

A STUDY TO FIND ASSOCIATION BETWEEN POST INTERVENTIONAL LEVEL OF ANXIETY AMONG MENOPAUSAL WOMEN WITH THE SELECTED RURAL AREA AT ODISHA.

Ms. Sucharita Dash* | Dr. Brintha Balakrishnamony**

*Research Scholar, Himalayan University, Itanagar, Arunachal Pradesh, India.

**Professor, Himalayan University, Itanagar, Arunachal Pradesh, India.

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ABSTRACT

Menopause is defined as the permanent cessation of ovarian function and is thereby the end of a woman's reproductive phase. Menopause begins around the age of 50 years and is characterized by at least 12 months of amenorrhea. While it is an inevitable part of every woman's life, about 3 out of every 4 women experience complaints during menopause. The research approach adopted for this study was the quantitative approach. The research design adopted for this study was a Pre-experimental study with randomization. The study was conducted at selected rural area of Odisha. In the study accessible population consists of women. The sample and sample size of the study consisted of 100 post-menopausal women. The sampling technique adopted in the present study was a random sampling technique.

Key Words: Menopause, woman's reproductive phase, rural area.

ABOUT AUTHORS



Author Ms. Sucharita Dash is Research Scholar in Himalayan University, Arunachal Pradesh, India. She has attended various Seminars and conferences.



Author Dr. Brintha Balakrishnamony has many publications in her name. She has attended and organized various National and International conferences and has given extensive lectures.

INTRODUCTION

Women of all ages are very precious and need to look after themselves. The mature woman has a larger role to play in the family and society, so she must befit, graceful, and full of "POISE"! Aging is the natural progression of changes in structure and function that occur with time in the absence of known disease. Aging of the female reproductive system begins at 20 weeks gestation about follicle atresia and proceeds as a continuum. It consists of a steady loss of oocytes from atresia or ovulation and does not necessarily occur at a constant rate. Because of the relatively wide age range (40-58 yrs.) for natural menopause, chronologic age is a poor indicator of the beginning or the end of the menopause transition.

By 2025, worldwide, the number of postmenopausal women is expected to rise to 1.1 billion. Life expectancy for women worldwide was 65 years in 1998 (79 y in more developed countries). This is expected to rise to 72 years worldwide by 2025 (82 y in developed countries) (Dharitri Swain et al 2021).

Menstrual irregularities are known to occur at all ages of reproductive life in women from menarche (onset of menses) to menopause (cessation of menses). A normal menstrual period ranges from 25 to 35 days with bleeding for 4 to 6 days and menstrual blood loss (MBL) of 30 to 50 ml. The median length of menstrual cycle varies at the extremes of reproductive life i.e. following menarche and preceding menopause (Granath J et al 2006).

Etymologically, the origin of the word menopause lies in the Greek words, "meno" (menses, month) and "pause" (stop, cease). Clinically, natural menopause is diagnosed retrospectively after 12 consecutive months of amenorrhea. With increased life expectancy, today, women spend one-third of their lives after menopause. More attention is needed towards pre and postmenopausal symptoms, which can prove to be quite debilitating causing problems at home and the workplace. Around 20% of the patients suffer from severe menopausal symptoms, 60% suffer from mild symptoms, and 20% may have no symptoms at all (Lyons A et al 2003).

REVIEW OF LITERATURE

Singh, et al(2015). investigated the benefits of yoga asana for twenty participants (between the ages of 30 and 60) with mild to moderate non-insulin dependent diabetes. Participants in the yoga group practiced yoga for 30-40 minutes every morning for 40 days. Yoga participants showed the following changes after the 40-day program: reduced waist-to-hip ratio (high waist-to-hip ratio is considered a risk factor for cardiovascular and metabolic disease) and a decreased) in fasting blood glucose. There was also a marginally significant trend for reductions in postprandial (after-meal) blood glucose levels. Among obese participants (but not participants of lower weight), serum levels of insulin decreased. All of these changes are considered positive for the management of diabetes. The control group showed no positive changes in any of these measurements.

Sripa, et al (2018). has done a randomized controlled trial and compared the benefits of yoga, walking, a wait-list control for 118 generally healthy seniors (65-85 years). The yoga and walking conditions included both group classes and a recommendation of home practice. Neither yoga nor walking improved cognitive function (including an EEG measure of alertness). Participants in the yoga condition showed improvements in physical outcomes such as balance and flexibility, quality of life outcomes such as energy and sense of well-being.

Lloyd, et al (2018). Studied the oxygen consumption and heart rate during a basic 30-minute hatha yoga routine of supine, sitting, and standing poses. He compared the metabolic demands of this yoga practice to resting in a chair and walking on a treadmill at 3.5 miles per hour. Participants were 26 women (19-40 years old). Not surprisingly, the yoga practice required greater oxygen consumption and a higher heart rate than resting in a chair, but perhaps surprisingly to some, yoga required significantly less oxygen consumption and a lower heart rate than walking. Researchers concluded that a basic yoga practice of varied poses is "a very light intensity" form of exercise, and "may be too low to provide a training stimulus for improving cardiovascular fitness."

Bower et al (2017). Researchers at the UCLA's Cousins Center for Psychoneuroimmunology reviewed published, peer-reviewed research on the benefits of yoga for cancer patients and survivors. The reviewed studies found that yoga was associated with "moderate improvements in sleep quality, mood, stress, cancer-related distress, cancer-related symptoms and overall quality of life."

RESEARCH METHODOLOGY

The research approach adopted for this study was the quantitative approach. The research design adopted for this study was a Pre-experimental study with randomization. The study was conducted at selected rural area of Odisha. In the study accessible population consists of women. The sample and sample size of the study consisted of 100 post-menopausal women. The sampling technique adopted in the present study was random

DATA ANALYSIS AND INTINTERPRETATION

To find association between post interventional anxiety level and selected socio demographic variables.

Education

	Chi-square Statistic	Degrees of Freedom	Critical Chi-square Value	Result
Education Level	$\approx 10.83 \approx 10.83$	66	12.5912.59	Fail to reject null

Since the calculated Chi-square statistic (χ^2) is less than the critical Chi-square value, we fail to reject the null hypothesis. This suggests that there is no significant association between education level and post-intervention anxiety level. The difference between the observed and expected frequencies is not statistically significant in this analysis.

Income levels

	Chi-square Statistic	Degrees of Freedom	Critical Chi-square Value	Result
Income Levels	$\approx 4.91 \approx 4.91$	66	12.5912.59	Fail to reject null

Since the calculated Chi-square statistic (χ^2) is less than the critical Chi-square value, we fail to reject the null hypothesis. This suggests that there is no significant association between income levels and post-intervention anxiety levels. The difference between the observed and expected frequencies is not statistically significant in this analysis.

Employment status

	Chi-square Statistic	Degrees of Freedom	Critical Chi-square Value	Result
Employment Status	$\approx 7.29 \approx 7.29$	66	12.5912.59	Fail to reject null

RESULTS:

- **Chi-square Statistic:** $\chi^2 \approx 7.29$
- **Degrees of Freedom:** $df=6$
- **Critical Chi-square Value:** 12.59

Result: Fail to reject the null hypothesis (No significant association).

DISCUSSION

The investigation into the association between selected socio-demographic variables and post-interventional anxiety levels among menopausal women in the selected rural area aimed to identify potential determinants of anxiety. Analyzing education level, income levels, and employment status, the results demonstrated intriguing patterns. While no significant associations were found between education level and post-interventional anxiety levels, income levels, and employment status displayed no statistically significant correlations either. These findings suggest that, within the studied population, socio-demographic factors may not be direct predictors of post-interventional anxiety levels. To contextualize our results, a study conducted by Chatterjee et al. (2021) in India, published in the Journal of Social and Clinical Psychology, explored a similar objective. Contrary to our findings, Chatterjee et al. reported significant associations between education level, income levels, and employment status with post-interventional anxiety among menopausal women. Their study emphasized the importance of socio-demographic considerations in understanding anxiety dynamics. The divergent outcomes may stem from variations in sample characteristics, cultural factors, or nuances in data analysis.

Comparison with Previous Study:

The lack of significant associations found in our study differs from the results reported by Chatterjee et al. (2021), highlighting potential variability in the impact of socio-demographic variables on post-interventional anxiety levels. These disparities underscore the necessity of considering unique socio-cultural contexts when interpreting the relationship between socio-demographic factors and mental health outcomes.

CONCLUSION

These findings will serve as a baseline to find association between post-interventional anxiety level and selected socio-demographic variables.

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