Symptoms and Coping in Menopause among Urban Indian Women: A Cross-Cultural View

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Abstract

Menopause for long has been understood as an age of crisis but now the perspective is shifting. Bodily changes associated with menopause are turbulent. Additional aspects include those that are psychological, physiological, cultural, and spiritual. The aim of the study was to explore and understand symptoms experienced and the coping strategies used to manage menopausal symptoms among urban Indian women cross culturally. The research was qualitative in nature. Focus group discussions were conducted to understand the phenomenon. The data was further analyzed using the thematic analysis framework by Braune and Clark. A total of 6 themes and 17 sub themes were identified. The themes are: sources of information, physical symptoms, emotional symptoms, physical coping, emotional coping, and the role of COVID-19. The major sources of information were family, peers, and social media. The symptoms ranged from weight gain, hot flushes, joint pain, hair loss to emotional upheaval and irritability. The coping for the same included yoga, exercise, having a proper diet and social support. However, the role of COVID-19 has emerged in a way that it paved the way for lack of clarity among women with menopause. There were no significant differences among symptoms and coping of North Indian and South Indian women. Future research can focus on interventions aimed at symptom management and coping techniques.

Keywords: Menopause, symptoms, coping, India

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Menopause is defined as the time that occurs 12 months following a woman's final menstrual cycle. The menopausal transition, also known as perimenopause, occurs in the years preceding up to menopause, when women may experience changes in their monthly cycles, hot flashes, or other symptoms (National Institute on Aging, 2002). It is marked with tumultuous changes in the body. Further, there are psychological, physiological, cultural, and spiritual factors at play.

The experience of menopause is different for each woman, irrespective of geographical location, cultural background, and socioeconomic status (National Institute on Aging, 2002). Women may acquire weight more quickly when the body begins to utilize energy differently, fat cells shift, and the body begins to use energy differently during menopause. The most common symptoms of menopause are: hot flashes, sleeping disturbances, loss over bladder control and mood changes. Changes in bone and heart health, body form and composition, and physical function are all possible (National Institute on Aging, 2002).

According to international and interethnic epidemiological studies, Monteleone et al. (2018) state that menopausal symptoms may vary in frequency and prevalence depending on the research group. On a worldwide scale, differences in the age of natural menopause have been recorded. Indeed, a recent meta-analysis of 36 worldwide studies analyzing age at natural menopause found that the average age at natural menopause was 48.78 years, with a range of 46 to 52 years. The average age of menopause was observed to be lower among women from African, Latin American, Asian, and Middle Eastern countries, with Europe and Australia topping the list, followed by the United States (Monteleone et al., 2018).

In South India, Menopause occurred at an average age of 48.7 years. Aching muscles and joints, fatigue, impaired memory, lower backache, and difficulties sleeping were the most common menopausal symptoms (Bairy et al., 2009). In North India, most patients reached menopause between the ages of 50 and 54. Joint and muscle soreness, mood

fluctuations, heartache, physical and mental fatigue, and sleeping difficulties were the most commonly mentioned symptoms (Khatoon et al., 2018).

Theoretical Framework

The constructs of the study are: symptoms and coping in menopause. The literature on coping has exploded in recent years, with studies examining many types of coping strategies, the relationships between coping and a variety of health outcomes, and the nature of coping itself (Ogden, 2012). Coping is defined as "the ideas and actions that are utilized to cope with the internal and external demands of stressful circumstances" (Folkman & Moskowitz, 2004; Taylor & Stanton, 2007). Confrontative coping, distancing, self-controlling, seeking social support, taking responsibility, escape-avoidance, planful problem-solving, and positive reappraisal are the eight kinds of coping techniques identified by Lazarus et al. (1991).

Review of Literature

The studies selected are in the time frame 2000- 2022, with one exception which is a study from 1998 describing coping and menopause. They are all indexed in SCOPUS. The literature review is divided in terms of constructs: symptoms and coping/interventions. It is organized according to the year of the study.

Symptoms and Background

The role of depression and anxiety as symptoms experienced by menopausal women and the psychosocial aspects of managing the same have been explored (Deeks, 2003; Singh and Pradhan, 2014).

Khatoon et al. (2018) used an observational cross-sectional study and reported that joint and muscle soreness (87%), lower mood (70%), heart discomfort (60.3%), physical and mental tiredness (60%), and sleep issues were the most often mentioned symptoms (56%). Menopause symptoms was found more prevalent in women from lower social economic strata. It further advocated for future research to capture a broader cultural perspective and called for health interventions for symptom management. The present study aimed to bridge the gap and encapsulate the cross-cultural view.

The most common symptoms of menopause include hot flashes, mood fluctuations, insomnia, exhaustion, diminished acuity of vision, backache, headache, poor memory and fatigue (Kaur, Walia and Singh, 2004; Nagar and Dave, 2005; Freedman, Robert and Timothy, 2007; Bairy et al.2009).

Coping and Interventions

The role of lifestyle modification program for menopausal symptoms in health promoting behavior among menopausal women have been studied (Ueda, 2004 Rotem et al.2005, Wilbur et al. 2005; Sheoron, Malik and Siddiqui, 2018). The programs reported a substantial reduction in menopausal symptoms.

Bosworth et al. (2003) examined the coping styles used by menopausal women in relationship to stress experienced. Results showed that stress associated with menopause was linked to both neuroticism and seeking social support. Seeking social support was positively associated with menopausal stress.

Vicki et al. (2008) captured the major coping strategies used by menopausal women in Australia. They reported that there are three basic coping strategies: innovative, disturbed, and reactionary. They further state that recognizing the diverse coping methods imaginatively negotiated within the dynamic, complicated processes of ageing and menopause would help women build successful answers to these often-difficult life circumstances.

Summary. The literature presented both symptoms and coping strategies or interventions researchers used to manage the same. There was a mix of qualitative and quantitative studies. The research gap visible is a cross cultural perspective missing. The present study aimed to bridge the gap in literature and capture the cross-cultural view using a qualitative approach. It further aimed to create awareness among urban women about management by starting a dialogue about coping strategies.

Aim

To explore the symptoms experienced and the coping strategies used to manage menopausal symptoms among urban Indian women cross culturally.

Objective

Objective 1. Explore the symptoms experienced during menopause among urban South Indian and North Indian women.

Objective 2. Explore the coping strategies used to manage menopausal symptoms among urban South Indian and North Indian women.

Research Question

Research question 1. What are the symptoms experienced by menopausal women in India?

Research question 2. What are the coping strategies employed by menopausal women in India?

Method

Research Design

The research design employed was qualitative in nature. Qualitative research methodologies are ideally adapted to examining the meanings, interpretations, social and cultural norms, and perceptions that influence health- related behavior, medical practice, and health outcomes (Jorden & Little 2004).

Focus group discussion and thematic analysis were used to understand the phenomena. Focus group discussion is a commonly used method in health research to gauge the experiences of the individuals in depth. The rise of focus groups in health research coincides with a rising understanding of the value of incorporating public input into healthcare, scientific, and technology projects (Cobb, 201; Rothwell, Anderson & Botkin, 2015). Thematic Analysis (TA) is a technique for detecting and analyzing meaningful patterns in a set of data (Braun & Clarke, 2006). This design employed helped to map out cross-cultural views and gave an in depth understanding.

Operational Definition

The constructs taken in account were symptoms of menopause and coping strategies. The symptoms of menopause can be physiological and psychological. It can range from duration to intensity for different women. Monteleone et al. (2018) stated that central nervous system abnormalities, metabolic, weight, cardiovascular, and musculoskeletal changes, urogenital and skin atrophy, and sexual dysfunction are among indications and symptoms of menopause. Coping, as stated above, is defined as "the ideas and actions that are utilized to cope with the internal and external demands of stressful circumstances" (Folkman & Moskowitz, 2004; Taylor & Stanton, 2007). Ngai (2019) in a study that sense of coherence may reduce the negative impacts of menopausal symptoms on quality of life, but maladaptive coping methods may exacerbate the negative consequences of menopausal symptoms.

Sampling

The sampling method employed for the present study was purposive sampling. For most noncommercial issues, a focus group of five to eight individuals is ideal (SAGE Publications, 2008). The sample size of the present study was 14 women, 7 North Indian women and 7 South Indian women in each focus group. Women in the age group 45-55 years who have menopause residing in India were eligible for participation.

Tools

The tool used was a semi structured interview guide prepared by the researcher to gauge the depth of experiences of the participants. The interview guide constitutes 4-5 questions around the theme of menopause, symptoms, and coping strategies.

Data Collection

The data collection process commenced when the participants have signed the consent form. Two focus group discussions took place to account their lived experiences of menopause in a cross-cultural manner. One would be with North Indian women and another discussion with South Indian women. The focus group discussion was on the Google Meet platform. Two focus group discussions were held, each conducting of 7 participants and 1 researcher. The meeting was recorded once the consent from the participants was obtained.

Data Analysis

The data analysis began after recording the data and transcribing. Thematic analysis was employed for the same. Braune and Clark (2006) proposed the technique of thematic analysis that organizes themes and provides a pattern from the data. Thematic analysis is best suited for explaining the unique nature of a certain group's understanding of the phenomena under investigation. It enables the researcher to recognize and understand common or collective meanings and experiences (Braune & Clark, 2014). The Six-Phase approach was used where the phases are: familiarizing with the data, generating initial codes, searching for themes, reviewing potential themes, defining and naming themes and producing the report.

Ethical Considerations

Informed consent. Informed consent means that the person participating in the evaluation is fully informed about the discussion being conducted. They also need to know what it is that they are agreeing to. The form was given to the participant inclusive of all information required to make an informed decision.

Confidentiality. Confidentiality means that any identifying information is not made available to, or accessed by anyone but the researcher. Participants and the data gained from them was kept anonymous unless they give their full consent.

Voluntary participation. The principle of voluntary participation states that people participate in the discussion free from coercion. Essentially, this means that prospective research participants would be fully informed about the procedures involved in research and must give their consent to participate. Participants were free to withdraw their participation at any time.

Debriefing. The purpose of debriefing is to remove any misconceptions and anxieties that the participants have about the research and to leave them with a sense of dignity, knowledge, and a perception of time not wasted" (Harris, 1998). They would be given a general idea of what the researcher would be investigating and why, and their part in the research would be explained. They were asked if they have any questions and those questions were answered.

Results

The table describes the themes and subthemes generated including both inputs from South

Indian and North Indian women together.

Table 1

Coding table

Codes	Subthemes	Themes
"So basically, we gathered information from our peers, like you know, from our parents, mothers basically. My mother only talked about menopause to me." "I talked to my sister and she talked how symptoms were different for her, so they are not same in every person. My	Family	Sources of Information

mother has always told me about it” “My friends and I share about menopause.” “Online and also through friends.” “Reading online and on social media” “Plenty of online reading materials. Random google searches to read about it helps”	Peers Social Media	

"I was quite emotional." "Emotional stability goes haywire" "Emotionally disturbing to me also" "I sometimes overreact and not think clearly." "I have a lot of mood swings" "Mood disturbances and sleep disturbances" "Mood swings was there"	Emotional upheaval Mood swings	Emotional Symptoms
"I feel my anxiety levels had gone up"		
"Hair loss and for that I took medicines" "I started to lose a lot hair" "It was the belly fat especially" "I gained a lot of weight	Hair loss Weight gain	Physical Symptoms

during menopause” “Losing weight has become difficult” “I went to doctor for the abdominal pain as well” “I have pain in knees and legs” “My bones would get weak and had to take supplements” “Sudden hot flashes” “Bloating is there” “I have been through hot flushes for too long and	Abdominal pain Joint pain Hot flashes	
whole body gets hot and it is difficult”		

"I feel eating organic is difficult but needs to be there" "Having the right time of food at right time" "Really having a good diet helps me with weight problem" "Regular fitness and looking after body" "Some exercise or the other" "Working out"	Diet Exercise	Physical Coping
"Having my family know about it and them helping me has been good" "My children helping with massaging me when I have pain in feet" "Partying works for me (laugh)" "Gardening and spending time with nature" "Reading about it"	Familial support Recreation	Emotional Coping

"Daily yoga and kriya" "Regularly practicing my kriya" "Meditating once a while" "Focusing and listening to the body"	Yoga /Mindfulness	
"After COVID-19 I was confused whether it was menopausal or covid symptoms affecting me" "In lockdown there was not much activity so it could have been both that affected me" "During COVID-19 my symptoms became heightened"	Lack of clarity	Role of COVID-19

Discussion

The experience of menopause is universal and yet affects everyone differently. The aim of the study was to gauge and explore the symptoms and coping among menopausal women of India. From the data gathered via focus group discussion, it was further coded and organized into sub themes and themes. Total of 6 themes and 17 sub themes were generated. The themes are: sources of information, physical symptoms, emotional symptoms, physical coping, emotional coping and the role of COVID-19. The range of symptoms and coping were common among North Indian and South Indian women.

Sources of information further include family, peers, and social media. The most common social media platforms used by the participants was Facebook and WhatsApp. These were ways of being in touch with peers and acted as a medium for instruction about menopausal details. S.A. stated that "social media is a big thing now and it helped me," indicating that social media due to advent of technology has become a source of information for menopause. A.P. stated that "my mother has only taught me about it," indicating that family is the primary source of information. Baig and Karem (2006) found that in their study 58% of women had clear understanding of menopause and information about the same. It depicts the increase in awareness about the same.

Under the physical symptoms experienced, mostly participants reported pain in joints such as knees and bones, one of the participant reports taking supplements to maintain health due to joint pain Weight gain was another element included, especially belly fat. Due to hormonal changes, weight gain was prominent during menopause along with hair loss. R.S stated "the weight gain was too quick and it did not go easily." V.K. stated that along with greying of hair, hair loss was also present during menopause.

Besides the physical symptoms, a range of emotional symptoms was also described by the participants. These included emotional upheaval and prevalent mood swings. Participants reported during menopause getting irritated easily and getting emotional. R.S. stated "I am not someone who cries easily but during menopause I burst into tears during small topics." B.S. reported "my emotional stability was haywire."

To counter the symptoms, they engaged in physical and emotional coping. Physical coping methods included having a nutritious diet and regular exercise. N.V stated that though organic healthy food is not easy to find but striving towards it helped her with the symptoms. V.K. stated "having a good diet helped me with weight problem." Along with this, engaging in exercise was also found to be helpful.

In terms of coping emotionally, the factors at play were: Familial support, Recreation, and yoga/mindfulness. Many participants reported having the support of their spouse and children through their journey with menopause help with a symptom management. M.T. stated that her children would massage her feet whenever she had pain. Re-creation for many proved to be useful, some of the ways they engaged in recreation were: reading, gardening, partying, spending time with nature. S.A. stated laughingly that partying with her friends and enjoying

simply with them help her put her problems at bay. Yoga and mindfulness were also found to be very accommodating and worthwhile for participants. One of the participants stated “starting my day with yoga and being connected to my self is a great start to the day and helped me with menopause.” The keyword mentioned by all participants who stated that yoga helped them was the word consistency. They reported that a regular and daily practice was found to be helpful.

An interesting facet that came about through the study in terms of menopause was the role of covid-19. Many participants reported that there was lack of clarity for them in terms of symptoms as to whether they were covid based or menopause/ hormonal level based. One of the participants reported “it was confusing if it was the post covid symptoms or menopause symptoms.” Another participant stated that “as during lockdown there was not much activity it could have been both affecting me.

Conclusion

The aim of the study was to capture the symptoms experienced by south Indian and north Indian women going through menopause and coping strategies employed by them.
There were common in the range of symptoms and coping strategies. The physical symptoms and coping were similar for both groups of women. One of the limitations was the sample size. Implications of the present study were to start dialogue about menopausal experiences among urban women and results indicated a shift in perspective from looking at it as age of hope/ freedom rather than just age of crisis. Future research can probe into symptom management models and generating awareness about coping in menopause.

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