



Stress among Women during Menopause- impact on Mental Health

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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ABSTRACT

Stress is a necessary component of life. All living things go through periods of stress at some point in their existence. The word "stress" has become widely used in everyday speech in recent years. Stress, in Lazarus's definition, is an internal process that arises when an individual perceives that a demand exceeds their capacity to adequately respond to it, and when failing to meet that capacity can have significant negative repercussions [1]. The body reacts to stress in a manner akin to how it reacts to danger. A condition of wellbeing known as mental health can motivate people to make positive decisions. In a similar vein, when someone is dealing with an issue, it negatively impacts their mental health and causes their mental wellness to decline. In industrialized nations, menopause typically begins between the ages of 40 and 58. 52 is the average age in the United States (Trusted Source). Some will experience it sooner as a result of a medical condition or treatment (ovaries removed, for example). Hormonal changes brought on by menopause might result in mood swings, heat flashes, and other symptoms. The main focus of the study was to swot on "Stress among Women during Menopause- Impact on Mental Health". Women who are in the age group of 45 -55 years were selected for the study. The sample consists of 60 women belongs to Madakasira village, Sathya Sai district for the study. Menopause problems questionnaire was developed by the researcher with the guidelines of subject experts it was pre-tested to other

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sample before going to actual sample. According to the study, women experience a great deal of irritation and fury during menopause, along with anxiety, forgetfulness, low self-esteem, confidence loss, low mood, and feelings of melancholy or despair. These symptoms are sometimes referred to as "brain fog" and/or "lost words."

Keywords: Stress; mental health; menopause; women; low mood; irritation; confidence loss; self-esteem.

1. INTRODUCTION

An inevitable aspect of life is stress. Stress arises in one form or another for every living thing throughout its existence. The word "stress" has been thrown about a lot in popular culture lately. The definition of stress, according to Lazarus, is an internal process that happens when a person encounters a demand that they believe exceeds their capacity to adequately address it and where failing to do so has significant unfavorable repercussions [1]. The body reacts to stress in a manner that is comparable to that of danger.

Three factors make up stress, according to Lazarus' cognitive theory of stress: the stressor, the stress appraisal, and the stress response. An external stimulus, circumstance, or event that presents a physical or psychological difficulty is referred to as a stressor. Perception of the stressor is known as stress assessment. According to Clougherty [2], stress reactions are the psychological and physiological effects of stress evaluation.

Stress is defined as "a constraining force or influence, such as a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation" in Merriam-Webster's Collegiate Dictionary (1993).

Mental health is a state of wellbeing which influences individual to go in a right direction. Similarly if individual was suffering with some problem his mental health state affects in a negative way which leads to fall in poor levels of mental wellbeing.

The person who is mentally strong would be able to do things in a flexible and positive way. Absence of mental health leads to dejection, misery, sorrow, and decline. People who are mentally healthy have: have good sense of control, zest to have good self confidence, able to complete tough tasks in an easy way, being active, framing objectives and following them accordingly to

reach the goals, able to contain positive commitments, able to maintain good relationships with the people, perceive to learn latest competencies, avoids unwanted things, able to focus on present moment which can improve good mental wellness, making situations in to constructive way, able to help people those who are in need, apt to take decisions independently, paying attention to the present moment (mindfulness), helping people to set goals or challenges to achieve.

Menopause and sadness have a less obvious relationship with anxiety, according to Joffe [3] "It know a lot less about anxiety in menopause," claims. Research suggests that panic episodes are more common in women both during and after the menopausal transition. (A panic attack is characterized by an intense rush of anxiety that lasts just a short while, along with other symptoms including palpitations, sweating, shaking, and shortness of breath.)

This apparent correlation could be a result of the difficulties in differentiating between panic episodes and heat flashes, a frequent symptom of menopause. Her heart may accelerate and she may feel hot and sweaty during a panic attack. For hot flashes, the same holds true. Some women claim feeling like they have a "aura" before a hot flash, which is a word used by doctors to characterize a feeling that comes before a brain ailment (like a migraine). For many ladies, a sensation of impending doom or terror precedes the hot flash. The fact that panic episodes cause you to feel out of breath, whereas hot flashes do not, is one method to differentiate between the two.

According to Mahlaga Dehghan et al. [4], 14.2% of the women had severe menopausal symptoms, whereas 30.6% of the women had moderate menopausal symptoms. Complementary medicine (CAM) users had higher overall ratings for menopausal symptoms as well as higher scores in the somatic-vegetative and urogenital categories than non-CAM users. The study's findings did not,

however, show a statistically significant difference in the psychological domain between CAM and non-CAM users. Additionally, there was a statistically significant difference in the degree of menopausal symptoms between those who used the medicinal herbs, dry cupping, prayer, relaxation, and meditation techniques compared to those who did not. Further research on the use of complementary and alternative medicine among postmenopausal women is recommended in light of the study's findings as well as the intensity of menopausal symptoms in those who accessed it. Furthermore, more research is advised to look at how complementary and alternative medicine affects the psychological realm in order to help women with their anxiety, stress, depression, and sleep issues. The study involved women in their 50s and 60s who were going through a normal menopause. It is suggested that more research be done to assess the impact of alternative medicine on the menopausal severity in women over 60 who were not going through a normal menopause.

According to Hooper et al. [5], the majority of QOL (quality of life) indicators, sadness, sleep issues, and the intensity of binge eating were all substantially correlated with the severity of retrospective menopausal symptoms. With regard to confounders, every outcome variable—aside from anxiety—was substantially correlated with a psychiatric history. The intensity of binge eating was substantially correlated with both BMI and the time since menopause. In terms of particular symptom groupings, the symptoms that were most closely linked to mental health and quality of life were psychological and somato-vegetative. A woman's life is significantly altered during the menopausal transition, and the difficulties associated with menopausal symptoms can have long-lasting effects on a woman's health. To guarantee that the right interventions are put in place for good aging, it is essential that future research aims to better understand the long-term effects of this shift on the lives of older women.

According to a review by Hogervorst et al. [6], concerns of mood and cognitive problems are common before, during, and after the menopausal transition. The fact that oestrogens can influence the brain through a variety of mechanisms, including controlling metabolism, boosting cerebral blood flow and dendritic outgrowth, acting on nerve growth factors through the co-localization of receptors via neurotransmitter synthesis and turnover, and

many more, provides strong biological support for the occurrence of such associations. Less is known, though, about objective, long-term changes in mental health and cognitive performance during and after the menopausal transition. Although hormone therapy (HT), which includes estrogens, may be able to repair these psychological problems, there is conflicting data on its long-term effects. Personalized hormone therapy (HT) should be explored for women experiencing severe menopausal complaints and especially for those who experience an early menopause, such as those with premature ovarian insufficiency. Treatment with HT can be safe for up to 10 years, unless there are contraindications. It examined the data about alterations in mental well-being associated with menopause and hot flashes.

According to Ajay Swaminathan's review from [7], there is a significant frequency of mental health problems during the menopausal transition. Environmental and personal variables impact menopausal symptoms. There have been reports of estrogen having positive effects on menopausal depression. It is advised to handle mental health problems using an integrated care paradigm. Evidence-based treatment options include hormone replacement therapy (HRT), cognitive behavioral therapy, and evaluating the effects of lifestyle modifications.

2. METHODOLOGY

Ex-post facto research design was used in the present investigation as the "Stress among Women during Menopause- Impact on Mental Health". The data from the respondents was collected carefully. Purposive random sampling technique was selected for the study. The respondents were selected from Madakasira village of Sathya Sai District, Andhra Pradesh. Women who are in the age group of 45-55 years were selected for the study [8].

3. RESULTS AND DISCUSSION

After a thorough review of research, efforts were made to develop the questionnaire taking into account the influencing variable of respondent adaptation.

It traces respondent's problems in the following areas i.e. stress and mental health. It includes two dimensions such as stress and mental health. Stress includes factors like anxiety, lack of uncertainty, hesitation, depression, unhappy, distress, aloneness, bitter, and insecurity. Mental

health includes factors like anger and irritability, loss of self-esteem, loss of confidence, low mood, self-distrust, self-doubt, misgiving, fear.

The statements were arranged on a three point scale of mild (1) moderate (2) and severe (3). Higher/Severe the score more number of problems experienced by the respondents in the particular area. Lower/Mild the score, low number of problems experienced by the respondents in the particular area.

It was observed from the Table (1) that during menopause 92 percent of the women respondents faced severe stress followed by

5percent faced moderate problems and 3 percent mild problems.

Under mental health it was evident that 93 percent of the women respondents faced severe mental health problems followed by 3 percent faced moderate and mild mental health problems.

The overall stress and mental health status of the respondents indicated that 95 percent of the women respondents faced severe stress and mental health problems followed by 3 percent faced moderate problems and 2 percent faced mild problems.

Table 1. Stress and mental health problems of the respondents (n=60)

S.No	Area	Category	Women	
			F	%
1	Stress	Mild	2	3
		Moderate	3	5
		Severe	55	92
2	Mental Health	Mild	2	3
		Moderate	2	3
		Severe	56	93
3	Overall status	Mild	1	2
		Moderate	2	3
		Severe	57	95

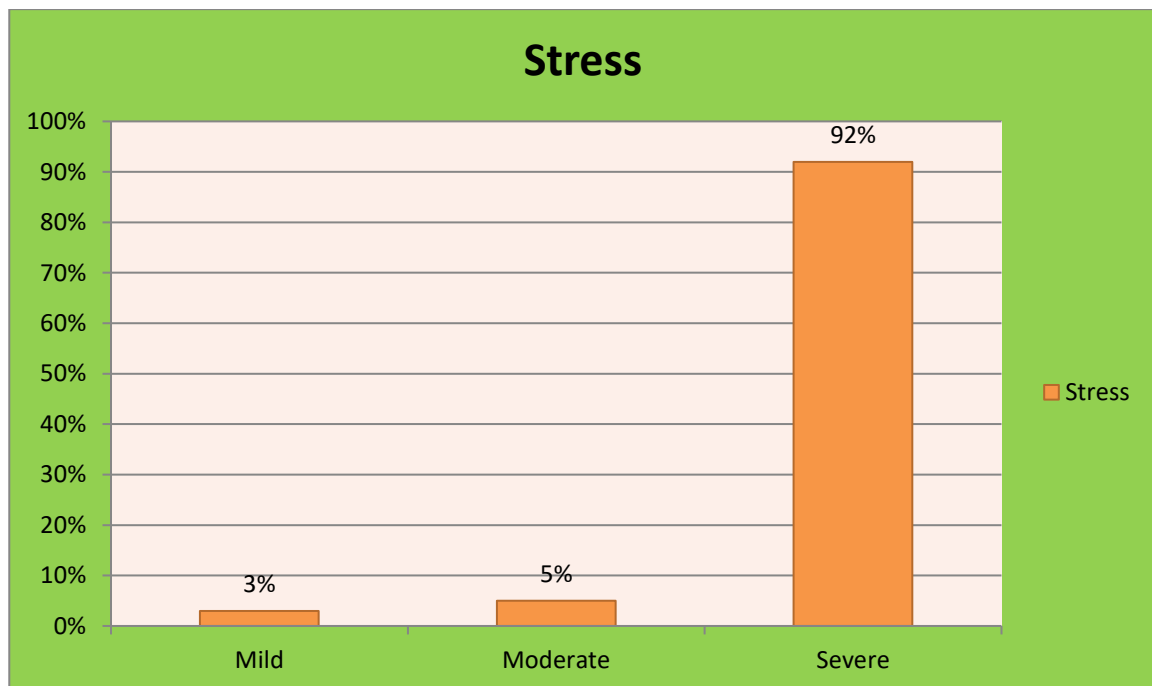


Fig. 1. Stress of the respondents

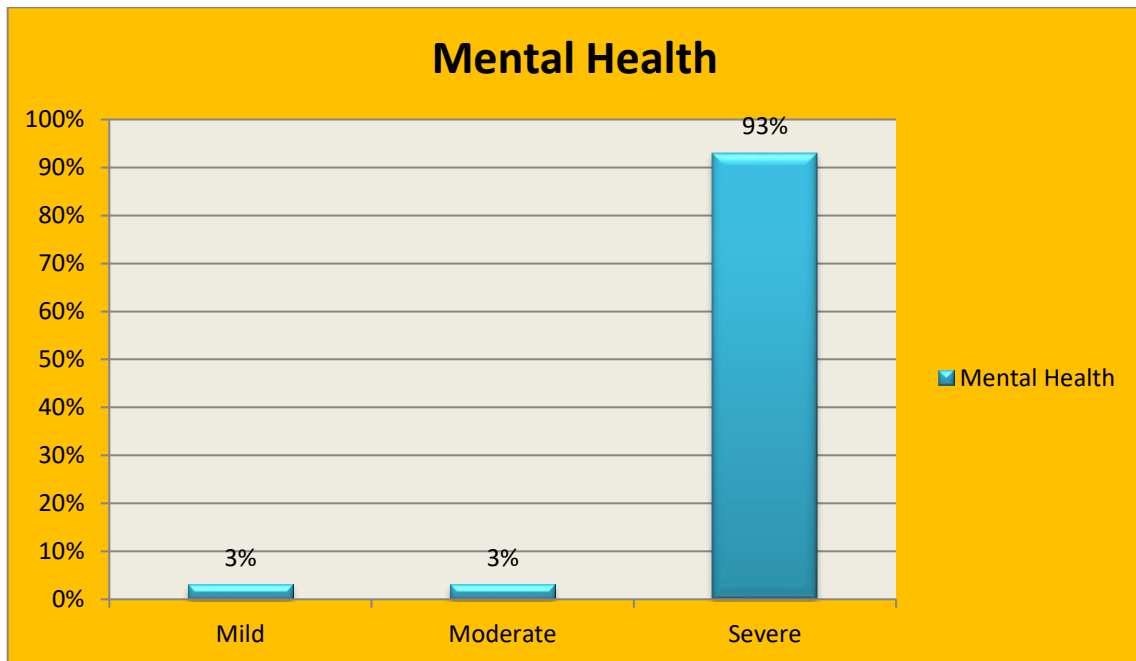


Fig. 2. Mental health of the respondents

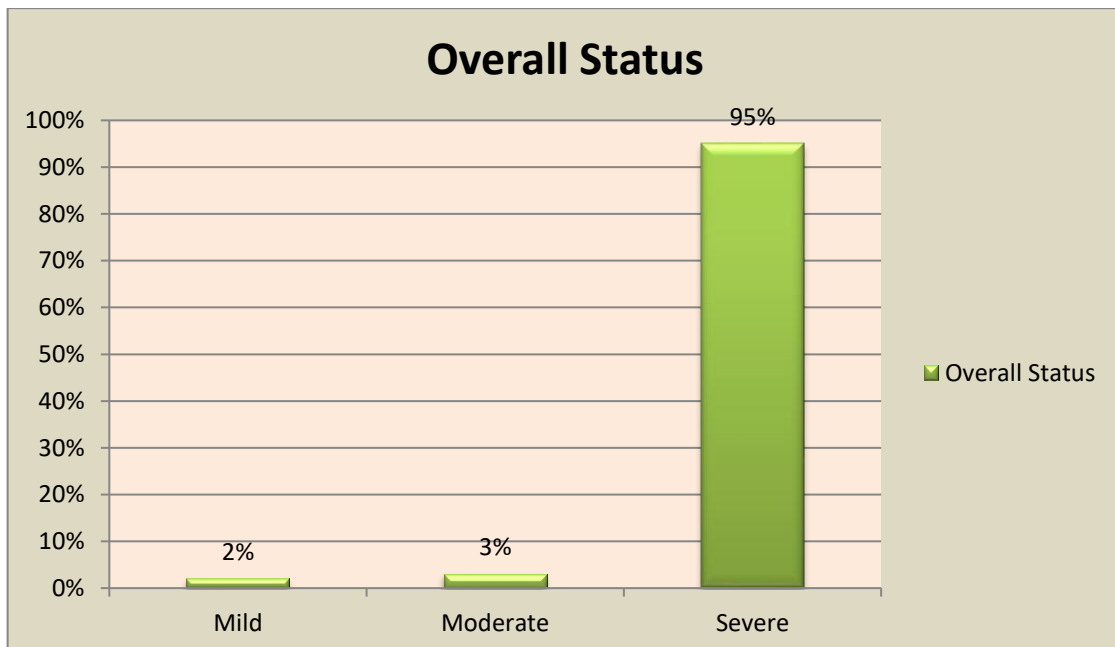


Fig. 3. Overall stress and mental health of the respondents

Studies found that Menopausal women often experience psychological anguish, which is linked to exhaustion, and a change in body composition (obesity). Along with these symptoms psychological symptoms reveal a crucial connection to unfavorable views on menopause [9].

4. CONCLUSION

The phase of life that comes after the end of the menstrual cycle is known as menopause. Women in the research had high levels of stress and mental health issues. It is crucial to understand that menopause's psychological symptoms are just as genuine as its physical

ones, and anyone who is experiencing difficulties shouldn't put off getting treatment. conversing with professionals who can offer the appropriate assistance and support. alterations in mood and state of health Mood swings may also be caused by physical health changes during menopause. For instance, an overactive thyroid gland, which is increasingly prevalent as people age, may cause anxiety. Additionally, sleep deprivation, which also increases in frequency during this period, might set off anxiety and despair.

FUTURE SCOPE OF THE STUDY

Comparative study can be taken up between urban and rural, elite and poor for meaningful comparisons. The present study was confined menopause only; other types of illnesses could also be included.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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