating [26-34]. In addition to it, woman's role in the society (which is shaped by the cultural context) sets the condition of responding to menopause [27].

There has been an attempt to medicalise menopause for a long period of time. In fact, menopause was first publicly campaigned as a health risk through a book "Feminine Forever" [35]. The publication was supported by a pharmaceutical company whose major product was estrogen. In that campaign, menopause was identified as a hormone-deficiency disease associated with a list of symptoms and loaded with many pessimistic pictures. Later, this book came out in a number of languages in many countries. Thus, the journey of menopause, projecting it as a 'risk', started. Subsequently, a number of books related to menopause got published, all skillfully crafted text, with an intention to promote menopause as a disease. Some of these books even advised women to exercise, eat appropriate food and take menopause as a passing transition [36]. Implicitly it means a denial of menopause as a natural event, unlike menarche and child birth. The World Health Organisation [37] has also indexed menopause in the International Classification of Diseases. This disease model of menopause has been seriously challenged by the feminist authors and the National Women's Health Organisation movement by defining menopause not an event that limits women's psychological and physical capacities, but a natural part of aging [38-41].

Under these circumstances, the present study is an endeavour to understand the knowledge, attitude and perception of urban women of West Bengal towards menopause from their lived experiences.

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MATERIALS AND METHODOLOGY

The present study has been conducted in the state of West Bengal, which is situated in the eastern part of India. This state is numerically dominated by Bengali speaking groups and has the longest history of colonial legacy in this country. Data on attitudes and perception towards menopause have been collected by using case study technique from postmenopausal women, belonging to Bengali speaking Hindu ethnic groups. All the participants selected for the study are aged between 45 and 55 years, have attained natural menopause (not because of any medical reason) at least one year prior to the date of study, are still in wedlock and have at least one surviving child. A total number of 100 women from middle class group of this community have been selected with the help of network sampling technique, from two urban centers located near the city of Kolkata (the State capital). Prior to the collection of data, the nature of research was explained to all the participants and a verbal consent was taken from each of them.

The participants were asked to share their lived experience (case histories) regarding the knowledge, attitude and perceptions about the change over from a menstruating to non-menstruating stage in their reproductive life. In course of collecting data, at times, some clues and guidelines were provided to the participants so that their narrations do not divert from the focus of study. In the result section, data have been presented in three subsections—understanding menopause, menopausal problems and postmenopausal life. Information regarding some socioeconomic characteristics (educational level, occupation, household income and household size) and reproductive events (ages at menarche, marriage and menopause and number of child birth) of the participants were also recorded in course of taking case histories. All types of age estimation were ascertained by asking the participants to recall actual dates of these incidents, if not, then the nearest month. Recall lapse of the participants was more pronounced in determining age at menarche compared to the other two events. In such cases, the participants were asked to recall any landmark incident or significant personal moments (like, own birthday) around the time of those reproductive events.

RESULTS

The socioeconomic profile of the study participants (Table 1) show that majority has attained education up to graduation level, followed by higher secondary and post graduate levels. The monthly household expenditure of overwhelming majority of women (63%) is above Rs. 12,000 and in most of the households, the number of extended family members varies between three and four (60%). Around 40% of the study participants are working women and they are mostly engaged in teaching and other office jobs. The reproductive characteristics of the participants (Table 2) show that the mean age of the participants is 50.1 ± 3.6 years and the mean ages at menarche, marriage and menopause of the participants are 12.7 ± 1.2 , 22.2 ± 3.1 and 45.2 ± 4.2 years respectively. The mean number of child birth of these participants is 1.91 ± 1.01 .

The cases presented below represent the understanding of the people towards menopause. The sociodemographic

information of the participants is presented serially before each case: working status; educational level; age at marriage; age at menopause; present age of the subject and parity.

Table 1. Socioeconomic Characteristics of the Participants

	Number	%
Educational level		
Up to secondary	10	10.0
Up to higher secondary	27	27.0
Graduate	49	49.0
Postgraduate	14	14.0
Monthly household income		
≤Rs. 12,000	37	37.0
>Rs. 12,000	63	63.0
Extended family members		
<3	5	5.0
3-4	60	60.0
>4	35	35.0
Working status		
Working	40	40.0
Nonworking	60	60.0

Table 2. Reproductive Characteristics of the Participants

	Mean	SD
Present age of the participants (years)	50.1	3.6
Age at menarche (years)	12.7	1.2
Age at marriage (years)	22.2	3.1
Age at menopause	45.2	4.2
Mean number of child birth	1.91	1.01

Knowledge Attitude and Perception About Menopause

None of the participants could mention any conversational word in Bengali language which refers menopause and has carved out a space for menopause in their reproductive life. While speaking on menopause, most of the women related this event to cessation of menstrual period and some tried to relate it as an escape from menstrual hassle. Some went farther to consider it as a natural episode in the course of aging. There are some educated women who even mentioned about the probable age of attaining menopause or could relate this incident with end of fertility and child bearing capacity. A few of these women thought to have conceived again when their menstrual cycle stopped during mid age.

The following are the excerpts in support of this deduction.

[Nonworking; Graduate; Age at Marriage 23 Years; Age at Menopause 50 Years; Present Age 53 Years; Parity 2]

“...I know that menopause is the permanent cessation of menstruation. This was very much needed to me since I had a history of heavy menstrual bleeding.”

[Nonworking; Higher Secondary; Age at Marriage 19 Years; Age at Menopause 49 Years; Present Age 50 Years; Parity 2]

“...like menstruation, it is a natural phenomenon which every woman attains after reaching a certain age ... I used to suffer from heavy bleeding and abdominal cramp for about 8-9 days period during the time of menstrual discharge.”

[Nonworking; Graduate; Age at Marriage 22 Years; Age at Menopause 43 Years; Present Age 46 Years; Parity 3]

“...menopause comes as a process of ‘aging’. I suffered from heavy bleeding with clot, which generally continued for a period of 4 to 5 days. Sometimes the severity of the problem used to keep me indisposed.”

[Nonworking; Higher Secondary; Age at Marriage 16 Years; Age at Menopause 45 Years; Present Age 49 Years; Parity 1]

“I know that menstrual cycle stops after a certain age. However, I did not know that the end of menstrual cycle is termed as ‘menopause’.”

[Nonworking; Secondary, Age at Marriage 22 Years; Age at Menopause 46 Years, Present Age 49 Years; Parity 2]

“... I don’t have much idea about cessation of menstrual cycle. I was afraid when my menstruation ceased six years before. I thought to have conceived again. A medical check-up negated this hunch of mine and I understood that my menstrual cycle has totally stopped.”

[Nonworking; Higher Secondary, Age at Marriage 22 Years; Age at Menopause 44 Yrs, Present Age 46 Yrs, Parity 2]

“... With aging, some parts of our body do not work properly and stoppage of menstrual cycle is one such event. This signals the end of child bearing capacity...”

[Working; Postgraduate; Age at Marriage 28 Years; Age at Menopause 47 Years; Present Age 50 Years; Parity 2]

“Menopause is a process of aging. Generally women reach menopause at 45 years of age. In my case, it is bit late, but anyway it is an escape from the menstrual hassle..”

[Working; Graduate; Age at Marriage 31 Years; Age at Menopause 46 Years; Present Age 48 Years; Parity 1]

“A woman loses fertility as soon as menstrual cycle stops for ever. This generally takes place between the ages 45 and 50 years. I reported to my husband when I permanently stopped menstruating.”

[Working; Graduate; Age at Marriage 26 Years; Age at Menopause 44 Years; Present Age 52 Years; Parity 1]

“I knew that the menstrual cycle of a woman stops permanently within 50 years of age. But, when I reached the

menopausal stage in my early forties, I became very much worried and thought of some physiological malfunction.”

[Working; Postgraduate; Age at Marriage 27 Years; Age at Menopause 51 Years; Present Age 52 Years; Parity 2]

“Menopause is a natural event that comes in the lifecycle of every female between the ages of 45 and 55 years. This is a transitional period when ovaries stop producing eggs. During this time, some hormonal changes occur in the body.”

Knowledge Attitude and Perception About Menopausal Problems, and Care

There are a number of menopausal problems which women generally encounter during their menopausal transition and/or postmenopausal phase. In fact, most of the participants seem to be unaware of typical menopausal problems like hot flushes, night sweat, depression and vaginal dryness. So, at the time of data collection, the researcher had to put before them a checklist of menopausal symptoms to test their understanding and experience regarding these problems.

The result show that all women do not experience the same menopausal problems and their perception to these problems also differs. The management of these problems also varies with respect to socioeconomic backgrounds. However, the participants of the study seem to be more concerned with their perimenopausal bleeding pattern than the post menopausal problems.

Some supportive excerpts are presented below.

[Nonworking; Graduate; Age at Marriage 22 Years; Age at Menopause 46 Years; Present Age 50 Years; Parity 2]

“I am aware that from mid age onward, women suffer from various problems related to bones and other organs. Fortunately, I have not experienced any such in its severe form. I consider that my newly adopted lifestyle like, regular free-hand exercise and morning-walk have helped me to get rid of these sorts of problems.”

[Nonworking; Higher Secondary; Age at Marriage 19 Years; Age at Menopause 43 Years; Present Age 45 Years; Parity 3]

“I have encountered some of the problems like depression and a feeling of hot blow of air in head and face, both at the time of menopausal transition and also at present. But, I neither consulted any doctor nor did I inform my husband about these bodily discomforts.”

[Nonworking; Graduate; Age at Marriage 19 Years; Age at Menopause 43 Years; Present Age 46 Years; Parity 3]

“Prior to the permanent cessation of menstruation, my cycle became very irregular. My husband then took me to the doctor for a check-up..... I came to know that menstruating phase is coming to a permanent end. The doctor prescribed some medicine for my cure.”

[Nonworking; Graduate; Age at Marriage 18 Years; Age at Menopause 45 Years; Present Age 49 Years; Parity 2]

“I don’t know why my menstrual bleeding pattern changed, when I was 42 years old. I experienced heavy bleeding with clot, which continued for a period of 4 to 5

days. This did not happen during my early age. Sometimes the severity of the problem kept me indisposed. After consultation with the doctor, I came to know that these are some typical symptoms a woman experiences during mid age, prior to cessation of menstrual cycle. The doctor advised me to remove the uterus to get rid of these problems. When both of us (husband) negated the possibility of uterus removal, then the doctor advised me to take some medicine to pacify these perimenopausal problems. I still have some health problems but, these do not bother me."

Likewise, another working woman experienced similar type of menstrual problem during the menopausal transition for which she sought medical advice. She was also advised by her doctor to remove the uterus, but she didn't follow. The woman did not involve her husband in handling the problem.

[Working; Post Graduate; Age at Marriage 31 Years; Age at Menopause 46 Years; Present Age 54 Years; Parity 1]

"When I stopped menstruating permanently, I reported this to my husband, who advised me to consult a doctor as a preventive measure to overcome postmenopausal problems. Accordingly, I went for a general check-up and the medical consultant gave me some medicines as protective measure of postmenopausal problems."

[Working; Higher Secondary; Age at Marriage 20 Years; Age at Menopause 42 Years; Present Age 49 Years; Parity 1]

"I started experiencing gross menstrual irregularity as I was approaching 40 years of age. This worried me a lot and I thought these to be some physiological malfunction. When I reported about this menstrual irregularity to my mother, she shared similar experience of her and informed me that shortly my menstrual cycle is going to cease. She also informed me about the probable postmenopausal health problems which a woman generally encounters. I reached the menopausal stage in my early forties. Although I have some minor postmenopausal problems but these are very little compared to my other office colleagues. I neither felt the need to visit a doctor for consultation nor did I inform my husband about it."

[Working; Postgraduate; Age at Marriage 27 Years; Age at Menopause 51 Years; Present Age 52 Years; Parity 2]

"The only problem I had during menopausal transition is a gradual reduction in the quantity of menstrual bleeding. Presently, I have some postmenopausal problems but, I consider these problems as a natural phenomenon which happens to all women. Moreover, since I am a working lady, it is very difficult for me to find time and think on these issues."

Attitude and Perception About Menopause and Sexual Life at Post Menopausal Stage

The attitude towards menopause and sexual life varies widely among the study population. Some of these women mentioned about indifferent attitude of their husbands towards their menopausal state; others perceive this stage of life as freedom from pregnancy and religious taboo, achieving an elevated status in their family, loss of femininity and fertility. The approach of these women towards their sexual

life is also different. There are women in this study group who still enjoy sex at this age, but some have lost their sexual life much prior to menopause.

Presented below are some excerpts.

[Nonworking; Higher Secondary; Age at Marriage 21 Years; Age at Menopause 50 Years; Present Age 53 Years; Parity 2]

"My husband is aware about my menopausal state, but his attitude towards me is indifferent. I am very happy after attaining menopause because now I am free to perform religious functions at any time. Earlier, during the time of my periods this freedom was absent. My sex life became irregular after the birth of my second child and it totally came to a halt during menopausal transition."

[Nonworking; Higher Secondary; Age at Marriage 19 Years; Age at Menopause 48 Years; Present Age 51 Years; Parity 2]

"My husband indeed stood beside me when I was passing through some problems related to menopausal transition....I still have a sexual desire and am enjoying my (sexual) life..., but prior to this we consulted a doctor about the possibility of becoming pregnant."

[Nonworking; Graduate; Age at Marriage 21 Years; Age at Menopause 43 Years; Present Age 46 Years; Parity 3]

"Now I am an aged woman and can worship God without any bindings. Moreover, at present, my position in the family is little elevated than before. My opinions are now given importance and I am presently revered by my extended family members. My husband had a prior idea about menopause and so, he took this development (menopausal state) of mine in a positive stride. But, he doesn't enjoy sex with me because he believes that a non-menstruating woman has no reproductive identity."

[Nonworking; Graduate; Age at Marriage 22 Years; Age at Menopause 41 Years; Present Age 45 Years; Parity 2]

"I have a negative attitude towards menopause because I am suffering from a lot of health problems, ever since my days of menopausal transition. Moreover, I think a non-menstruating woman loses her feminine character. My husband was not at all supportive and did not provide any mental support at this stage. I still have a sexual desire, but my husband is very reluctant. He is of the opinion that a post menopausal woman cannot give any sexual pleasure since her vagina becomes dry at this stage."

[Nonworking, Secondary, Age at Marriage 19 Years; Age at Menopause 45 Years, Present Age 48 Years, Parity 3]

"...menopause gave me freedom from pregnancy. I have fulfilled my reproductive duty of giving birth to child. Menstrual bleeding is now no longer necessary for my life."

[Working; Postgraduate; Age at Marriage 29 Years; Age at Menopause 46 Years; Present Age 53 Years; Parity 2]

"I never informed my husband when I was passing through a traumatic menopausal transition. This is in no way an affair of my husband. My sexual relation came to an end prior to the attainment of menopause and thus I believe that

loss of sexual desire is a result of aging and not because of menopause. Presently, I am very much relieved because my menstrual burden is no more present and I am free from any religious restrictions.”

[Working; Graduate; Age at Marriage 31 Years; Age at Menopause 46 Years; Present Age 54 Years; Parity 1]

“I understand that a woman loses her fertility when she stops menstruating permanently. When my husband came to know that my periods have stopped for ever, he did not show any negative attitude. Presently, I still retain my sexual desire and am enjoying my sexual life more than ever before, since there is no need to adopt any birth protective method.”

[Working; Graduate; Age at Marriage 26 Years; Age at Menopause 42 Years; Present Age 55 Years; Parity 1]

“I find aging and stoppage of menstruation are related and this is a natural event. I have not informed my husband about my present state since I believe that he knows about these things. I have lost my sexual urge after menopause, and this is also natural at this age.”

DISCUSSION

Gender specific medical attention has a long history, be it related to child birth, contraceptive design, menstruation and menopause. Traditionally, menopause has been conceptualized in biomedical terms, a disease model, dominated by medical professionals. However, the disease model is over simplified, and poses social problem because it supports the assumption that biology controls women’s mood and behavior. Thus, it overlooks the larger social conditions that contribute to women’s lived experiences. The present study is thus an endeavour to find out how Bengali middle class women understand menopause through their lived experiences/life histories.

It appears from the results that women of present study do not wish to give much importance to the change-over from menstruating to non-menstruating phase and they do not identify menopause as a separate domain of their reproductive life. In general, the reproductive life of a woman can be divided into three major phases -- menarche, child birth and menopause. Out of these three phases, menarche and child birth are more discussed events than menopause. In Bengali vocabulary, the word *rojo* means menstrual flow and *rojo nivrutti* signifies end of menstruation (menopause). But, none of these vocabularies are used by or probably known to the general people of this community since, these are terms sophisticated in nature. However, there is another Bengali vocabulary for monthly menstrual flow called *mashik*, and its use is very common among the Bengali community, cutting across different social groups. The onset of this event (menarche) is often marked by celebrating some rituals. The next stage of reproductive passage of a woman after menarche is pregnancy, which is recognized and welcomed by the society. These two reproductive passages of a woman are symbols of womanhood and/or procreation, which serve larger social and familial interest. In contrast, there is no popular Bengali word for menopause. People refer to this phase of reproductive life as an end of menstruation, in spite of the fact, that every woman experiences menopause at a certain time in their life. These observations indicate that the

society probably desire to keep this phase of women’s life unrecognized and less discussed since it is non-procreative!

Historically and cross-culturally, perspectives on menopause have varied widely. From a recent workshop on ‘Cross-cultural Comparisons of Midlife and Aging’ it appeared that “there is a set of core menopausal symptoms but that the nuances of those symptoms seem to be culture-specific” [42]. Generally, women in developing countries tend to view menopause and its symptoms as a natural process that does not require medical care, and they know little about health issues related to menopause [43-45]. In India, most of the women remain oblivious to the menopausal problems simply due to lack of awareness, and unavailability or ever-increasing cost of the medical and social support systems [46]. The present study conforms to the existing knowledge base. Here, most of the study participants are only concerned with the erratic menstrual characters during menopausal transition but, not with any other specific menopausal problems (like hot flushes and night sweat).

Some medical experts observe that most women do not require treatment for menopausal symptoms, rather they see perimenopause as an opportunity for counseling on exercise, diet, nutrition, stress-reduction, and other lifestyle changes that can minimize future health problems [47,48]. Some studies from Asia show that presently doctors share a more negative view of menopause with their patients and encourage older women to consider medical interventions [18,19]. As a result, in developing countries, educated women from higher social classes are beginning to consider menopause as a health problem and seek treatment for it, although they may not fully understand it [49,50]. An Indian study has shown that most of the post menopausal women go untreated or use unproven alternative therapies [46]. In the present study, although few of these women of the study group have considered medical intervention necessary during their menopausal transition (erratic menstrual characters) but, none seems to be bothered with the menopausal problems.

Globally, the perception towards menopause varies widely, some observes a positive view and the rest has either negative or neutral attitude. For example, in western societies the time of menopause is characterised by loss of youth, beauty, fertility, libido, health, hormones, femininity and calcium which possibly affects physical and psychological well-being in mid-life [51-55]. So, medicalisation of menopause is very pronounced in these societies. On the other hand, a study on Asian women conducted in 1970’s has shown that they view menopause as freedom from pregnancy and liberation [26]. The present study as well as another study from rural South India [56] reveal, that after almost four decades, Indian women still perceive menopause as convenient for life and freedom from menstrual hazards, religious taboos and pregnancy. The western wave which projects menopause as a risk has probably failed to touch the mind of these people.

There are some studies which have attempted to relate the effect of menopause on sex life. It has been found that Mayan and Greek rural women enjoy sex life more after attaining menopause as they don’t have the fear to become pregnant again [27,30]. A study on rural South India shows that a small section of the women perceives that menopause

has ended their sexual life or has disinterested their husbands and lost their femininity. The concept of losing sexual life after menopause does not exist among the study participants, since they have either lost sexual interest prior to menopause or still retain at present.

Thus, it appears from the present study that the agenda of promoting menopause as a risk model that started in the western world during the mid sixties of the twentieth century has probably failed to penetrate the life of Bengali middle class community. This reproductive event still remained a silent passage in the life of these women. However, one needs to know how much this concept has affected the higher socioeconomic group of this community, living in the urban areas of West Bengal.

CONCLUSION

That culturally-mediated differential perceptions in respect of menopause, in Western and Eastern societies, as a health risk or as a part of a woman's normal life cycle need to be studied. In addition to it, the factors affecting the differential perceptions need to be investigated into, in order to understand the phenomenon of menopause better and use the understanding to promote the well being of women concerned.

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