

## Social issues in post menopausal women

Dear Editor,

Menopause is the final cessation of regular monthly menses in women. It is not a disease; rather, it is the “Change of Life” that transforms a woman’s life. Many women might be lucky and remain asymptomatic, but a vast majority has a negative impact on their lives. The issues can be classified at various

levels: As environmental (both natural and man-made), community, family, couple, and finally at the individual level, which may be further classified as physical or psychological.

Psychosocial and environmental influences have an important bearing, on the way in which a woman

approaches and responds to menopause. This is especially true in Haryana, a state that straddles the modern and the traditional. This is well reflected by the skewed gender ratio of 877 females per 1000 males, and an average life expectancy of 69.8 years in women and 67.9 years in men as per Census 2011. Women tend to live longer, and thus endure menopause for a long duration.

Currently, environmental pollution due to the use of synthetic chemicals and hazardous compounds, which act as endocrine disruptors, severely affects post-reproductive health, especially in females, by altering the age and time of menopause.<sup>[1]</sup> The only remedy is minimizing excessive exposure to these chemicals and using these chemicals only based on need.

The lack of indoor toilets and improper facilities of sanitation lead to prolonged urinary retention, which increases the chances of developing Stress Urinary Incontinence.<sup>[2]</sup> The local authorities and the government must ensure better sanitation facilities in the villages, especially for the elderly women, to prevent this problem.

Lower socioeconomic status and lower educational levels among the population also tend to increase the severity of symptoms. This is even more rampant in the Indian setting, especially Haryana. Besides these social problems, there are many cultural issues prevalent among North Indian women. One of them is the Purdah or the “Ghoonghat” system, which entails less exposure of the body to natural light, thereby leading to decreased vitamin D production. This further adds to the decreased bone mineral density and complicates osteoporosis in postmenopausal women, terminally leading to an increased risk of fractures.<sup>[3]</sup> Empowerment of the community, better education standards, and rejection of the age-old customs would be helpful. Providing additional physiotherapeutic support to menopausal women can help prevent fractures.

Postmenopausal women require support and help in dealing with their symptoms. This is where the role of family sets in. Our faulty practices, strained mother-in-law and daughter-in-law relation, and our ragged nuclear families curtail this essential right of the elderly women. Furthermore, the Indian customs do not do justice to the nutritional requirements of elderly women; they still remain the last priority and are accustomed to receiving the least share of food. Better education programs, family group activities, and social upbringing can help solve such issues.

The earlier the menopause, the more severe and complex the impact on sexuality of both the women, and on the couple as a whole. Metaphorically, the affected women describe this sexual change as a loss of sense of femininity and sexual attractiveness. They lose interest in sex as they

cannot conceive anymore or because sexual activity becomes painful due to vaginal dryness.<sup>[4]</sup> These problems are further aggravated by other related physical issues, which include stiff or sore joints, headaches, forgetfulness, difficulty in sleeping, increased anxiety, and urinary leakage.<sup>[5]</sup> These problems can be managed by the long-term use of Hormonal Replacement Therapy.<sup>[6]</sup> More importantly, a well-tailored, integrated medical and psychosexual approach may be used, besides counseling of the spouse, group exercise, and recreational activities at well-established centers for women.<sup>[7]</sup>

The care providers, especially gynecologists, must be sensitized to inculcate better understanding of good health practices and healthy approach among the people. This can be achieved by behavioral cognitive therapy, motivational interviewing, and empowerment in collaboration with the Ministry of Health, for the members of the family and the women themselves. This will ensure healthcare and a better quality of life to postmenopausal women, so that their “*Joie de vivre*”, i.e., “*Joy of Living*”, persists proportional to their life expectancy.

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