

The Impact of Menopause on Women in Urban Areas: A Sociological Study in Goa

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DECLARATION BY STUDENT

I hereby declare that the data presented in this Dissertation report entitled, "The Impact of Menopause on Women in Urban Areas: A Sociological Study in Goa" is based on the results of investigations carried out by me in the Sociology at D.D. Kosambi School of Social Sciences and Behavioural Studies under the Supervision of Ms Snehal Gaunkar and the same has not been submitted elsewhere for the award of a degree or diploma by me. Further, I understand that Goa University or its authorities / College will not be responsible for the correctness of observations / experimental or other findings given the dissertation. I hereby authorize the University/college authorities to upload this dissertation on the dissertation repository or anywhere else as the UGC regulations demand and make it available to any one as needed.



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This is to certify that the dissertation report "The Impact of Menopause on Women in Urban Areas: A Sociological Study in Goa" is a bonafide work carried out by Ms Cleodel Quentin Pereira under my supervision in partial fulfilment of the requirements for the award of the degree of Master of Arts in the Discipline Sociology at the D.D. Kosambi School of Social Sciences and Behavioural Studies, Goa University.


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PREFACE

This dissertation paper is a sociological study that focuses on the impact of menopause on women in an urban setting in Goa. Affecting all women and impacting one-third of their lifespan, menopause is a natural biological process, and is marked by significant changes in a woman's physical health, mental health, and overall wellbeing. This has a sociological, cultural, economic, and psychological impact on women and their societal interactions. It is further affected by limited research work, and lack of public awareness about women's health in general. This has created a gap in providing adequate support structures through community and governmental health policies for women. While there are similarities between the west and India with context to the symptoms experienced during the different stages of menopause, the coping mechanisms, traditional belief systems, and the overriding patriarchal mind set about women's healthcare, tends to differ in India. Urban Indian women who are going through menopause may experience changes in their social roles, relationships, and self-identity. As an urban woman, myself close to her menopausal age, my study highlights the unique challenges faced by urban woman during the different stages of menopause. Through a sociological study, my research addresses the overall change that Indian women undergo due to the different challenges faced at the menopausal phase, by understanding the familial, societal, mental, and physical facets of menopause on them. I have also provided suggestions, that may offer a remedy to these challenges, by focusing on the experiential perspectives of the various stakeholders involved in a woman's menopausal phase, and not only limited to menopausal women. This is a direct outcome of studying past research work, and my own field interviews, that highlights the need to focus primarily on personal experiences rather than a strictly clinical or medical perspective. My findings and inferences focus

on the overall sociological, mental, and physical remedial measures that can be developed through various community and government health policies. This can be integrated with a holistic approach towards the entire health life cycle of a woman, rather than current limitations resulting from a unidimensional focus on the reproductive cycle in women's health care. The findings of this research can be useful for policymakers, healthcare providers, and community organizations in developing programs and interventions to support Indian women through menopause.

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All the women undergoing different stages of menopause, who agreed to be interviewed as part of my field research and add an invaluable experiential perspective.

Family members of menopausal women who gave a refreshing experiential perspective rarely sort or recorded in previous menopausal research.

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ABBREVIATIONS USED

Entity	Abbreviation
Hormone Replacement Therapy	HRT
Intra Uterine Devices	IUD
International Conference on Population and Development	ICPD
Maternal and Child Health	MCH
Reproductive and Child Health	RCH
Urinary Tract Infection	UTI

INTRODUCTION

1.1 BACKGROUND

Menopause, a natural biological phenomenon, marks the end of a woman's reproductive phase, typically occurring in her late 40s or early 50s. Technically it is defined as the permanent cessation of menstruation due to the loss of ovarian follicular activity. It marks the end of the reproductive period in a woman's life. This transition is considered complete when a woman has not had a menstrual period for 12 consecutive months, indicating the end of her natural fertility. Menopause typically occurs around the age of 45 to 55, with the average age being 51 in Western societies (American College of Obstetricians and Gynaecologists, 2018). It affects all women and taken up one-third of her life cycle, because of the three stages of menopause: namely, Perimenopause, Menopause and Post-menopause. In the context of urban India, menopause represents a significant yet understudied phase in a woman's life. As per the recent report titled, 'The state of menopausal health in India', released by Elda Healthcare, a Femtech startup focusing exclusively on female menopausal care, 98% of Indian women would seek medical help for menstrual issues related symptoms, whereas sexual and mental health challenges go unaddressed. Based on a study conducted on over 25000 women across India, the report found that 70% of the women report mental health issues, but only 2% seek professional help (medgatetoday.com, October 2023).

Menopausal studies did not occur until the 1970's in India. The primary factor influencing this lack of study was low life expectancy in the pre-independence era, where women would rarely survive till the menopausal stage to experience it. Another important factor was the pre-dominant patriarchal approach to women's health and well-being. Subjects and issues relating to

menstruation, post-partum, and menopause were taboo topics (Tiwari and Sharma, 2017). Women's health concerns were largely centred around reproduction. A study conducted by Desai (1999) stated that patriarchy, controlled women's sexuality, and women were viewed as the vessel for reproduction, usually to aid in producing the heir to the family only. Any other illnesses and health issues relating to women's life cycle were not considered important. Today, even after so many years, the sociological, cultural, economic, and mental impact of menopause on women, remain underexplored. This has been observed globally, however, in India limited research and educational awareness, coupled with lack of supportive structures in community and governmental health policies, exacerbate the challenges faced by urban Indian women during this especially trying phase of their life. While similarities exist between western and Indian experiences regarding menopausal symptoms, coping mechanisms, social and cultural impact, and the transition through this phase contribute to unique challenges in the Indian context. Urban Indian women navigating menopause often undergo changes in social roles, relationships, and self-identity, necessitating a deeper sociological inquiry. This dissertation, informed by my personal journey as an urban Indian woman from Goa, approaching menopausal age, aims to illuminate the coping strategies adopted by urban women in Goa. Through a sociological lens, my study investigates how the entire menopause transition influences women's interactions in family, society, and workplace settings, and its resulting impact on their overall health. This study seeks to especially focus on the experiences of women in Goa in an urban setting, during menopause, which has largely been neglected in previous empirical studies. No two women experience the same menopausal journey. This poses a challenge especially when it is coupled with the gaps in research and the support, she has access to. Additionally, the sociocultural context of India,

including patriarchal norms and traditional beliefs, further complicates the experience of menopause for urban women.

1.2 AIM AND OBJECTIVES

This study seeks to explore the experiences of women in urban Goa during the peri-menopausal, menopausal, and post-menopausal stages, to understand the multifactor impact of menopause on them. It is primarily focused on the following objectives:

- a) to explore the experiential aspect of women in urban Goa during the different menopausal stages.
- b) to study the socio-cultural impact of menopause on urban women in Goa, and the factors affecting it.
- c) to study how menopause can affect a woman's interactions with her surroundings and the subsequent impact on her.

1.3 RESEARCH QUESTIONS

By including the experiences and perspectives of not only menopausal women in urban Goa, but also doctors, family members of these women and case studies, my study focuses on a more holistic perspective considering all the stakeholders involved in the menopausal phase. By including these diverse perspectives:

1. I aim to understand if the nature and intensity of the surroundings has a direct influence on whether a woman's experience and transition through this phase is negative or positive?

2. What is the extent of this impact on her overall wellbeing?
3. What are the factors that influences the challenges faced by menopausal women?

1.4 SCOPE

By highlighting the importance of personal experiences over clinical perspectives, this qualitative study aims to inform policymakers, healthcare providers, and community organizations, so that the development of government programs and policy interventions aimed at women's healthcare can offer affective remedies and support to women going through different stages of menopause. The research throws light on key aspects to be considered for these interventions, critical inclusions in government policies and programs focused on the entire life cycle of women health, rather than its current limitations to only the reproductive cycle. The findings will emphasize on the importance of aiding a woman's smooth transition during menopause, and better management of menopausal symptoms, in order to aid preventive care towards menopause related health diseases. It also seeks to address the awareness and educational aspect of menopause so that her immediate support systems like family members and communities are better informed in order to effectively help with menopause management.

1.5 LIMITATIONS

The dissertation has a few limitations. Firstly, the dissertation has been completed in a reduced amount of time, allowing for only a limited study. However, this dissertation can augment more comprehensive research, spanning a longer timeframe that combines qualitative with quantitative methods, to record trends for effective statistical analysis. Secondly, the study is limited to Goa,

and is further distilled to focus only on the urban demographic of Goa. Again, this dissertation can aid broader research, to include the rural female population to procure an exhaustive data set that would result in a comparative analysis between the rural and urban demographic. Thirdly, this research can inspire a more detailed study that spans the different states of India to understand how they uniquely differ from each other on the important metrics that are included to analyse and draw conclusions. Lastly, this research has not explored the comparative aspect to understand the efficacy of hormone replacement therapies versus natural ayurvedic or plant-based therapies for effective treatment during intense menopausal experiences as a result of paucity of time and not enough data available. A more comprehensive and longer-drawn research is the need of the hour for the purpose of improving the treatment of menopause that affects all women.

1.6 THEMATIC LITERATURE REVIEW

1.6.1 Case Studies – The Lived Experiences

Ilankoon, K. Samarasinghe, and C. Elgán (2021), through their study, “Menopause is a natural stage of aging: a qualitative study”, interviewed 20 women in Sri Lanka about their experiences of menopause significance in the context of increasing life expectancy and the projected rise in the number of postmenopausal women worldwide. Focusing on the menopausal experience of women in Sri Lanka, the study touches upon the socio-cultural aspects of menopause, highlighting how women's experiences of menopausal transition are influenced by cultural norms and beliefs. While discussing the various physical symptoms and health risks associated with menopause, such as vaginal atrophy, genitourinary atrophy, vasomotor symptoms, fatigue, weight gain, and emotional changes, it also highlights the use of "natural" remedies and non-pharmacological

methods to cope with menopausal symptoms, which is common among women in different cultures. The study also brings to the fore valuable findings on the demographic and epidemiological changes in their country, highlighting the increasing life expectancy of women and the resultant rise in challenges posed by menopausal health issues and their impact on the quality of women's life.

The methodology adopts an explorative and descriptive qualitative approach to understand postmenopausal women's experiences in Sri Lanka. The study involves interviews with women in the Borlasgamuwa Medical Officer of Health (MOH) area, Colombo District, and employed content analysis to interpret the data. The findings of the study suggest that menopause is perceived as a natural stage of aging by women in Sri Lanka, and they adopt various holistic strategies to manage menopausal symptoms, including self-care, religious activities, and focusing on family responsibilities. The study also highlights the importance of social support and sharing experiences with other women in coping with menopausal changes. The case studies and findings cover a broad range of topics related to menopause, including its definition, symptoms, health risks, and cultural implications.

This provides a comprehensive overview, however, the breadth of topics covered could be overwhelming for readers seeking specific information. Also, while highlighting the influence of socio-cultural factors on women's experiences of menopause in Sri Lanka is an important aspect to consider, the study could have provided more in-depth analysis and discussions on how these factors impact women's perceptions and management of menopausal symptoms. The findings could have led to a more critical analysis of the implications for healthcare and support services focusing on menopausal women in Sri Lanka. The research briefly mentions the limitations of the study, such as its focus on a specific geographical area and sample demographic. However, it

could have provided a more detailed discussion on the implications of these limitations for the generalizability of the findings and suggested areas for future research.

Overall, while the study provides a comprehensive overview of menopause and its cultural implications, there are areas where more critical analysis and discussion could have been beneficial towards understanding how menopause is experienced in another Asian country apart from India.

1.6.2 Factors Influencing Menopause in Indian Women

T. S. Syamala and M. Sivakami, (2005, November), "Menopause: An Emerging Issue in India", aims at exploring the current understanding of menopause as an emerging issue in India, and it identifies gaps for further research. The study highlights the milestone agreement signed at the International Conference on Population and Development (ICPD) held in Cairo in 1994, which was pivotal in shaping health policies in many developing countries, including India. The conference emphasized a life cycle approach to women's health, advocating for attention to women of all ages, from conception to old age, rather than just during reproductive years. Post the agreement, India transformed its Maternal and Child Health (MCH) program into the Reproductive and Child Health (RCH) program to provide healthcare to all population subsections, moving away from its previous focus primarily on women of childbearing age. However, the RCH approach, has made little effort to focus on the health needs of women in the late reproductive years approaching menopausal age or in the post-menopausal stage. This lack of emphasis extends to recent health policies in India, which do not specifically address the issues faced by older women, especially during menopause. Therefore, this study emphasizes the significance of the need for menopausal studies in the Indian context. It also underlines the

importance in population-related studies as it indicates the end of fecundity in a woman's life cycle under natural fertility conditions. However, in societies with controlled fertility, women complete their reproductive phases well before menopause.

The research highlights a few important statistical findings. Firstly, it shows the co-relation between menopause and the emergence of rising female health problems such as heart disease, osteoporosis, cancer among others, due to a drop in estrogen and progesterone levels. It then goes on to underline the influence of diversity in factors such as socio-economic groups, geographical regions, levels of development, genetics, reproduction, socio-demographics, anthropometric measurements, and behaviours on the age at menopause. For example, at the age of 48-49, the proportion of women in menopause ranges from 48.4% in West Bengal to 82.2% in Andhra Pradesh. In Andhra Pradesh, the proportion of women in menopause is consistently higher across all age groups compared to other states, which is surprising given that menopause is primarily a biological variable. The study finds that there is a lack of information on menopause in developing countries like India, especially from a population-based perspective, and underscores the importance of understanding menopause in the context of the changing demographic scenario and recent Indian health policies.

Some of the inferences from the data they have collated point to a few important findings. Illiterate women tend to experience menopause earlier compared to women with higher education levels. The proportion of women in menopause decreases with an increase in education. Rural women have a higher proportion in menopause compared to urban women, even after adjusting for age. Women with higher standards of living experience menopause later compared to those with medium or low living standards. Among different occupational categories, agricultural labourers tend to experience menopause earlier compared to manual, domestic, and professional workers.

Women who have never used contraception, started childbearing early, had more children, and stopped childbearing early tend to experience menopause earlier. These findings showcase the complex interplay of socio-economic, reproductive, and nutritional factors in influencing the timing of menopause among women in India. Understanding these factors is crucial for addressing the health needs of women during menopause and developing targeted interventions to improve their well-being.

The study points out the criticality of in-depth studies of menopause in India and the current lack of it. For one, menopause brings hormonal and behavioural changes that require special health care. Understanding these changes is vital for providing appropriate health services. Access to health care for menopausal women in India is limited, especially as existing health care systems focus more on maternal and child health. There is a need for policy changes and specific programs targeting menopausal women's health. Educating women and their families about menopause and its health implications is crucial. Health care providers should be well-informed about menopausal health and provide appropriate guidance to women.

While the research touches upon various aspects of menopause, such as its definition, biological implications, and demographic patterns, it could benefit from a more in-depth analysis of each of these areas. For example, the study briefly mentions the association between menopause and certain health conditions like osteoporosis and cardiovascular diseases but does not delve into the underlying mechanisms or the implications for women's health care. The findings highlight the impact of socio-economic and demographic factors on the timing of menopause but do not critically analyse the underlying reasons for these associations. For example, while it mentions that illiterate women tend to experience menopause earlier, it does not discuss why this might be the case or how education influences menopausal age. It does well to discuss the lack of emphasis

on menopause in current health policies in India but does not critically analyse the implications of this gap. A more detailed discussion on how this oversight affects women's access to healthcare and the need for policy changes would strengthen the findings. While the study acknowledges the need for further research on menopause in India, it could provide more specific recommendations for future studies. For example, identifying key research gaps or suggesting methodological approaches that could advance our understanding of menopause in the Indian context would be beneficial. Overall, the research study provides a solid foundation for understanding the importance of studying menopause in India. However, further development and critical analysis of the discussed topics would enhance its depth and relevance for researchers and policymakers.

1.6.3 Overcoming the Biomedical Paradigm

Ferguson and Parry (1998), "Rewriting Menopause: Challenging the Medical Paradigm to Reflect Menopausal Women's Experiences", examines the ways in which menopause has been socially constructed as an illness and "medicalized." Susan Sontag, in her work *Illness as Metaphor*, suggests that understanding the metaphors of illness is crucial for liberating ourselves from their prejudicial influence. This paper follows Sontag's lead by examining the metaphoric meanings of menopause and how this natural aging process has been defined as a serious illness. The purpose is to explore how menopause has been socially constructed as an illness and "medicalized," particularly given its association with femininity, sexuality, and aging. Through feminist discourse analysis, this paper aims to analyse the physical, social, and ideological implications of defining menopause as an illness. During the 1980s and 1990s, menopause underwent a dramatic transformation in the medical establishment. Once ignored, it was now constructed as a "disease" requiring treatment with hormone therapy and other medical interventions. This medicalization

of menopause, as Kathleen I. MacPherson argues, has marginalized middle-aged women by portraying them as victims in need of medical intervention to feel young and feminine again. Moreover, this medicalization has not only heightened women's fears of aging but also increased their dependence on the medical industry, leading to substantial profits for doctors and pharmaceutical companies, which Sandra Coney has labelled as "the menopause industry." The paper examines how menopause, as a socially constructed phenomenon, has become medicalized and conceptualized as a disease. It argues that the medicalization and stigmatization of menopause do not aid women's health awareness or acceptance of menopause. Instead, they have led to an increased obsession with women's bodies and aging, a discreditation of women's actual experiences, and an underemphasis of the risks related to hormone replacement therapy. Furthermore, this paper suggests that the medicalization of menopause reflects how the institution of medicine has become gendered, arguing that the current metaphors and imagery of menopause in medicine and culture perpetuate gender images and cultural anxiety about aging, femininity, and sexuality. Menopause, like menstruation and childbirth, is transformed into a medical pathology, leading to unnecessary medicalization, presenting normal physiological changes as pathological conditions, exaggerating the prevalence of symptoms, and offering medical interventions as cures.

This approach undermines sociocultural explanations and promotes a purely biological understanding of menopause. The paper draws attention to marketing campaigns for HRT that often target middle-class career women, exploiting their fears of aging and dependency. By presenting menopause as a disease to be treated, the pharmaceutical industry profits from women's insecurities. The study showcases how conflicting views on the benefits, duration, and method of treatment create confusion among women seeking information and treatment options. Another

issue that this study highlights is that the medicalization of menopause often overlooks the psychological impact of hormonal changes, focusing primarily on physical symptoms. This approach fails to address women's mental health needs during menopause. It draws attention to the overemphasis of the biomedical model of menopause on the role of hormone therapy as the primary treatment, ignoring other effective and natural treatments that may be more suitable for some women.

The paper goes on to highlight the critical analysis by feminist scholars for its impact on women's understanding of menopause and their own bodies. By placing women at the centre of the discussion, feminist research challenges the medicalization of menopause and advocates for a more nuanced understanding of women's attitudes and perceptions toward menopause. Another important aspect that it draws attention to is medical language which often pathologizes menopause, using terms that imply decay, disarray, and lack of control. This language can reinforce negative stereotypes and contribute to the stigmatization of menopausal women. The medicalization of menopause has led to the perception of menopause as a disease or deficiency that requires treatment. This approach overlooks the diversity of women's experiences and fails to account for the social, economic, and political factors that influence women's health, leading to depersonalization and a lack of agency in healthcare decisions.

The paper suggests that there is an increasing need for women's voices and experiences in shaping the discourse on menopause. By sharing their experiences, women can challenge medical stereotypes and advocate for more holistic and inclusive approaches to menopause. This involves challenging myths, stereotypes, and medical practices that stigmatize menopause and devalue women's experiences. By rewriting the narrative around menopause, women can assert their agency and redefine their experiences. The paper calls for an essential balance between

acknowledging menopause as a natural process and providing appropriate healthcare. One of the strengths of this research is its interdisciplinary approach, drawing on insights from feminist theory, sociology, and healthcare to analyse the multifaceted nature of the medicalization of menopause. By exploring the historical, social, and ideological dimensions of menopause, the research provides a comprehensive overview of the complex factors influencing the construction of menopause as a disease.

However, there are some limitations to consider. The research could benefit from a more nuanced discussion of the cultural and historical contexts shaping the medicalization of menopause. Additionally, while the research highlights the negative consequences of medicalization, it could further explore potential solutions or alternative approaches to menopausal healthcare that prioritize women's agency and holistic well-being. Overall, this study contributes valuable insights to the ongoing discourse on menopause and the medicalization of women's bodies. It underscores the need for a critical re-evaluation of societal attitudes toward menopause and calls for a more inclusive and empowering approach to women's health.

1.6.4 The Post-Modern Feminist Approach to Menopause

Eun-Ok Im (March 2007), "A Feminist Approach to Research on Menopausal Symptom Experience" delves into feminist research and is guided by the belief that women's experiences are shaped by their social, political, and economic context. This means that researchers need to consider the social and cultural factors that influence how women experience menopause, such as their age, race, ethnicity, socioeconomic status, and sexual orientation. Through the feminist perspective on menopause, it challenges the traditional biomedical view that often pathologizes menopause and leads to over-

reliance on medical interventions such as hormone therapy. Feminism advocates for a more holistic approach that considers women's experiences and choices in managing menopausal symptoms, including self-care methods and lifestyle changes. One key point is that feminist approaches to menopause research, aim to bridge the gap between biomedical views and women's own experiences. By focusing on women's health from a feminist perspective, the study suggests that researchers can better understand and address the healthcare needs of menopausal women, emphasizing the importance of considering gender and ethnicity as significant factors in women's health experiences, while challenging the notion of a strictly clinical research.

The study also discusses the diversity within feminist perspectives, noting that feminism consists of various perspectives such as liberal, essentialist, radical, Marxist, socialist, and postmodern feminism. While these perspectives may differ in their approaches, they all share a common goal of promoting social justice for women. The study advocates a feminist approach to research on menopausal symptom experience, arguing that such an approach leads to a more nuanced understanding of menopause and better healthcare outcomes for menopausal women. The study debates the existence of a universal "menopausal syndrome" and discusses how symptoms can vary among women based on individual and cultural influences. While some symptoms like hot flashes are commonly associated with menopause, others such as mood swings and forgetfulness show inconsistencies in research findings. It suggests that researchers often fail to consider the social contexts in which women experience menopause, leading to a limited understanding of women's experiences with menopausal symptoms.

Historically, research on menopausal symptoms has been limited to white women, with little known about ethnic differences. Recent studies among diverse ethnic groups have begun to report variations

in menopausal symptoms. For example, Asian women are reported to experience fewer typical menopausal symptoms compared to white women. However, conflicting findings exist, and more research is needed to understand ethnic variations in menopausal symptoms. The study suggests a need for more comprehensive research that considers the diverse experiences of women during menopause. Another important point that this study highlights is the importance of understanding menopausal symptoms within the context of women's daily lives. The study underscores the importance of considering the various contexts in which women experience menopausal symptoms. Menopause coincides with a stage in life where women face numerous challenges and transitions, such as changes in social roles, parenting stress, and other life events. Therefore, understanding menopause requires a broader examination in context with women's daily lives, including psychological, social, cultural, and environmental factors. This is backed by studies that indicate psychological symptoms during menopause are more strongly associated with current life events and difficulties, particularly those in family life, rather than just menopausal status. This suggests that the psychological and social contexts of a woman's life play a significant role in shaping her experience of menopause.

The study also emphasizes the sociocultural context of a woman's life in influencing her experience of menopause. Factors such as socioeconomic status, educational level, cultural beliefs, and family dynamics can impact how women experience menopausal symptoms. For example, women from ethnic minority groups with low socioeconomic status may face additional challenges during the menopausal transition due to economic difficulties, cultural conflicts, and lack of resources. Another aspect it highlights is that ethnic-specific contexts can also influence women's experience of menopause. Studies have shown that women from different ethnic backgrounds may have unique perspectives on menopause based on geographical, nutritional, biological, psychological, and cultural

factors. For example, Mayan women may view menopause as a positive transition, while women from other cultures may view it differently. Menopausal symptoms have been correlated with various other contextual factors, including age, educational level, socioeconomic status, sexual orientation, number of children, diet, body mass, smoking, physical activity, health status, attitudes toward menopause and aging, marital satisfaction, and interpersonal relationships. Women with certain characteristics, such as older age, lower educational attainment, and poorer health status, are more likely to experience menopausal symptoms.

The research suggests and highlights certain key aspects and points to consider while conducting further menopausal research. Firstly, it underscores the multimethod approach, where given the limited understanding of ethnic differences in menopausal symptom experience, usage of a combination of qualitative and quantitative methods can provide a more comprehensive understanding. Qualitative studies can offer in-depth insights into cultural experiences, while longitudinal quantitative studies can capture the full spectrum of menopausal symptoms over time. Secondly, drawing attention to a more feminist approach of prioritizing women's own views and experiences over researchers' interests, it emphasizes the approach for using instruments that allow for a wide range of symptoms and open-ended questions can help reveal women's unique symptom experiences. Thirdly it highlights how ethnic-specific contexts influencing women's menopausal symptoms are often overlooked. A feminist approach should consider gender and ethnicity as significant characteristics and carefully examine how these factors influence symptom experiences. To ensure women's experiences are accurately represented, the study urges that researchers should aim to shorten the distance between themselves and participants. This can be achieved through community-based participatory research and models that involve participants in study design and implementation. Finally, the research stresses on the importance of relevancy and how crucial a role

it plays in feminist research. Incorporating women's feedback into the research process, such as conducting pilot studies or follow-up interviews, can ensure that research questions and findings align with women's concerns and issues. The study provides a thorough view of the feminist perspective on menopause, emphasizing the importance of considering women's experiences and choices in managing menopausal symptoms.

While the study emphasizes the importance of considering gender and ethnicity as significant factors in women's health experiences, it could benefit from providing more specific examples or case studies to illustrate these points. The study could also include more recent research findings to ensure that the critique is up-to-date and reflects the current state of the field. While the study discusses the importance of exploring ethnic-specific contexts in menopausal research, it could provide more guidance on how researchers can effectively incorporate these contexts into their studies. It could also provide more concrete recommendations for researchers looking to adopt a feminist approach to research on menopausal symptom experience, such as specific methodological approach or research design. Overall, the study provides a valuable contribution to the literature on menopausal symptom experience from a feminist perspective.

1.6.5 The Impact of Patriarchy on Menopause Study in India

Vibha Tiwari and A.K. Sharma (2017), "Perspectives on Women's Menopausal Health in India: A Review" explains the perspectives on women's menopausal health in India and found a rural-urban divide in the menopausal age bracket, with women in rural areas experiencing menopause at an earlier age than women in urban areas. The age of menopause is also correlated with social, economic, marital, and parity status. One of the major factors impacting the under-research on menopause studies in India, highlighted by them was the patriarchal influence while approaching women health studies in India. Highlighting the increase in life expectancy and the proportion of

the population aged 60 and above, the paper notes that this demographic shift has led to a significant number of women spending a substantial portion of their lives in the menopausal stage, with women in India being no exception.

Despite the importance of menopausal health, the paper points out that it is an under-researched and tabooed area in India. While there is extensive literature on women's health in the West, focusing on menopause, the same level of attention is lacking in the Indian context. Most studies on women's health in India focus on reproductive health and the needs of adolescent women, with little emphasis on women's health beyond the reproductive years. The paper emphasizes the need to explore menopausal health issues in the Indian context to understand the impact of Western biomedical understandings on non-Western contexts. It suggests that epidemiological instruments and approaches need to be sensitively modified to align with local beliefs about illness and symptom expression. The study highlights the socio-cultural and political implications of menopause, including changes in social status and self-esteem, social stigma against aging bodies, and the influence of biomedicine in addressing health needs.

The transition between the different stages of menopause, known as the climacteric, can span ten years or more and is associated with various physiological and psychological symptoms, collectively termed as "menopausal syndrome." Hormone Replacement Therapy (HRT) and Selective Estrogen-Receptor Modulators (SERMs) are often prescribed to alleviate symptoms associated with this collectively long phase of menopause. Menopause is seen as a gendered issue, with aging in men and women perceived and treated differently. It is also seen as a site of medicalization, where women's bodies are scrutinized by the pharmaceutical market and medical research. This intersection of sexism and ageism adds to the burden faced by aging women. The study goes on to focus on the perspectives on menopausal health in the context of Indian culture,

patriarchy, and social representations. It highlights the differences and similarities between Western and Indian discourses on menopause, emphasizing how women are marginalized and seen as inferior to men in both contexts.

In Indian culture, menopause and menstruation have been problematic for women. While menstruation marks puberty and prepares a girl for procreation, it is also associated with impurity and leads to ostracism of menstruating women. This dichotomy reflects the patriarchal control over women's sexuality and reproduction, with men imposing restrictions and claiming superiority. Menopause, on the other hand, is often seen as a liberation from sexuality and a time when women gain authority in the family. The discourse on menopause in Indian medical texts and practices mirrors the gender bias and stereotypes prevalent in society. Women's health is often centred around issues of sexual functions and reproduction, while men are advised to maintain good health as productive members of society. This disparity reflects the patriarchal mindset that dominates both medical and socio-cultural representations of women's health.

Historically, women in India had limited access to healthcare, and their health was often neglected. This trend continued into the colonial period, where Western biomedical ideas were viewed with suspicion, and women's health was attributed to fertility and childbearing. The colonial medical literature depicted Indian women as superstitious and hostile to Western ideas, reinforcing gender stereotypes. In the current context, the research findings highlight the dearth of literature existing in studies conducted on women's menopausal health in India. Most studies focus on biomedical constructs, such as the age of onset of menopause, severity of menopausal symptoms, and variations across socio-economic groups. For example, studies found that rural and semi-urban women often view menopause as a relief and a new beginning, attaching less significance to its health aspects. In contrast, urban women are more discreet and hesitant to talk about their

menopausal status, fearing the loss of youth, beauty, and sexuality. It also found that there is a low preference, acceptance, and compliance for hormone replacement therapy (HRT) among Indian women, partly due to lack of awareness and relatively high cost. Health activists promote healthy diet, lifestyle changes, and alternative therapies for a trouble-free menopause.

The research goes on to point out some major issues in research on menopausal health in India. Primarily, the dominant biomedical paradigm in menopausal health research has been criticized for being gendered, Eurocentric, reductionist, and positivist. It is based on the experiences of a particular group of women from the West and may not be applicable to non-Western societies. The study proceeds to focus on the Indian context, where patriarchal and traditional values are strong, and the perspectives of menopausal and aging women are often missing. Women are reluctant to discuss matters related to menstruation, menopause, and sexual health. Most health planning and resources in India are directed towards reproductive health issues, with little focus on menopausal women. The concept of a lifecycle approach to women's health, from conception to old age, is not effectively implemented. Further, it highlights a scarcity of epidemiological and sociological studies on women's menopausal health in India. Existing studies are often conducted in the biomedical model and focus on clinical perspectives, overlooking the experiences of the community of menopausal women. The research also draws attention to a lack of studies on health professionals' perspectives and practices regarding women's menopausal health in India. Understanding their beliefs, roles, and practices is crucial for a comprehensive understanding of menopausal health care.

Overall, the paper emphasizes the need for a more holistic and culturally sensitive approach to studying menopausal health in India, considering women's subjective experiences and the socio-cultural context. The paper provides a comprehensive overview of the current state of research on

menopausal health in India. It appropriately points out that menopausal health is an under-researched and tabooed area in India. This is a significant gap, considering the increasing number of women entering menopause and the potential health challenges they face during this stage of life. While considering the bio-medical versus the sociological perspective, the paper recognizes the need for a more holistic approach for addressing the socio-cultural factors that influence women's experiences of menopause. The paper also rightly highlights the gender disparities in access to healthcare and the need for health policies to consider the socio-cultural and economic factors that affect women's health. This is especially important in the context of menopausal health, where women may face unique challenges that require tailored healthcare solutions. Overall, the paper calls for more research and attention to women's menopausal health in India, with an emphasis on the need for a women-centric approach to studying it and focusing on an overall approach to the study.

1.6.6 Conclusion

The above thematic literature reviews throw light on the many complexities associated with menopausal health and health care. While drawing on inferences and findings from a global and international volume of study, the need for recording and understanding menopause in an Indian setting stands out as the current need of the hour. The paucity of sufficient research in India from multiple perspectives, has impacted how women healthcare is shaped. The direct impact it has on menopausal healthcare suggests a criticality by way of an urgent assessment of women healthcare in India through government policies, considering most women who have transitioned or are transitioning will be in various stages of a menopausal phase soon. The overall conclusion is the

need for more comprehensive research to be conducted on menopause in the Indian context, which I have incorporated during my field study.

1.7 METHODOLOGY

1.7.1 Demography and Respondent Composition

The geographical area demography were the urban cities of Margao and Panjim, in the state of Goa. Methods included in the field study were snowball sampling, questionnaire, personal interview, case studies, and observations. Methodology adopted for the purpose of this field study was qualitative methodology.

The participants of the interview process consisted of:

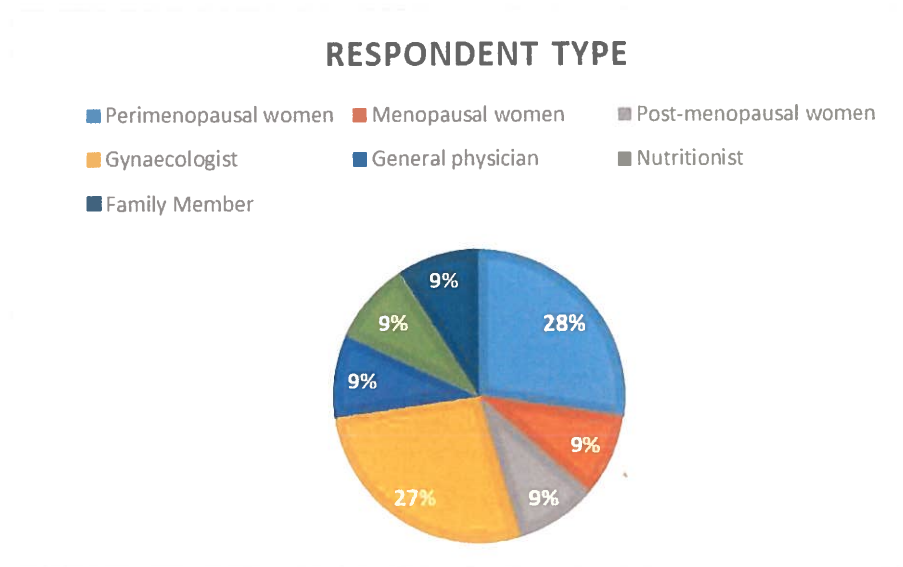
Interviewer: Cleodel Pereira

Interviewee: For this dissertation and due to the sensitive nature of study, the respondents in category A section of the table, have their identities kept confidential. I have further bifurcated the types of participants, due to the nature of the study conducted, that has taken the perspectives of the different stakeholders involved in the menopausal journey of women.

1.7.2 Tabular Division of Interview Respondents

Category	Respondent Description	Total Number of Respondents
A	Menopausal women	5
B	Doctors and Nutritionists	5
C	Family members	1
		11

1.7.3 Graphical Representation of Respondent Type



Picture 1.7.3: Graphical representation of respondent type. Source: Self constructed

Tabular Division of Respondent Type

Respondent Type	Total No.
Perimenopausal women	3
Menopausal women	1
Post-menopausal women	1
Gynecologist	3
General physician	1
Nutritionist	1
Family Member	1

1.7.4 Field Study Preparation

The preparation for the field study included menopausal women identified through friends and family references or references given by the gynaecologists. Prior permission was requested for the interview from the participants who have undergone or are undergoing menopause. Advance appointments were procured at hospitals or clinics for the interview with gynaecologists and

dieticians. Some participants were not very comfortable with a face-to-face interview, and to add comfort and anonymity, a questionnaire was prepared with the help of a google form and emailed to the interviewee. Group A had a total number of five interviewees, where three interviewees were in the middle of the perimenopausal phase, one interviewee was in the menopausal phase, and one interviewee was in the post-menopausal phase. Group B consisted of a total number of three gynaecologists, one general physician and one nutritionist from the cities of Panjim and Margao in Goa. Group C consisted of one family member of a menopausal interviewee. The data collected from groups A, B, and C was analysed using thematic analysis as per the individual objectives of the dissertation.

CHAPTER 2: CASE STUDIES

2.1 INTRODUCTION

Apart from interviews and questionnaires, anonymous menopausal case studies were shared by participant doctors and the lifestyle consultant. The total number of case studies analysed was five. The diversity of the case studies highlighted the outcome that no two women experience the same menopausal symptoms.

2.2 CASE STUDIES

2.3 CASE STUDY A

2.3.1 Background

Mrs. S, a 53-year-old local woman from Panjim, approached the clinic seeking relief from menopausal symptoms that were significantly affecting her daily life. Her most pressing concerns included a distended stomach, bloating, acidity, joint aches, and pains. These symptoms had a profound impact on her ability to cope with tasks that were once routine and easy for her. While she approached the clinic for relief from the symptoms, she was unaware of the cause of the symptoms. Mrs. S expressed frustration and a sense of helplessness due to her current inability to manage tasks that were previously effortless. However, her self-worth and confidence remained largely intact, with the primary impact being on her self-expectations. She felt overwhelmed by the changes in her body and struggled to adjust to the new normal. While Mrs. S actively sought help in alleviating her symptoms, her focus was primarily on managing physical discomfort rather than addressing the broader implications of menopause which she was made aware of as the cause

of her discomfort, at the clinic. She was open to dietary and lifestyle changes to improve her symptoms. In addition to menopausal symptoms, Mrs. S was also dealing with arthritis, which added complexity to her case. The joint aches and pains from both conditions compounded her discomfort and made daily activities even more challenging. Mrs. S found relief through diet and lifestyle corrections with which she was counselled on, at the clinic. While the weight loss was gradual, she reported feeling lighter and more energetic. Understanding which foods were beneficial and which to avoid helped her manage her symptoms more effectively. She transitioned from feeling heavy after social events, to feeling light and healthy, which resulted in better, and a well-rested sleep, resulting in a significantly improved quality of life. The transition of menopausal symptoms took 6 months to record a marked difference.

2.3.2 Inferences

The case study highlights common menopausal symptoms experienced by women, such as distended stomach, bloating, acidity, along with joint aches and pains. While these are part of the common physical symptoms experienced by menopausal women, the case study highlighted the psychological impact, leading to difficulties in coping with everyday tasks that were once routine. While confidence was minimally impacted, the feeling of helplessness and the resultant stress caused by the frustration rising from her inability to complete her daily tasks was prominent. The case study also pointed out to the commonly occurring behaviour recorded in earlier empirical research on menopause that women may primarily seek help for alleviating physical symptoms rather than addressing the broader implications of menopause, such as its psychological or social aspects. It also brought to the fore that Mrs S was unaware of her perimenopausal phase, until the clinic made her aware of it based on a detailed questionnaire that focused on her symptoms.

The case study also highlighted that many times other health issues may overshadow the real cause of the symptom and hence menopause can go undiagnosed. In the case study above, Mrs S was also suffering from arthritis, which can complicate symptom management and require a more holistic approach to care.

Diet and lifestyle corrections to a healthier cleaner diet may help alleviate menopausal symptoms, leading to a lighter feeling, improved energy levels, and better sleep quality. Addressing the psychological and social aspects of menopause, in addition to managing physical symptoms, is crucial for providing comprehensive care to women going through this life transition, rather than having just a unidimensional approach.

2.3.3 Conclusions

The case study underscores the importance of holistic care for menopausal women, encompassing physical, psychological, and social aspects. It also highlights how each woman's experience of menopause is unique, requiring customised treatment plans that consider their specific symptoms and co-occurring conditions. There is a need for increased awareness and education about menopause, not only among women but also among healthcare providers, to ensure that women receive the support and care they need during this phase of life. Lifestyle changes, such as dietary adjustments and regular physical activity, can play a significant role in managing menopausal symptoms and improving overall well-being. Creating support groups and community initiatives focused on menopause can help women feel less isolated and more empowered to manage their symptoms and seek help when needed.

2.4 CASE STUDY B

2.4.1 Background

The case study focuses on Ms. A, a 48-year-old self-employed urban woman experiencing menopausal symptoms. She primarily suffers from lack of energy and joint pain in her fingers and toes. Mentally, Ms. A feels uncomfortable and self-conscious about her protruding stomach, despite being in her ideal weight category. However, she overall maintains a positive self-perception and is preparing for a Himalayan expedition later in the year, indicating confidence and a heightened self-worth. She is not actively seeking medical help for her menopausal symptoms but is instead focusing on yoga and diet to manage them. She believes that diet and lifestyle changes are helping her feel stronger and reduce inflammation. Ms. A was aware of menopause and suspected she had entered the perimenopausal phase when she sought consultation at the clinic.

2.4.2 Inferences

In this case study, the woman experienced a different menopausal symptom than the woman from the previous case study. Menopausal symptoms, in the case of Ms. A such as lack of energy and joint pain, affected her daily life and well-being. Body changes, in her like her protruding stomach, led to her feeling discomfort and made her self-consciousness, impacting her mental health. However, despite her physical changes, Ms. A maintained a positive attitude and was pursuing challenging goals, indicating resilience, confidence, and a positive mindset. Her focus on yoga and diet as an alternative approach to an allopathic option, highlights a proactive approach to managing menopausal symptoms through lifestyle changes. Engaging in and preparing for a goal

centred activity like a Himalayan expedition while focusing on her health and wellness indicate a positive outlook on life during menopause.

2.4.3 Conclusions

As we have seen in the present case study as compared to the previous one, responses to menopause can vary widely among women, with some maintaining a strong sense of self-worth and confidence despite physical changes. Diet, exercise, and pursuing passions can be effective strategies for managing menopausal symptoms and improving overall well-being. While the client appears resilient, addressing feelings of self-consciousness and anxiety can be beneficial for overall mental health during menopause. Creating supportive environments that encourage women to pursue their passions and focus on health can positively alleviate their menopausal experience. Exploring the experiences of women like that of Ms A, can provide valuable insights into coping mechanisms and adaptation of resilience which can be mentored and counselled over with menopausal women.

2.5 CASE STUDY C

2.5.1 Background

Case study C focuses on a 47-year-old teacher, Ms. X, experiencing various menopausal symptoms and other health issues. She suffers from high uric acid, high cholesterol, acidity, dry skin, hot flushes, has been experiencing thyroid issues for the past 15 years, with elevated liver enzymes. Physically she has experienced rapid weight gain. She experiences mood swings, irritability, and disrupted sleep due to frequent urination. These symptoms have affected her self-worth and confidence, leading her to reach out to the nutrition clinic to pursue a gentle diet

focusing on health and nutrition. She leads a hectic lifestyle where she attends to household chores post her return from her academic work. She has actively sought help from doctors for her health conditions, with a common recommendation being weight loss. When she sought help at the clinic, she asked specifically to remedy weight loss. She was recommended an overhaul of her diet and lifestyle with changes in her daily nutrition consumption. She was also asked to unwind and focus on what she loves doing for an hour every day. Post her diet along with lifestyle changes, and a daily self-care routine, she has experienced improvements in mood, heat tolerance, sleep quality, and overall happiness.

2.5.2 Inferences

As can be observed in Ms X, menopause can manifest in various physical and psychological symptoms, impacting overall well-being. Symptoms can lead to changes in mood, self-perception, and sleep patterns, affecting overall mental health. If menopausal symptoms are severe, affecting self-worth and confidence, it may prompt individuals to seek lifestyle changes for improvement. Seeking medical advice is the result of menopausal symptoms and related health issues becoming acute. Hence it is observed that the focus is often on symptom management, rather than addressing the underlying hormonal changes, that occurs during menopause. Implementing dietary and lifestyle modifications can positively impact menopausal symptoms and overall well-being and seems to be an alleviating alternative approach for menopause management.

2.5.3 Conclusions

Managing menopause requires a personalized approach, considering the unique symptoms and needs of each woman. Women may benefit from a supportive environment, including healthcare

providers and family, in managing menopausal symptoms. It may also encourage women to become more aware of their health and take proactive steps to improve it. Addressing menopausal symptoms may require a holistic approach that includes lifestyle changes, medical interventions, and psychological support. Effective management of menopausal symptoms can significantly improve a woman's quality of life during this transitional phase.

2.6 CASE STUDY D

2.6.1 Background

The client, Ms. Y is a 54-year-old businesswoman, and is experiencing menopause-related symptoms. She has been grappling with very frequent periods or periods that won't stop, alongside thyroid issues, high uric acid levels, and acidity. Menopause has significantly impacted her psychological well-being. She reports feelings of anxiety, depression, and mood swings. The transition has led her to question many aspects of her life, miss her old self, and experience self-doubt. Recognizing the need for assistance, she actively sought help from medical professionals to manage her menopausal symptoms. This proactive approach suggests a willingness to address her health concerns and seek solutions. To manage her symptoms, she opted for the insertion of a Mirena intrauterine device (IUD). This decision has proven effective in alleviating her symptoms, highlighting the importance of individualized treatment plans in managing menopause. Implementing dietary and lifestyle modifications has been crucial in managing her menopausal symptoms. She has learned to manage food cravings, prevent bloating and constipation, and stabilize weight fluctuations, which were previously exacerbated by hormonal changes.

2.6.2 Inferences

Menopause can manifest in various physical and psychological symptoms, affecting each woman differently. Triggering psychological challenges such as anxiety, depression, and mood swings, impacting self-worth and confidence, Ms Y sought professional help and adopting lifestyle changes can significantly improve symptom management and overall well-being. Her acute symptoms drove her to seek medicated help, where effectiveness of treatments like the Mirena IUD highlights the importance of tailored approaches to menopause management. Modifying diet and lifestyle can play a crucial role in managing menopausal symptoms and improving quality of life. Understanding the experiences of women like Ms Y can provide insights into the multifaceted impact of menopause on urban women. It can inform the development of support strategies and interventions to enhance the quality of life during this life stage.

2.6.3 Conclusions

Menopausal symptoms can vary widely among women, ranging from physical issues like irregular periods and high uric acid to psychological challenges such as anxiety and mood swings. This highlights the complexity of menopause and the need for personalized treatment plans. It can have a profound psychological impact, leading to feelings of anxiety, depression, and self-doubt. It can also trigger a sense of loss for one's previous self, indicating the need for holistic support during this transitional phase. The case study underscores the importance of seeking professional help to manage menopausal symptoms effectively. Consulting with healthcare providers can lead to tailored solutions, including medical interventions like the Mirena IUD, which can significantly improve quality of life. Adopting appropriate dietary and lifestyle changes can play a crucial role

in managing menopausal symptoms. This includes managing food cravings, preventing bloating and constipation, and stabilizing weight fluctuations, all of which contribute to overall well-being. The case study also highlights the need for further research on the impact of menopause on urban women. Understanding individual experiences can guide the development of targeted interventions and support systems to address the diverse needs of women during this life stage. Overall, this case study underscores the importance of a holistic approach to menopause management, considering both physical and psychological aspects. It emphasizes the need for personalized care and support, to help women navigate this natural but challenging phase of life.

2.7 CASE STUDY E

2.7.1 Background

Ms. V, is a 52-year-old pathologist by profession, experiencing hypertension, palpitations, high cholesterol, anxiety, and fatigue which affected her professional performance and low mood, leading to stress eating. Due to this, her self-worth and confidence is affected, and she missed her former self, previous strength, and drive. She was experiencing heavy menstrual flow This has led her to also experience mood swings. She was an introvert and had few friends. She also lacked strong emotional support. The client's performance at work has been affected by menopausal symptoms, emphasizing the broader impact of menopause on women's professional lives. Upon medical advice, she was prescribed Mirena for symptom management. Post insertion of the IUD, and adopting specific dietary and lifestyle changes, she has started feeling lighter, has been able to better manage her cravings, eating better at peak hunger times, and was less upset about weight despite modest weight loss.

2.7.2 Inferences

Menopausal women can experience a range of physical symptoms, including hypertension, palpitations, and high cholesterol. These symptoms can significantly impact daily life and may require medical intervention, depending on its severity. Menopause can also have a profound psychological impact, leading to fatigue, low mood, and stress eating. This highlights the need for emotional support and coping strategies during this period. Ms V's performance at work has been affected by menopausal symptoms she is experiencing, emphasizing the broader impact of menopause on women's professional lives. This suggests the need for workplace accommodations and support for menopausal women. Her use of Mirena IUD and adopting dietary changes, indicates a proactive approach to managing menopausal symptoms. This highlights the importance of personalized treatment plans and lifestyle modifications in improving quality of life during menopause. Despite the challenges, Ms V's ability to feel better and be less upset about her weight demonstrates the positive impact of symptom management strategies. It also reflects the resilience and adaptability of women experiencing menopause.

2.7.3 Conclusions

Menopause can have a significant impact on women's physical and psychological well-being, highlighting the need for comprehensive care and support during this transition. Personalized treatment plans and lifestyle modifications can be effective in managing menopausal symptoms and improving quality of life. The professional impact of menopause underscores the importance of creating supportive and accommodating work environments for menopausal women. Emotional support and coping strategies are essential for helping women navigate the

psychological challenges of menopause. Overall, the case study highlights the complex and multifaceted nature of menopause and the importance of addressing its impact on women's lives comprehensively.

CHAPTER 3: THE IMPACT OF MENOPAUSE ON WOMEN IN GOA

3.1 INTRODUCTION

Menopause, a natural biological process, represents a significant milestone in a woman's life. While menopause is a universal phenomenon, its impact and experiences vary across different cultures and geographical locations. Experiences of menopausal symptoms remain common with our western counterparts; however, they don't occur in uniformity in all women. With over 31 different symptoms, the experiences of these symptoms are different from one woman to the other, from the actual symptom to the extent of severity experienced. The reason why the way menopause is experienced is so unique to every woman is because it depends on what factors have impacted its influence. Studies are increasingly learning about how, right from social, cultural, economic, genetic, race, familial or community support, past trauma, demography, race, and more, in a woman are the reasons why women experience menopause differently from each other. This is further complicated with the fact that awareness on menopause is lacking as there is very little studies and research done on the subject. Hence majority of the times, a woman may well be well past into perimenopause, when she understands and becomes aware of her the menopausal phase. It is therefore important to understand how different factors can affect how a woman experiences menopause to develop better coping strategies and support structures via community groups and familial support. Currently there is no inclusion of menopause in any government policies and programmes aimed towards women's healthcare. According to an article published in The Times of India, titled, "Why women in 40-45 age bracket are experiencing early menopause" (Anuja

Jaiswal, Oct 18, 2023), there is an upward rise in the experience of early menopause, which it attributes to multiple factors that also include genetics, lifestyle, and environment.

3.2 THE PHYSICAL IMPACT OF MENOPAUSE

The physical impact of menopause on women in urban Goa is diverse and varied, as observed through interviews conducted with menopausal women and healthcare professionals in the region. These interviews revealed a range of physical symptoms and challenges experienced by menopausal women, highlighting the need for greater awareness and support for women during this transitional phase. Mimi, a 52-year-old career counsellor and a single woman, experienced heavy and continuous bleeding during her perimenopausal stage, leaving her drained and weak. The constant discomfort of changing pads frequently led to painful pad rash, making it difficult for her to sit comfortably. She felt restricted and helpless as she was unable to live her daily life in a normal way as her continuous heavy flow of bleeding inhibited her from travelling. While Mimi experienced this continuous period flow, she didn't experience any other symptoms that many women experience during the menopause transition phase. Just like Mimi, Nidhi (name changed), experienced very heavy period with just a couple of days respite before her periods started again. However, unlike Mimi, Nidhi also experienced physical weakness, low energy, chronic insomnia, and anaemia in terms of physical impact. This impacted her daily life and her ability to complete her regular chores and routine.

Dr. Sawani Hegde Surlakar, Gynaecologist, from Margao, Goa, highlighted that only 20% of menopausal women seek professional help for their symptoms, often unaware that these symptoms are related to menopause or perimenopause when they first visit her for consultation. Common symptoms that women seek help for in terms of physical symptoms include UTIs,

vaginal dryness, excessive bleeding, and hot flashes. Shraddha Paroolkar, Dietician and Nutritionist observed that while many menopausal women seek a consultation at her clinic for weight management, they are often unaware that hormonal changes during menopause contribute significantly to their weight gain. Women also seek help for symptoms such as distended stomach, bloating, acidity, joint aches and pains, high uric acid, high cholesterol, dry skin, and hot flushes. Both Dr. Vishal Gude and Dr. Ashwini Kenkre, senior gynaecologists from Margao and Panjim, respectively, noted that many women experience menopausal symptoms without realizing they are related to menopause. This lack of awareness is particularly pronounced in rural areas and among lower-income groups. The physical symptoms can vary in intensity among women. However, Like Dr Sawani and Dr. Gude pointed out, certain factors have a direct impact on the experience of the physical symptoms. Early trauma in a woman's life, or a family where there is conflict between the family members, or if there is no support or understanding of a woman's menopausal transition, can directly impact the severity of the menopausal symptoms faced by women.

Another aspect of physical symptoms that Shraddha the nutritionist pointed out was the frequency and comfort in which women, especially those who belong to traditional family set ups, take a period delay pill before any religious festival or ritual. This many times has a domino effect, if the woman is closer to her menopausal phase or if she is in the middle of perimenopause. Shraddha has encountered cases, where women have taken the period delay pill and have stopped menstruating post it permanently. This has followed with skin rash breakouts, hot flashes, and other menopausal symptoms that were not experienced before the tablet intake. One of the other common factors impacting a woman's experience of the physical menopausal symptoms, is the co-occurring symptoms of another underlying issue such as for example, arthritis or thyroid or

even fibroids. These can overshadow the diagnosis of menopause like the case of Mimi who had a preexisting condition of fibroids. She was initially diagnosed with a recurrence of fibroids as the reason she was bleeding and was advised to remove the fibroid surgically again. On taking a second opinion, she was told that she had entered her perimenopausal state and was accordingly given medication to arrest the bleeding, which gave her a respite from the symptom. One of the aspects during this phase that leads to greater stress and discomfort is that women from households that are unaware about the concept of menopause or who's family members expect the same responsibilities to be carried out in terms of household chores and duties may aggravate other symptoms in the woman due to the lack of support in this difficult phase of her menopausal journey by family members.

The physical impact of menopause on urban women in Goa is complex and multifaceted, with women experiencing a range of symptoms that can significantly impact their quality of life. Greater awareness, support, and access to healthcare services are essential to help women navigate this challenging phase of life with ease and confidence.

3.3 THE PSYCHOLOGICAL AND EMOTIONAL IMPACT OF MENOPAUSE

According to Dr. Surlakar, the psychological impact of menopause results in menopausal women, facing psychological challenges such as withdrawal, irritability, sexual health issues, emotional vulnerability and outbursts, extreme hormone fluctuations and mood swings. She has noticed that these challenges are exacerbated in women from disturbed family dynamics. She has especially noticed that in Goa, menopausal suffering has been somewhat normalized, and women are often reluctant to seek help for symptoms related to menopause. Nidhi, who is currently in the middle of her perimenopausal phase, experienced severe emotional changes and underwent bouts of depression

during the initial onset of perimenopause. In addition to feeling drained physically she was also mentally exhausted and constantly irritable and prone to emotional outbursts. Shraddha emphasized lifestyle changes, including dietary modifications, mental health practices, and engaging in activities that bring joy. She stresses on the importance of women prioritizing their own health and well-being. Dr Gude also highlights menopause can have a significant psychological impact on women, leading to irritability, mood swings, and depression. He stresses that understanding these hormonal changes is crucial for both women and their families. This is amply reflected in the case studies, where Ms. S from case study 1, expressed frustration and a sense of helplessness due to her inability to manage tasks that were previously effortless. However, her self-worth and confidence remained largely intact, with the primary impact being on her self-expectations. She felt overwhelmed by the changes in her body and struggled to adjust to the new normal. In case study 2, the lady feels uncomfortable and self-conscious about her protruding stomach, despite being in her ideal weight category. However, she maintains a positive self-perception and is preparing for a Himalayan expedition, indicating confidence and self-worth. However, in in case study 5, the client's performance at work has been affected by fatigue and low mood due to hormonal fluctuations because of menopause. This highlights the broader impact of menopause on women's professional lives and the need for workplace accommodations and support. It was also noticed that in families where women have no support or awareness of her condition are the women who experience the psychological and emotional impact much more.

Another factor that contributes to the impact on women's mental and emotional health during menopause is coincidental occurrence of other major changes in their life simultaneously. The empty nest syndrome where children move out of the house for higher studies or a job, joint families where parents become senior members and the woman remains as the primary care giver, even though now

she also needs to be monitored and supported health wise. Mimi who worked in the IT sector of tier 1 cities, narrated how her female colleagues would lament and be stressed due to the non-supportive nature of their in laws in their joint family structure. Many of them worked long hours and would have to go back home to household chores of cleaning and cooking. The in laws would not share the chores or the responsibilities. During their menopausal phase, it especially become very stressful and difficult for the women to balance their home and work and would always be stressed or frustrated.

3. 4 THE SOCIO-CULTURAL IMPACT OF MENOPAUSE ON WOMAN

Mimi, who has worked for a major part of her life outside Goa, has always been a part of the IT sector. Her narration of her experiences as well as that of her work colleagues throws light on workplace inclusion and understanding towards menopause. Mimi, herself single, narrated how her workplace collaborated with NGO's who would conduct workplace workshops and talks on menopause and menopause related awareness. In addition, therapy and counselling services were offered for women employees to be able to speak and have a safe space to talk. Her colleagues, especially women who lived in a joint family set-up found this a comforting and safe space during these sessions.

Nidhi reported that during her perimenopausal stage, she discovered a newfound assertiveness and openness during this phase of her life. She encourages other women to stay positive, seek support, and be vocal about their experiences. Shraddha observed from her local clientele from Goa, societal expectations, especially in traditional Hindu families, often demand that women continue fulfilling their duties with the same energy as before, leading to additional stress. Dr Vishal Gude and Dr Vimmi Gude underlined the cultural taboo around discussing menopause, especially regarding sexual issues. This taboo they observed often prevent women from seeking help or discussing their symptoms openly. Menopause can influence self-worth and confidence, prompting individuals to seek lifestyle

changes for improvement, which is highlighted in case study 3. According to Dr Sawani, in Goa, menopausal suffering has been somewhat normalized, and women are often reluctant to seek help for symptoms related to menopause, especially regarding sexual health. This contrasts with urban areas like Mumbai and Delhi, where women are more proactive in seeking cosmetic gynaecology and sexual health treatments.

3.5 IMPACT OF FAMILY AND COMMUNITY SUPPORT DURING MENOPAUSE

Mimi was aware of menopause from her mother's experience and discussions with women at her workplace in the IT sector. She mentioned that awareness about menopause was adequate in her workplace, with regular workshops and talks by an NGO and counselling services available. However, support, especially emotional support, was lacking, particularly for women who were overworked and dealing with stressful family situations. Mimi emphasized the importance of having a supportive environment and access to counselling during the menopausal transition. She believes that men and family members need to be educated about menopause to provide better support to women going through menopause.

This, she found lacking and noticed men and family members were unaware about menopause and its impact on a woman. In the case of her work colleagues, they would often talk about their stress points in relation to their in-laws and family members. The women residing in these joint family systems were expected to come back from a working day and perform their household chores of cooking and cleaning. No support or help was offered in sharing these duties by other family members which cast undue stress and affected them emotionally. Mimi also highlighted the need for women to understand and recognize their symptoms to seek appropriate help.

Dr. Sawani noted that there is a need for more dialogue and understanding around menopause in India. Women should be encouraged to seek help for menopausal symptoms, and healthcare professionals should be better equipped to provide support and treatment options. Family members, especially partners, should be educated and counselled during a woman's menopausal phase and how they can help in effective symptom management. She observed how often men are unaware of the emotional and mental impact of menopausal symptoms and their inability to understand the woman during this delicate phase can further worsen her experience of menopause and its symptoms. In many cases, it can also lead to sadness and depression.

Dr. Sawani also drew attention to the fact that an urban setting has more nuclear families and the hectic everyday life can alienate women. It is important for women to engage in dialogue and talk about their experiences with friends and family, and to be able to engage in dialogue in community spaces. She emphasized on how earlier informal support groups such as local Mahila Mandals, local community gatherings would create a conducive space for women to talk to each other and share their experiences, however with the fast-paced urban life, this too has disappeared. Nidhi emphasized the need for more open discussions about menopause and better support systems for women going through this natural transition.

Shraddha noted that support a woman receives from her family during menopause significantly impacts her menopausal experience. Women with supportive families tend to cope better than those without support. She also points to women who have a more positive mental framework and indulge in a passion in the form of a hobby or goal-oriented bucket list, tend to be more resilient and re-focus on what they want and like, leading to a more fulfilling life which greatly alleviates the entire menopausal transition. Women then have something to look forward to, which can tend to be

refreshing as most women. have majority of the times dedicated their lives to the other family member's upkeep or health or wellbeing. This brings a sense of purpose to her which can be gratifying and greatly alleviate her menopausal transition.

Dr. Vimmi Gude and Dr. Vishal Gude stress the need for strong and secure family support and understanding from husbands or partners. Family support plays a crucial role in how women experience menopause. Lack of understanding and support from family members can exacerbate symptoms and make the transition more challenging. Dr. V Gude has observed that 99% of the time a woman's menopausal health is negatively impacted if there is lack of support and patience from the husband and family members. Many times, Dr Vishal has had to counsel the partner as they were completely unaware of menopause. While there are no specific support groups for menopause in Goa, Dr Vishal emphasized that community organizations could play a significant role in providing support and information to menopausal women. Dr. Ashwini from Camphal clinic also emphasized the crucial need for family members to become aware and provide support to women during menopause, as it is vital for the smooth transition of the women through the menopausal phase and many time the severity of the symptoms are dependent on the support, care and understanding she receives from immediate family members.

3.6 CONCLUSION

In conclusion, women's menopausal experiences differ greatly with it impacting her physically, mentally, socially, and psychologically. There is an overwhelming need to approach menopause through a woman's experience to effectively understand how to aid the smooth transition through the menopausal phase. There are multiple factors affecting the outcome of menopausal experiences. It is however, observed that in all cases support, patience and understanding of this

phase and its impact on a woman in her family and community places a pivotal role in either alleviating or exacerbating her symptoms. There is also an overwhelming need to create safe and secure spaces for dialogue and engagement on the topic of menopause for women, so that they become aware in advance, and are better prepared to cope with it. Also, this helps existing menopausal women to cope with their issues by simply being able to talk about it. And this can be supported through the creation and encouragement for the emergence of support, and community groups.

CHAPTER 4: CONCLUSION AND SUGGESTIONS

4.1 INTRODUCTION

Menopause is a natural phenomenon affecting all women, and for majority of the women it is a prolonged peri-menopausal stage that can comprise of 10 years before they transition into menopause. Only approximately 20% of menopausal women in Goa's urban areas seek help from doctors or specialists. Nearly all cases are such that they go to a doctor for symptom related issues (UTI's, Hot Flashes, Irregular or heavy periods, bloating and gaining weight for example). Women from a troubled household where marital relations are strained or from a household that is rife with conflict, experience menopausal symptoms more acutely than women from supportive households with supportive family members.

In many cases of earlier generations, menopausal symptoms are normalized which is one of the reasons women go through an emotional upheaval. Their mothers and grandmothers experienced it silently and so they are expected and asked to do so too. There is a considerable impact on a woman's self-esteem as she feels a general feeling of helplessness due to mood swings, emotional outbursts, irritability, and a dwindling libido that affects her marital relations. The realization of menopause is usually in hindsight after a fair amount of time is spent undergoing it and being unaware that they were in the middle of one of the menopausal phases. There is not enough education and awareness on menopause given the fact that by 2025 over 1.1 billion women would enter menopause.

Sometimes doctors themselves are uncomfortable to help through the journey of menopause as they consider it a cold practice. Earlier on in traditional families, due to the extended family tradition, women had a support system in terms of other women in the family and community

groups such as mahila mandals where they could share their experiences and coping mechanisms. Currently in an urban setting where a nuclear family set up exists, that informal support group is lacking and non-existent. Women tend to neglect their own health and place themselves last in the family dynamics. This impacts them seeking timely health and support. Women in perimenopause undergo a plethora of symptoms, often unaware that they may be menopausal. The subsequent lack of awareness of the family members leads to further stress and adversely affects the woman and her interrelations with them. Many times, she is judged as being imbalanced or referred to as 'mad'. This can further set her downhill as she herself is unaware many times of what she is going through and feels helpless.

Often the menopause phase arrives at the time when women are dealing with a major shift in their lives such as the empty nest syndrome as kids have moved away from home to study or are dealing with an addition to the family of a new daughter in law or a major change at work which only worsens or exacerbates the experience. The overriding and most critical aspect of a woman undergoing any stage of menopause is her family's support and understanding, which every interviewed doctor during the field research conducted states that is left wanting and lacking. Dr. Gude also mentions that whenever there is a menopausal case, he will first ask to meet the husband to educate counsel and make him aware in order that he effectively contributes in his wife's menopausal management. All the 4 doctors interviewed have pointed out to this being a very important and critical factor and how it greatly influences how menopause impacts a woman.

4.2 IMPORTANT MENOPAUSAL STATISTICS

Based on a menopause survey conducted by women's health start-up TheaCare & Dr. Meenakshi Ahuja, senior gynaecologist and obstetrician, at Fortis Hospital, New Delhi, (The Quint, 2022),

75% + women said they were unprepared for menopause. Close to 80% said they faced major emotional difficulties. Nearly 90% women didn't have a gynaecologist support them through the menopausal phase and some didn't know that a doctor was even needed. 50% women reported that they experienced being impatient with people, had memory troubles, and felt tired or worn out. Overall women felt that lack of medical help and understanding of menopause impacted self-esteem, workplace dynamics and familial relationships.

4.3 MENOPAUSAL AWARENESS AND EDUCATION

According to Mimi, men and family members need to be educated about menopause to provide better support to women going through it. Dr. Sawani points out to the severe lack of awareness and community support around menopause in India. She maintains that while there are informal women's groups that provide some support, menopause is not as openly discussed or supported as childbirth. She also feels that educating women about menopause is essential, but it may not be enough without a shift in women's self-prioritization. Women need to value their health and well-being to seek timely help for menopausal symptoms.

The healthcare system in India does not prioritize menopause care, with government setups focusing more on childbirth and other health issues. More awareness and education are needed to integrate menopause care into mainstream healthcare. Nidhi suggested that menopause education should be included in the curriculum, preferably at the college level, to ensure a better understanding of this phase of life. Shraddha noted a lack of understanding among her clients regarding the link between hormonal fluctuations during menopause and symptoms like weight gain and decreased energy levels. Shraddha highlighted the need for more professional training

and courses for healthcare professionals to update their knowledge on menopause and related therapies.

Dr Vishal and Dr. Vimmi believe that while access to healthcare in Goa is relatively good, awareness about menopause and its management needs to be improved. Public health campaigns and educational programs could help bridge this gap. They feel that there is a need to include menopause education in school curricula and raise awareness through community groups, NGOs, and corporate initiatives (for example, rotary clubs, Lion's club). This education should not only target women but also their families and communities. There is a need for increased awareness and education about menopause, not only among women but also among healthcare providers, to ensure that women receive the support and care they need during this phase of life.

Dr. Ashwini Kenkre strongly advocates awareness among women and family members through campaigns, community organizations, community health checkups and inclusion of it in mainstream education curriculum. The various case studies highlight creating supportive environments that encourage women to pursue their passions and focus on health can enhance the menopausal experience. The case study highlights the need for further research on the impact of menopause on urban women. Understanding individual experiences can guide the development of targeted interventions and support systems to address the diverse needs of women during this life stage. There is an urgent need to introduce awareness at schools, colleges and in the public spaces on menopause especially for family members of menopausal women so that the transition is smooth. There is an emerging trend of menopause been talked about in the social media space with the help of podcasts, reels, and stories. This has led to a small but growing community and circle of specialists, doctors, dieticians, nutritionists, and women experiencing menopause, who are talking about it and in turn leading to an increased awareness and how to seek help.

4.4 TREATMENT OPTIONS AND APPROACHES

Lifestyle changes, exercise, and supplements are commonly suggested strategies for managing menopausal symptoms. However, there is a reluctance among women to try hormone replacement therapy (HRT) due to fear of its side effects and a woman's general lack of awareness. There is still an inhibition towards HRT's and the medical support world is also divided in its use or not.

There are hormonal tests that are conducted to ascertain if a woman has hit menopause, but they are not very reliable and can be inconclusive and not all doctors recommend it in their clinics. Usually, it is diagnosed from the symptoms a woman reports. Sometimes some doctors and healthcare professions still adopt a very clinical approach towards menopause. Nidhi for example, found that younger doctors were more empathetic and understanding compared to older, more clinical ones.

Shraddha recommends lifestyle changes, including dietary modifications, positive mental health practices focused on self-care and wellbeing, and engaging in activities that bring joy. She emphasizes the importance of women prioritizing their own health and well-being. The case studies of various women do point out to the effectiveness of an alternative natural therapy, where one cleans up their lifestyle to live a healthier life.

Dr Vishal highlighted that while Hormone Replacement Therapy (HRT) is an option for severe symptoms, it should be used judiciously and tailored to individual needs. Other non-pharmacological options, such as lifestyle changes and counselling, can also be effective. The various case studies highlight the effectiveness of diet and lifestyle corrections can significantly improve menopausal symptoms, leading to a lighter feeling, improved energy levels, and better

sleep quality. Yoga, regular exercise, and physical activity can effectively help towards symptom management.

Addressing menopausal symptoms often requires a holistic approach that includes medical consultation, diet, and lifestyle changes. Women may respond differently to menopause, with some experiencing significant improvements in symptoms with lifestyle modifications. Sometimes in cases of excessive bleeding, allopathic measures must be implemented. The effectiveness of treatments like the Mirena IUD highlights the importance of tailored approaches to menopause management. Also, in cases of extreme menopause symptoms experienced by women, it may be beneficial for the to go on a HRT that is directed for a limited short amount of time till her symptoms are more manageable.

Hence, it is especially true that in menopausal health management there is no one size fits all, and there is more of a need for customised solutions based on women's personal experiences, for a more effective menopause health management.

4.5 CONCLUSIONS AND SUGGESTIONS

There is a need for women healthcare by the government to also focus on menopause apart from menstruation and childbirth. Women's healthcare and childcare programmes, backed with educational awareness policies and campaigns where men and other family members are offered free workshops and counselling sessions to help them support their wives through this phase, healthcare that covers menopausal treatment and community support systems. This stems from the fact that 40% of a woman's life is spent in tackling menopause.

Addressing menopausal challenges requires a multi-faceted approach involving education, awareness, community support, and improved healthcare access and services for menopausal

women. There is a lack of policies and community-based support networks focused on menopause. Women's health experts and the government could take the lead in creating awareness programs. Policy makers should empanel women health experts, and doctors to create an effective health policy that targets the entire health lifecycle of women, including menopause, rather than focus only on her reproductive years. Government campaigns, health checkups and health policy should include effective menopausal health management.

The physical impact of menopause on urban women in Goa is complex and multifaceted, with women experiencing a range of symptoms that can significantly impact their quality of life. Greater awareness, support, and access to healthcare services are essential to help women navigate this challenging phase of life with ease and confidence.

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APPENDIX I: QUESTIONNAIRE USED TO COLLECT DATA FROM
DOCTORS AND NUTRITIONISTS

1. Can you please introduce yourself and provide a brief overview of your experience and background in gynaecology? (number of yrs., etc.)
2. What percentage of your patients are menopausal women, and how has this demographic changed over time?
3. Can you describe the common sociological challenges faced by menopausal women in urban Goa, based on your clinical experience?
4. How do sociocultural factors unique to Goa influence the experiences and perceptions of menopausal women? (What are some of the most common misconceptions or myths about menopause that you encounter among your patients?)
5. How do Goan cultural beliefs and societal norms regarding aging and women's health impact menopausal women?
6. Have you observed any specific cultural practices or traditions related to menopause among your patients in Goa?

7. How do you address cultural sensitivities and taboos surrounding menopause in your practice in Goa?
 8. How do family dynamics and support systems influence the experiences of menopausal women in Goa?
 9. Are there any community-based support networks or resources available to menopausal women in urban Goa?
 10. Based on the common sociological challenges you mentioned before faced by menopausal women, how do they cope with these challenges?
 11. How do healthcare access and awareness of menopausal health issues vary among women in urban Goa?
 12. What are some of the barriers to accessing healthcare services for menopausal women in Goa, and how can these barriers be addressed?
 13. In your experience, how does menopause impact the quality of life of women in urban Goa, including their social relationships, work, and mental health?
 14. What strategies or interventions have you found to be most effective in improving the quality of life for menopausal women in Goa?
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15. What are the key challenges you face in providing care to peri- and post-menopausal women in Goa?
 16. What strategies or interventions have you found to be most effective in managing menopausal symptoms and improving the quality of life for your patients?
 17. How do you educate your patients about menopause and empower them to take control of their health during this stage of life?
 18. What resources or support systems do you recommend to your patients for additional information and assistance?
 19. Have you found training or professional development opportunities to pursue to enhance your knowledge and skills in managing menopausal health? (government based, menopausal health brand based, etc.)
 20. How do you stay updated with the latest research and developments in the field of menopausal health? Is there ample and enough research done in India or Goa that addresses it based on its uniqueness in the Indian context?
 21. In your opinion, what are the most important factors to consider when providing care to peri- and post-menopausal women in India?
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22. Is there anything else you would like to share about your experience working with menopausal women or any insights you have gained through your practice?
23. Thank you for your time and insights. Would it be possible to follow up with you for any additional questions or clarifications that may arise from this interview?
24. Would you like for me to mention you details or would you like this to be included in confidentiality?

APPENDIX II: GOOGLE FORM QUESTIONNAIRE USED TO COLLECT DATA FROM POST-MENOPAUSAL WOMEN

Thank you for agreeing to be a part of this dissertation. As part of the research, we are actively seeking responses and experiences of menopausal women, doctors, counsellors, family members and health care providers to understand how menopause impacts a woman in urban India. Your response will be valuable to the research and your contact details and name will be kept confidential.

1. Can you please introduce yourself? (Name, occupation, age)
2. How long have you been post-menopausal, and can you briefly describe your experience during the menopausal transition?
3. What physical symptoms did you experience during menopause, and how did they affect your daily life?
4. How have these physical symptoms changed or evolved since you became post-menopausal?
5. How did menopause affect you mentally and emotionally during the menopause phase? (e.g., mood swings, anxiety, depression, or none)

6. Have these changes persisted into your post-menopausal phase, and if so, how do you cope with them?
7. What coping mechanisms or strategies did you find most helpful in dealing with the physical, mental, and emotional challenges of menopause?
8. Have these coping mechanisms changed or evolved since you entered the post-menopausal phase?
9. How did your support system (family, friends, healthcare providers) help you cope with menopause?
10. Have you sought support from any specific groups, therapists, doctors or counsellors, and if so, how has this helped you?
11. Have you faced any stigma or discrimination related to menopause, and if so, how did you deal with it?
12. How easy or difficult was it for you to access healthcare services or how helpful was your doctor related to menopause? (1 being the least helpful and 5 being the most helpful)
13. Do you feel that healthcare providers (doctors) were adequately informed about menopause and its effects on women?

14. Looking back, how do you feel about your menopausal experience and the impact it had on your life?
15. What advice would you give to other women going through menopause or entering the post-menopausal phase?
16. Is there anything else you would like to share about your experience with menopause or any insights you have gained?
17. Thank you for participating in this interview. Would it be possible to follow up with you for any additional questions or clarifications that may arise?

APPENDIX III: GOOGLE FORM QUESTIONNAIRE USED TO

COLLECT DATA FROM MENOPAUSAL WOMEN

Introduction and Background

1. Can you please introduce yourself? (Age, occupation, family background, etc.)
2. How long have you been experiencing menopausal symptoms, and how would you describe your overall experience with menopause so far?

Physical Impact

3. What physical symptoms have you experienced during menopause, and how have they affected your daily life?
4. Have you sought medical help or treatment for these physical symptoms, and if so, what has been your experience with the healthcare system?

Mental and Emotional Impact

5. How has menopause affected you mentally and emotionally? (e.g., mood swings, anxiety, depression)

6. Have these changes affected your relationships with family, friends, or colleagues? If so, how?

Coping Mechanisms

7. What coping mechanisms or strategies have you found helpful in dealing with the physical, mental, and emotional challenges of menopause?
8. Have you tried any alternative therapies or lifestyle changes to manage your symptoms? If so, what has been your experience with them?

Support System

9. How has your support system (family, friends, healthcare providers) helped you cope with menopause?
10. From which quarter do you face the most challenge in terms of support?
11. Have you participated in any support groups or sought help from counsellors or therapists? If so, how has this helped you?
12. How would you have liked it to be extended alternatively?

Societal and Cultural Factors

13. How do you think societal and cultural factors in India influence the way menopause is perceived and experienced?

14. Have you faced any stigma or discrimination related to menopause? If so, how have you dealt with it?

Healthcare Access

15. How easy or difficult has it been for you to access healthcare services related to menopause?

16. What improvements, if any, do you think are needed in the healthcare system to better support women going through menopause?

Personal Growth and Reflection

17. In what ways, if any, has going through menopause changed your perspective on life and aging?

18. Have you discovered any positive aspects or personal growth opportunities during this phase of life?

Advice and Recommendations

19. What advice would you give to other women going through menopause based on your own experiences?
20. Are there any resources or support systems you would recommend to women going through menopause in India?

Closing Remarks

21. Is there anything else you would like to share about your experience with menopause or any insights you have gained?
22. Thank you for participating in this interview. Would it be possible to follow up with you for any additional questions or clarifications that may arise?

APPENDIX IV: QUESTIONNAIRE USED TO COLLECT DATA FROM
FAMILY MEMBERS OF MENOPAUSAL WOMEN

Questionnaire Used to Collect Data from Family Members of Menopausal Women

1. Can you please introduce yourself? (Age, occupation, family background, etc.)
2. How long have you been in a relationship with your spouse, and how long has she been going through perimenopause?
3. How aware were you of the symptoms and changes associated with perimenopause before your spouse began experiencing them?
4. How did you educate yourself about perimenopause, and did you seek information or support from healthcare professionals or other sources?
5. How has your spouse's perimenopausal phase impacted your relationship, both positively and negatively?
6. Have there been any changes in intimacy, communication, or other aspects of your relationship?

7. How has your spouse's perimenopause affected other family members, such as children or elderly relatives living in the household?
 8. Have there been any changes in family routines, responsibilities, or dynamics as a result of her perimenopausal symptoms?
 9. How have you supported your spouse during her perimenopausal phase, and what coping mechanisms have you found helpful for yourself and other family members?
 10. Have you sought support from other sources, such as friends, family, or support groups, and if so, how has this helped?
 11. What have been the biggest challenges you've faced as a partner of someone going through perimenopause, and how have you addressed or overcome them?
 12. Have there been any adjustments or changes you've had to make in your own life to accommodate your spouse's perimenopausal symptoms?
 13. How has communication between you and your spouse evolved during her perimenopausal phase?
 14. Have you found it challenging to understand or empathize with her experiences, and if so, how have you navigated this?
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15. Looking back, how do you feel about your experience as a partner of someone going through perimenopause?
16. What advice would you give to other partners or family members who are supporting someone going through perimenopause?
17. Is there anything else you would like to share about your experience or any insights you have gained?
18. Thank you for participating in this interview. Would it be possible to follow up with you for any additional questions or clarifications that may arise later?