Comparative Study of Menopausal Age And Symptoms With Respect To *Prakriti* In Rural And Urban Region Of Wardha District

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Abstract:

Background :Menopause is an important step of women's life. It is the permanent cessation of menstruation due to loss of follicular activity The average age of menopause is 50years.In Ayurvedal iterature the term Rajonivrutti is used for menopause and the menopausal age mentioned is 50 years .The present study was conducted to compare the menopausal age and menopausal symptoms with respect to prakriti in rural and urban areas. Material and Methods: This survey based observational study included 400 females

from rural and urban region of Wardha district aged between 40-60years who had naturally attained menopause. The females attaining surgical menopause and those with PID and serious systemic disease were excluded. Information was collected in structured case record sheet with all relevant attributes. Statisticalanalysis was done using SPSS 20. Result : In rural region 75% of participants attained their menopause during the age 46-50yr followed by 10.5% females in age 51-55yr.In urban region 71% attained menopause in the age 51-55yr followed by 28% in the age of 45-50yr Menopause at the age of 35-40yr in age group of 35-40 was attained by only 5.5% from rural region .No specific pattern of symptoms in relation to the particular Prakriti was found neither in rural nor in urban region. Conclusion:. The study concluded that menopause occurred at an earlier age in rural population as compared to the urban region. The association between menopausal symptoms and Prakriti was found to be non-significant.

Keywords: Menopause, Menopausal age , Menopausal symptoms Prakriti ,Rajonivrutti, Rural region , Urban region

Introduction :

A woman witnesses innumerable changes at various stages of her life, the two most important amongst them are physiological changes, one that occurs at puberty i.e. menarche and other is menopause representing the beginning and end of reproductive stage respectively.[1] The word menopause is derived from Greek word meno i.e. menses and pausis i.e. stop or cease ,so the literal meaning of menopause is permanent cessation of menstruation [2] .According to WHO, menopause occurs between 45-55 years for the women's world wide, the average age considered as 50 [3].

Menopause is defined as permanent cessation of ovarian function resulting in permanent amenorrhoea, due to decrease in estrogen, which leads to degeneration of ovarian follicle[4]This diminished hormonal levels leads to vasomotor changes like night sweating , hot flushes, uro-genital problems , psychological problems such as depression , mood swings , dizziness and Other symptoms like loss of libido, dyspareunia, osteoporotic changes [5] This may cause disturbance in quality of life and may be more irritating and discomforting for women.[6]

According to menopausal society , there are currently about 65 million Indian women over the age of 45 years experiencing menopause related symptom .According to literature , at least 60% of female suffer from mild symptoms and 20% suffer severe symptoms. [7] On the basis of socio-economic status, living standard and occupation, the people in the country are classified in rural and urban population. This segregation may influence the menopausal health. The menopausal phase may be difficult and stressful for women's from rural region female due to non reporting gynecological problem as it social taboo to discuss the reproductive health which may affect the quality of life [8].Due to lack of awareness they have to face many side effect or the systemic serious disease. Whereas urban women's are more open and confidant about their health.

Various clinical Studies on *Rajonivrutti* (Menopause) are carried out in Ayurveda [9, 10, 11] , however *Prakriti,* the basic concept of *Ayurveda* is not co related with menopause except for one study [12] In our compendia with sparse literature of *Rajonivrutti* there is no

mention of symptoms during menopausal phase and may vary in women's with different *Prakriti*. The present study was carried out to assess the comparative menopausal age in rural and urban region of Wardha district in the state of Maharashtra. to find out whether particular menopausal symptoms are predominantly observed in specific *Prakriti*. If the association between menopausal symptoms and *Prakriti* is established, it may be helpful in overcoming the discomfort caused due to these symptoms by adopting a preventive approach with respect to *Ahar* , *Vihar* and use of Aurved formation to minimize the problems.

Material and Method:

The survey based observational study commenced after receiving the approval from institutional ethics committee. The study included 200 females from rural area and 200 from urban area (total 400) in the age group of 40-60years from Wardha district. The participants were randomly selected .Data was collected from health camp and house to house survey .Female with surgical menopause and those suffering from thyroid disorders , PID(Pelvic Inflammatory Disease) or any serious systemic disease were excluded. The participants were interviewed with the help of structured questionnaire comprising of three parts .a) Socio-demographic data and reproductive profile b) Menopausal symptoms and c) *Prakriti* of participants .

Statistical analysis : The obtained data was statistically analysed by searching for comparison of menopausal age and symptoms with respect to *Prakriti* .Statistical analysis was done by using chi square test and software used in the analysis was SPSS 17.0 version and $p<0.05$ was considered as level of significance to draw the result.

Observation and Result:

As per the inclusion criteria , participants selected in the age group of41 to 65 years in both rural and urban were distributed in five sub age group. (Table no 1.1). The maximum participants in both rural and urban region were between 51 to 55 years of age. (58% from rural and 49.5% from urban)followed by 42 % participants in age group of 56- 60 years in Urban area. The second highest participation in the rural area was from age group of 46- 50 years(23%). The least participation (1 to 1.5% in both rural and urban region were from age group of 41 to 45 and 61 to 65 years.. Statistically it was observed that age wise distribution from urban and rural region are associated as p value obtained is 0.0001 which is significant. 96% of the participants in both the groups were married. (Table no 1.2) 89% of the women in rural region were literate, whereas in urban region it was 99 %. (Table no 1.3) In the rural area 77 % belonged to low income group followed by 23 % belonging to middle income group. In the urban region maximum (85%) were from middle income group followed 11% of women from high income group. (Table no 1.4) 96.5% of the rural participant and 68.5% of urban women were housewives, whereas 23% participant in urban region were in service and 6.5% were in business. The % of working women in rural women was only 3.5% (Table no 1.5)

Three fourth (75%) of women from rural region attained menopause at 46- 50 years followed by 10.5% at 51- 56 years and 9% at earlier age between 41- 45 years. in the urban area 71% attained menopause at 51- 56 years followed by 29% at 46- 50 years. (Table no 2.1) On questioning about awareness towards changing phase of menopause, the urban women were found to be aware (51%) as compared to the rural ones(23.5%). Rests of the participants were either neutral or unaware about menopause. Maximum participants in both the rural and urban region had neutral attitude towards menopause. (Table no 2.2)

31.5% urban participants had taken menopause positively whereas 40% of rural women had a negative approach towards it. (Table no 2.3) The attitude of the family members was neutral for 50% of participants in both the regions. However supportive attitude of family members was reported by 25% of the urban participants. (Table no 2.4)

On analysis of *Prakriti Parikshan* all participants were of *Dvandvaj Prakriti*. Maximum participants in both the groups were having *Pitta-Kaphaj Prakriti*, 40% from rural region and 58.5% from urban region. In rural region, amongst the rest of the participants 19% were of *Kapha-Pittaj Prakriti, Pitta-Vaataj Prakriti* 17%, *Vaat-Pittaj Prakriti 10.5% and Kapha-Pittaj* 9.5%. From the urban region amongst the rest ,16 % were *Vaat-Pittaj* , 15% *Kapha-Pittaj*, 6% *Pitta-Vaataj* ,3.5% *Kapha-Pittaj Prakriti*. Statistically the distribution of participant from rural and urban region according to *Prakriti* was significant as p value obtained is 0.0001 (Table no 3)

The occurrence of menopausal age between *Prakruti* of the rural and urban population was compared. In the rural region, the chi-square test showed statistical significant differences between occurrence of menopausal age between *Prakruti* (p<0.001). (Table no 4)

However no statistical significant differences between occurrence of menopausal age and *Prakruti* (p=0.775) was observed in urban region (Table no 5)

The occurrence of menopausal symptoms and *Prakruti* of the rural and rural population was analyzed for association using chi-square test . None of the symptoms showed any association with the *Prakruti* of the study participants. (p>0.05). (Table no 6)

Discussion :

In this observational study 400 participant were included out which 200 was from the rural and 200 from the urban region of Wardha district. The mean menopausal age in the rural area was 52.29 with S.D 3.88, however in the urban area it was found to be 54.52 with S.D 2.38.Though the observation of the present study revealed that menopause occurred at a slight earlier age in rural population as compared to urban area, the difference is statistically non significant. Similar observations were found in study by Goyal and Mishra, wherein the mean menopausal age was found to be 57.30 and 57.32 in rural and urban respectively.[13] In the study by Sangdeo and Arora though the mean age difference was not significant, they too observed incidence of early menopause age in the rural population as compared to urban [14]Also the study b ySaseendran Pallikadavath shows the similarity to our study of early menopause.[15]. The study by Dasgupta concluded that there was not much difference in age of menopause in urban and rural region .[16].

Socio-demographic characteristic i.e. marital status, occupation , economic status and educational status were observed to have significant relation with early menopause in our study .This has been fortified by Pallikadavath[15]and Meng Wang[17] which states that higher education leads to later menopause due to awareness and consciousness about personal health and hygiene as well as nutrient diet intake. According to the study by Anita Punia the genetic and environmental factor also play significant role for onset of menopause [18].However observation contrast to our study was noted by Sevil Hakimi i.e. higher the menopausal age, lower was the socioeconomic status. [19] In study by Avin there was no significant relation found between socioeconomic characteristic and menopause.

[20]Other factor like early marriage , number of parity was related with menopausal age in the study by Goyal [13]and Nusart nisar.[21]

In our study the awareness towards menopause and attitude was observed neutral as it was taken as natural phenomenon and every women have to suffer from this stage. In observational study of Sangdeo and Arora [14]shows that the attitude towards menopause was positive as relief from monthly periods, no contraception required , no pregnancy worries and advantage of senior citizen .Some female took it as negatively as old age , fear of islolation and loneliness [21].

During this phase, life of women goes through many physical and physiological changes such as hot flushes, night sweating , vaginal dryness , urinary dysfunction, emotional imbalance etc .In our study urinary incontinence and vaginal dryness were found more in rural region whereas insomnia , irritability, mood swings were observed in urban .Hot flushes and night sweating found both in rural and urban region. The study by Sharma and Mahajan revealed that some symptoms were found more in urban region due to social activeness [22]

A survey study in Karnataka stated that menopausal symptoms may be precisely higher in rural region as compared to urban region due to lack awareness towards menopause, low socio-economic state, poor diet, non-supportive family and negative or neutral attitude towards menopause[23].

In our study the association of menopausal symptoms with specific *Prakriti* was statistically non significant .This may be due to unequal participation of each *Prakriti*.Also association of each *Prakriti* and menopausal age was also non significant..In survey study by Dr.Henavathi and Dr.Divya it was observed that the hot flushes, heart discomfort, anxiety and insomnia were highly significant in *Vatapitta Pradhan Prakriti*, depression , uro-genital problem , tiredness and irritability were fairly significant in *Vatapitta Pradhan Prakriti*.and other symptoms i.e. sexual problem and joint pain were not significantly observed in any other *Dehik Prakriti*.[12]

In Ayurveda there is no detail description of menopause given as disease. According to general pathology of the disease it can be classified as *Kalaj* and *Akalaj Rajonivrutti* .The menoaspuse occurs at its natural age called as *Kalaj Rajonivrutti.* Early menopause can be compared with *Akalaj Rajonivrutti* as there is no any description about it in *Samhitas*. However previous studies stated some factor related to *Akalaj Rrajonivrutti* can be , *Mithya Ahar Vihar, Aamotpati*, strenuous work which disturbed the *Dosha* causes *Strotodusti* in *Artavvahasrotas* which leads to premature degeneration of ovarian follicles resulting into premature menopause [26]. A number of GBD studies reflect on related problems of this study[27-30]. According to Ayurveda performing *Dinacharya , Rutucharya* proper *Ahar-vihar* and proper *Raajswala Paricharya* may be beneficial for healither menopause. *Shodhan , Shaman Chikitas* and *Yoga* show as amazing benefits to relives the symptoms related to menopause.

Conclusion :

 Based on the present study ,age of attaining menopause in rural women was earlier as compared to the urban, which may be due to lack of knowledge and awareness towards menopause .To overcome this counselling in rural female should be done by health campaign or through survey. Though association of symptoms and *Prakriti* was not found to be significant, it can still be recommended to follow *Ahar*,*Vihar* and *Achar Rasayan*

beneficial to ones *Prakriti* .This may help to ease the symptoms occurring during menopause.

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Table no 1.Distribution of participants on according to socio-economic data.

General characteristic of participants	Rural	%	Urban	%	Chi square	P. value
1.2 Age wise distribution of participants						
41-45	3	1.5%	0	0%	45.49	0.0001
46-50	46	23%	16	8%		
51-55	116	58%	99	49.5%		
56-60	33	16.5%	84	42%		
61-65	2	1%	1	0.5%		
1.2 Distribution of participants according to marital status						
MARRIED	192	96%	191	95.5%	1.48	0.47
DIVORED	4	2%	2	1%		
WIDOW	4	2%	7	3.5%		
1.3 Education status wise distribution of participant						
LITERATE	178	89%	198	99%	17.73	0.0001
ILLITERATE	22	11%	2	1%		
1.4 Socio-economic status wise distribution of participants						
UPP	0	0%	22	11%	224.8	0.0001
MID	46	23%	170	85%		
LOW	154	77%	8	4%		
1.5 Occupational wise distribution of participants						
HOUSEWIFE	193	96.5%	137	68.5%	62.95	0.0001
SERVICE	2	1%	46	23%		
BUSINESS	0	0%	13	6.5%		
OTHER	5	2.5%	4	2%		

Table number 2 : Distribution of menopausal factors

2.1 Menopausal age wise distribution of participants						
35-40yr	11	5.5%	0	0%	159.5	0.0001
41-45yr	18	9%	0	0%		
46-50yr	150	75%	58	29%		
51-55yr	21	10.5%	142	71%		
56-60yr	0	0%	0	0%		
2.2 Distribution of participants of rural and urban region by Awareness towards menopause						
YESS	47	23.5%	103	51.5%	49.02	0.0001

NEUTRAL	98	49%	87	43.5%		
NO	55	27.5%	5	2.5%		
2.3 Attitude(self) towards the menopause wise distribution of participants						
POSITIVE	7	3.5%	63	31.5%	70.25	0.0001
NEGATIVE	80	40%	10	5%		
Neutral	113	56.5%	127	63.%5		
2.4 Family attitude wise distribution of participants						
SUPPORTIVE	10	5%	53	26.5%	73.87	0.0001
NON-SUPPORTIVE	97	48.5%	19	9.5%		
Neutral	93	46.5%	128	64%		

Table No. 3: *Prakriti* wise distribution of participants

PRAKRUTI	RURAL	%	URBAN	%	Chi square	P value
VP	21	10.5%	32	16%		
PK	80	40%	117	58.5%		
KV	19	9.5%	7	3.5%	29.83	0.0001
VK	8	4%	2	1%		
KP	38	19%	30	15%		
PV	34	17%	12	6%		

Table 4: Comparison of occurrence of symptoms between *Prakruti* in rural population

Age Groups		KP	KV	PK	PV	VK	VP	Total	$x2$ - value	p-value
35-40	n	5	1	1	0	1	3	11	58.866	<0.001
	%	45.5	9.1	9.1	0.0	9.1	27.3	100.0		
41-45	n	7	0	3	3	0	5	18		
	%	38.89	0.0	16.67	16.67	0.0	27.78	100.0		
46-50	n	26	11	62	36	2	13	150		
	%	17.33	7.33	41.33	24	1.3	8.7	100.0		
51-55	n	0	7	14	0	0	0	21		
	%	0.0	33.3	66.7	0.0	0.0	0.0	100.0		
56-60	n	-----	-----	-----	-----	-----	-----	-----		
	%	-----	-----	-----	-----	-----	-----	-----		
Total	n	38	19	80	39	3	21	200		
	%	19.0	9.5	40	19.5	1.5	10.5	100.0		

Table no 5: Comparison of occurrence of symptoms between *Prakruti* in urban population

Age Groups		KP	KV	PK	PV	VK	VP	Total	$x2$ - value	p-value
35-40	n	-----	-----	-----	-----	-----	-----	-----	2.510	0. .775
	%	-----	-----	-----	-----	-----	-----	-----		
41-45	n	-----	-----	-----	-----	-----	-----	-----		
	%	-----	-----	-----	-----	-----	-----	-----		
46-50	n	9	3	30	4	1	11	58		
	%	15.5	5.2	51.7	6.9	1.7	19.0	100.0		
51-55	n	21	4	87	6	1	23	142		
	%	14.8	2.8	61.3	4.2	0.7	16.2	100.0		
56-60	n	-----	-----	-----	-----	-----	-----	-----		
	%	-----	-----	-----	-----	-----	-----	-----		
Total	n	38	18	81	39	3	21	200		
	%	19.0	9.0	40.5	19.5	1.5	10.5	100.0		

Table no 6.Comparison of menopausal symptoms in rural and urban region according to *Prakriti* :

Symptoms		KP	KV	PK	PV	VK	VP	Total	x^2 - value	p-value
Vasomotor										
Hot Flushes	n	40	12	121	27	4	43	247	10.191	0.070
	%	16.2	4.9	49.0	10.9	1.6	17.4	100.0		
Night Sweating	n	42	17	148	32	4	41	284	5.581	0.349
	%	14.8	6.0	52.1	11.3	1.4	14.4	100.0		
Psychosomatic										
Mood Swings	n	30	10	115	29	4	34	222	8.906	0.113
	%	13.5	4.5	51.8	13.1	1.8	15.3	100.0		
Irritability	n	50	20	158	37	5	46	316	3.719	0.591
	%	15.8	6.3	50.0	11.7	1.6	14.6	100.0		
Insomnia	n	57	18	156	37	5	47	320	10.072	0.434
	%	17.8	5.6	48.8	11.6	1.6	14.7	100.0		
Dizziness	n	59	18	139	36	5	44	301	10.086	0.073
	%	19.6	6.0	46.2	12.0	1.7	14.6	100.0		
Headache	n	57	15	151	39	5	48	315	10.787	0.056
	%	18.1	4.8	47.9	12.4	1.6	15.2	100.0		
Psychological										
Depression	n	48	19	139	28	5	43	282	8.229	0.144
	%	17.0	6.7	49.3	9.9	1.8	15.2	100.0		
Poor Concentration	n	45	16	135	34	4	43	277	3.064	0.690
	%	16.2	5.8	48.7	12.3	1.4	15.5	100.0		
Panic	n	50	17	137	30	4	37	275	2.390	0.793

	%	18.2	6.2	49.8	10.9	1.5	13.5	100.0		
Uro-Genital										
Urinary Infection	n	45	16	139	32	3	36	271	1.187	0.946
	%	16.6	5.9	51.3	11.8	1.1	13.3	100.0		
Urinary Incontinence	n	42	23	142	36	4	42	289	9.271	0.099
	%	14.5	8.0	49.1	12.5	1.4	14.5	100.0		
Vaginal Dryness	n	40	15	139	30	4	34	262	4.805	0.440
	%	15.3	5.7	53.1	11.5	1.5	13.0	100.0		
Sexual Dysfunction	n	44	14	156	33	3	37	287	10.916	0.053
	%	15.3	4.9	54.4	11.5	1.0	12.9	100.0		
Other Symptoms										
Dry Skin	n	55	22	147	37	5	42	308	4.704	0.453
	%	17.9	7.1	47.7	12.0	1.6	13.6	100.0		
Hirsutism	n	49	16	131	37	5	42	280	5.867	0.319
	%	17.5	5.7	46.8	13.2	1.8	15.0	100.0		
Hoarseness Of Voice	n	49	18	145	40	3	37	292	3.245	0.662
	%	16.8	6.2	49.7	13.7	1.0	12.7	100.0		