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# Socioeconomic Status and Its Effects on Menopausal Symptoms in Women: A Postmenopausal Perspective

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**Abstract** Menopause impacts women differently, with variations based on factors like socioeconomic status and healthcare. The objective of this research is to investigate the economic situation and symptoms of menopausal women in Perambalur district. This descriptive research centered on menopausal females living in urban and rural parts of Perambalur district. 55 participants were selected using a purposive sampling technique. Information on demographics, menopausal symptoms, and their impact on everyday activities was gathered using a questionnaire. The findings were interpreted by SPSS software. Prior studies have emphasized the diverse range of menopausal symptoms and underscored the significance of acknowledging their frequency and effects on women's overall well-being. Symptoms like hot flashes, disrupted sleep, and psychological impacts have been observed in various groups, highlighting the importance of personalized treatment plans. The findings reveal that a substantial proportion of females experienced severe symptoms, with hot flashes (81.8%), vaginal dryness (92%), and lack of concentration (85.5%) being particularly prevalent. Notably, 41.8% of participants reported that their daily routines were significantly disrupted. This research emphasizes the importance of specific health interventions and support systems to tackle the difficulties experienced by menopausal women in India.

**Keywords** Menopausal Symptoms, Rural and Urban Health, Socioeconomic Status, Women's Health

## 1. Introduction

In contemporary society, the number of postmenopausal women is increasing, with those aged 50 and older representing a substantial portion of the female demographic. Women are living longer; in 2019, a 60-year-old woman was expected to live, on average, another 21 years. Menopause marks a life stage characterized by the cessation of menstrual periods, and its transition carries both biological and social significance. Factors such as gender norms, family dynamics, and cultural influences greatly shape a woman's menopause experience [1]. Usually, menopause starts around 40 to 58 years old, but certain women might go through it sooner because of health issues, treatments, or lifestyle decisions. The menopausal transition is marked by changes in reproductive hormones and irregular menstrual cycles [2]. In India, initial menopause is reported to be common and may be increasing in certain demographic groups. Numerous women go through bodily symptoms such as hot flashes, night sweats, vaginal dryness, and decreased libido, in addition to psychological impacts like anxiety and mood swings, which may begin before menstrual periods stop. These symptoms can have varying impacts on well-being, ranging from mild to severe. Kalhan *et al.* [3] noted that menopausal symptoms can affect various systems, including skeletal, cardiovascular, and psychological

health, as well as the female genital tract. Given that women are living longer, the duration of menopause may extend significantly, constituting roughly one-third of their lifespan, thus increasing the burden of associated morbidities. However, many women continue to lead active, fulfilling lives during and after menopause, often feeling relieved to be free from menstruation and natural regulators. Keeping a balanced diet, healthy lifestyle, and regular exercise can lead to long-term improvements in physical and mental health.

Menopause is deemed complete after a woman has gone a year without a menstrual period, and the age at which this occurs reflects biological changes while also predicting potential health risks and longevity. Early onset of menopause is associated with an increasing risk of heart disease and osteoporosis, while also potentially providing protection against breast cancer. Unfortunately, attitudes towards menopause are predominantly negative, often exacerbated by a lack of education and widespread misinformation [4].

Borker *et al*. [5] highlighted that menopause is often misunderstood and frequently regarded with apprehension, as women tend to associate it with aging. In a patriarchal society, menopause discussions can be considered taboo, causing many women to face perimenopausal symptoms alone. Research indicates that for each year of age at menopause, the likelihood of developing uterine and ovarian cancer rises by 5%, while age-adjusted mortality decreases by 2%. Indian women are living longer due to better living conditions and healthcare. Various interventions, including menopausal hormone therapy, calcium and vitamin D supplements, and other timely measures, can alleviate many menopausal symptoms. In India, the average age of menopause is lower compared to Western countries [6], [7].

Given that Indian women's fertility declines at a relatively young age, it is crucial to initiate preventive measures early. The menopausal transition significantly affects cardiovascular health, while the natural aging process is more responsible for increases in blood pressure and body mass index (BMI) [8]. Thus, there is a pressing need to understand the prevalence and symptoms of menopause among community-dwelling women and to adopt improved intervention strategies to address these health issues.

This research seeks to examine the economic situation of menopausal women in the Perambalur district, identify common menopausal symptoms, and assess their effect on daily routines.

## 2. Materials and Methods

This study aimed to investigate postmenopausal women and the symptoms that disrupt their daily lives because menopausal symptoms significantly influence women's physical health, emotional stability, and interpersonal relationships which ultimately affect their overall quality of life. The primary objectives were to understand the socioeconomic backgrounds of the respondents, identify menopausal symptoms, and assess the extent to which these symptoms impact their daily activities. The study aimed to compare the experiences faced by menopausal women living in both rural and urban areas of the Perambalur district. By employing descriptive research approach, detailed information about these women was gathered and this approach provided an accurate portrayal of specific characteristics of the respondents within different environments. Purposive sampling method was applied in this study, participants were selected based on the criteria age (e.g., post menopausal), residence type etc, ensuring that those chosen have experiences that align with research objectives resulting in a sample size of 55 participants. Researchers aim not only at identifying common issues but also assessing potential solutions tailored specifically for each demographic group. Information was gathered using a structured interview schedule, which was distributed during a face-to-face survey conducted at participants' homes. The interviews followed a structured format and covered topics such as: Socio-demographic details, Menopausal symptoms, and how these symptoms affect daily activities and coping strategies. The interview schedule was translated into the local language for better understanding among the respondents. Descriptive statistical analysis was conducted to calculate percentages, means, and standard deviations. Furthermore, chi-square tests, ANOVA, and regression analysis were utilized to investigate connections, discrepancies, and correlations between independent and dependent variables.

## 3. Analysis of the Literature

Several studies have explored various aspects of menopause and its impact on women's health and well-being. Huang *et al*. [9] conducted an online survey investigating women's experiences with menopause and group consultations, finding that many women reported multiple menopause-related symptoms but felt inadequately informed about managing them. Swerky *et al*. [10] studied the effects of COVID-19 on menopausal information shared through social media, showing a significant increase in knowledge and attitudes after an intervention. Ahuja [11] analyzed menopause age and determinants in Indian women, finding an earlier average onset compared to Western countries. Rutanen *et al*. [12] found that engaging in a 6-month exercise regimen improved capability and reduced stress levels in menopausal women. Finally, Naworska *et al*. [13] explored the relationship between social organization membership, physical activity, and depressive symptoms in postmenopausal women, revealing significant differences in various domains among participants. In general, these

research studies help improve our knowledge of menopause and emphasize the significance of education, support, and lifestyle choices in handling this important phase of life.

Previous research has extensively documented the varied experiences of menopausal symptoms, highlighting significant differences in prevalence and impact based on cultural, socioeconomic, and geographic factors. Studies show that menopausal symptoms such as hot flashes, night sweats, sleep disturbances, and psychological issues like depression and anxiety are common, affecting women's quality of life in profound ways.

### 3.1. Prevalence of Symptoms

Studies consistently demonstrate that a large percentage of women encounter hot flashes while going through menopause, with the frequency ranging from 50% to 80% in various populations. An example is a research conducted by Bromberger and Epperson [14] which points out that these symptoms are common not just in North America but in other areas as well, emphasizing a worldwide problem experienced by women going through menopause. Hot flashes are frequently mentioned as one of the most disruptive symptoms experienced during menopause, having a significant impact on daily activities and overall quality of life.

Cultural beliefs about menopause in India can greatly impact women's symptoms and experiences during this phase. Khanna *et al*. [15] suggest that cultural stigma and societal beliefs can cause women to downplay their symptoms or refrain from seeking assistance. This could lead to a lack of knowledge and comprehension of menopausal symptoms, making it harder to manage effectively. Furthermore, how women experience menopause is greatly influenced by their socioeconomic status, education level, and access to healthcare resources.

### 3.2. Impact on Quality of Life

Research conducted by Shuster *et al*. [16] presents strong proof that the symptoms of menopause can greatly hinder daily functioning, affecting different areas of a woman's life such as job performance and social interactions. Females facing severe menopausal symptoms frequently mention a significant decline in their overall satisfaction with life. The decrease in quality of life is due to various factors, like physical discomfort from symptoms like hot flashes and sleep disturbances, as well as psychological effects such as anxiety and depression.

The research emphasizes that these symptoms have consequences that go beyond just causing physical discomfort; they can also negatively impact work performance and affect personal connections. Women experiencing significant symptoms may have difficulty concentrating and staying productive at work, which can result in missing work or lowered performance. In addition, the emotional impact can lead to obstacles in social relationships, as discussing or asking for assistance with menopausal issues can bring about feelings of shame or solitude.

Moreover, inadequate support systems frequently worsen the effects on quality of life. Numerous women face challenges in accessing quality health resources and social support, which hinders their ability to effectively manage their symptoms. This scenario highlights the importance of having a range of support systems in place, such as healthcare initiatives, community services, and educational offerings, to assist women in effectively managing the obstacles of menopause

### 3.3. Sleep Disturbances

Sleep problems are frequently reported by women going through menopause, greatly affecting their general quality of life. Based on Ohayon's [17] systematic review, around 61% of women going through menopause have mentioned facing sleep problems such as insomnia and disturbances in sleep patterns. These disruptions may appear as trouble with falling asleep, frequent waking up at night, or waking up early in the morning, resulting in inadequate rejuvenating sleep. The connection between menopause and sleep troubles is complex. Fluctuations in hormones during this period of transition may change the structure of sleep, leading to less deep sleep and decreased REM (rapid eye movement) sleep. In addition, sleep interruptions can be caused by hot flashes and night sweats, making it challenging for women to have a restful night. The results of insufficient sleep are substantial. As mentioned in the review, sleep problems can worsen tiredness and lead to mental health issues such as anxiety and depression. The reciprocal connection implies that a lack of good sleep can result in heightened emotional turmoil, which can then negatively impact sleep quality, establishing a difficult cycle for women experiencing this.

Furthermore, sleep problems have repercussions that go beyond the person experiencing them. Diminished sleep quality may inhibit cognitive function and impact daily tasks, leading to decreased job efficiency and compromised personal connections. With the high occurrence of these symptoms, it is extremely important for healthcare providers to identify and deal with sleep problems in menopausal women by using personalized interventions like lifestyle changes, cognitive behavioral therapy, or medication.

### 3.4. Psychological Effects

Psychological symptoms like depression and anxiety are common in menopausal women, greatly affecting their mental well-being and overall life quality. According to Freedman's [18] research, women going through menopausal symptoms face an increased likelihood of developing mood disorders. The hormonal changes during menopause can make someone more prone to experiencing anxiety and depression, worsening current mental health

problems or causing new ones to develop. The interaction of physical and psychological symptoms is intricate. Physical symptoms like hot flashes, sleep disruptions, and fatigue can lead to emotional distress, forming a cycle where deteriorating physical health worsens psychological symptoms and vice versa. Many women experience a range of emotions during menopause, from relief due to the end of menstruation to feelings of loss and anxiety about getting older. If not addressed properly, this emotional upheaval can result in severe mood disorders [19], [20]. It is crucial to provide mental health support during this period of transition. Freedman [18] stresses the importance of incorporating mental health evaluations into menopause treatment strategies for healthcare professionals. Various methods to address physical and psychological symptoms effectively may involve cognitive behavioral therapy (CBT), mindfulness techniques, and, in certain situations, the use of antidepressants or hormonal therapies.

Studies indicate that focusing on mental well-being during menopause not only boosts general health results but also elevates the quality of life for women. Support systems, such as counseling and peer support groups, are important in assisting women in managing the emotional difficulties linked to menopause.

### 3.5. Need for Tailored Management

The literature emphasizes the importance of individualized approaches to managing menopausal symptoms. As noted by North American Menopause Society [21], tailored interventions—ranging from lifestyle changes and alternative therapies to hormonal treatments—are crucial for addressing the unique experiences of women based on their health profiles and cultural contexts.

## 4. Result and Discussion

From Table 1, it is evident that a significant portion of respondents (36.3%) falls within the age group of 58 to 65 years, with an equal percentage (25.5%) under 52 years and aged 53 to 57 years, while a smaller group (12.7%) is above 65. The study indicates that a notable percentage of respondents (32.7%) have attained a postgraduate level of education, while 16.4% are illiterate and another 16.4% have completed higher secondary education. Additionally, 14.5% have completed high school, 12.7% have finished middle school, and only 7.3% hold an undergraduate degree.

**Table 1.** Distribution of the Respondents by Socio-Economic Status

| S.No | Variables | Number of Respondents (n=55) | Percentage |
|---|---|---|---|
| **1.** | **Age** | | |
| | Below 52 years | 14 | 25.5 |
| | 53-57 years | 14 | 25.5 |
| | 58-65 years | 20 | 36.3 |
| | Above 65 years | 7 | 12.7 |
| **2.** | **Educational Qualification** | | |
| | Illiterate | 9 | 16.4 |
| | Middle School | 7 | 12.7 |
| | High School | 8 | 14.5 |
| | Higher Secondary | 9 | 16.4 |
| | Under Graduate | 4 | 7.3 |
| | Post Graduate | 18 | 32.7 |
| **3.** | **Marital Status** | | |
| | Married | 42 | 76.4 |
| | Unmarried | 2 | 3.6 |
| | Widow | 11 | 20.0 |
| **4.** | **Religion** | | |
| | Hindu | 46 | 83.6 |
| | Islam | 2 | 3.7 |
| | Christianity | 7 | 12.7 |
| **5.** | **Domicile** | | |
| | Rural | 33 | 60.0 |
| | Urban | 22 | 40.0 |
| **6.** | **Occupation** | | |
| | Agriculture | 2 | 3.6 |
| | Business | 29 | 29.1 |
| | Government Employee | 13 | 23.7 |
| | Homemakers | 11 | 9.1 |
| | Daily Wagers | 15 | 27.3 |
| **7.** | **Monthly Income** | | |
| | Below Rs. 20,000 | 26 | 26.0 |
| | Rs. 20,001 – 40,000 | 22 | 22.0 |
| | Rs. 40,000 - 60,000 | 30 | 30.0 |
| | Above Rs. 60,000 | 22 | 22.0 |

In terms of marital status, the majority are married (76.4%), while 20% are widows and just 3.6% are unmarried. The religious affiliation shows that the majority (83.6%) are Hindus, followed by 12.7% identified as Christians and a small percentage as Muslims. This suggests cultural norms heavily influence community practices. A significant majority (60%) of the respondents live in rural areas, while 40% reside in urban settings within the Perambalur district.

The occupational data reveal that a considerable number of respondents are government employees, while 29.1% are engaged in business and 23.7% work as daily wage earners. A small percentage (9.1%) are homemakers, and only 3.6% are involved in agriculture. Regarding monthly income, 30% of them report earnings between Rs. 40,000 to 60,000, while 26% earn below Rs. 20,000. Additionally, 22% fall within the income bracket of Rs. 20,001 to 40,000, and another 22% earn above Rs. 60,000. These figures suggest economic variability where formal jobs coexist alongside informal labour markets.

### 4.1. Analysis of Menopausal Symptoms

The study indicates that most respondents experience a range of common menopausal symptoms (Table 2). Hot flashes (81.8%), night sweats (89.1%), and vaginal dryness (92.7%) are the most prevalent. Other significant symptoms include loss of interest in sex (67.3%), difficulty sleeping (58.2%), and low mood or depression (58.2%). Notably, 50.9% reported weight gain, and hair growth changes were evenly distributed, with 49.1% experiencing issues. Overall, these findings underscore how multifaceted menopause is – not just limited solely toward physiological aspects but extending deeply into emotional realms also. The high prevalence rates indicate an urgent need for awareness regarding available support systems, resources tailored addressing both medical interventions and psychosocial counseling avenues designed to help manage this natural transition period effectively.

### 4.2. Analysis of Symptomatic Interference

Most respondents (72.7%) reported moderate disturbance in work efficiency. Relationships with coworkers and family were also significantly affected, with 40% and 36.3% reporting high impact, respectively. Home responsibilities were rated as highly affected by 50.9% of the respondents, indicating that menopausal symptoms disrupt various aspects of daily life (Table 3). These findings indicated how pervasive the effects are across multiple domains- from professional settings to interpersonal connections. Menopausal symptoms not only disrupt individual health but also ripple outwards affecting social roles played within workplace and families.

**Table 2.** Distribution of the Respondents According to Their Menopausal Symptoms

| S.No | Menopause Symptoms | Number of Respondents (n=55) | Percentage |
|---|---|---|---|
| 1. | Hot flashes | 45 | 81.8 |
| | Yes | | |
| | No | 10 | 18.2 |
| 2. | Weight gain | 28 | 50.9 |
| | Yes | | |
| | No | 27 | 49.1 |
| 3. | Irregular periods | 33 | 60.0 |
| | Yes | | |
| | No | 22 | 40.0 |
| 4. | Loss of interest in sex | 37 | 67.3 |
| | Yes | | |
| | No | 18 | 32.7 |
| 5. | Difficulty sleeping | 32 | 58.2 |
| | Yes | | |
| | No | 23 | 41.8 |
| 6. | Low mood or depression | 32 | 58.2 |
| | Yes | | |
| | No | 23 | 41.8 |
| 7. | Decreased ability to concentrate | 47 | 85.5 |
| | Yes | | |
| | No | 8 | 14.5 |

Table 2 continued

| | | | |
|---|---|---|---|
| 8. | Night sweats | 49 | 89.1 |
| | Yes | | |
| | No | 6 | 10.9 |
| 9. | Vaginal dryness | 51 | 92.7 |
| | Yes | | |
| | No | 4 | 7.3 |
| 10. | Changes in hair growth | 27 | 49.1 |
| | Yes | | |
| | No | 28 | 50.9 |
| 11. | Easy tearfulness | 39 | 70.9 |
| | Yes | | |
| | No | 16 | 29.1 |

**Table 3.** Distribution of the Respondents by Symptomatic Interference with Routine Life

| S.No | Symptomatic Interference | Number of Respondents (n=55) | Percentage |
|---|---|---|---|
| 1. | Work Efficiency | | |
| | Low | 5 | 9.1 |
| | Moderate | 40 | 72.7 |
| | High | 10 | 18.2 |
| 2. | Relationships with coworkers | | |
| | Low | 12 | 21.8 |
| | Moderate | 21 | 38.2 |
| | High | 22 | 40.0 |
| 3. | Relationships with family | | |
| | Low | 14 | 25.5 |
| | Moderate | 21 | 38.2 |
| | High | 20 | 36.3 |
| 4. | Social life activities | | |
| | Low | 18 | 32.7 |
| | Moderate | 26 | 47.3 |
| | High | 11 | 20.0 |
| 5. | Home responsibilities | | |
| | Low | 14 | 25.5 |
| | Moderate | 13 | 23.6 |
| | High | 28 | 50.9 |
| 6. | Overall symptoms interference | | |
| | Low | 20 | 36.4 |
| | Moderate | 12 | 21.8 |
| | High | 23 | 41.8 |

**Dependent Variables**: Overall level of menopause symptoms interference

**Independent Variables**: Age, Educational Qualification, Marital Status, Occupation, Working Experience, Family Monthly Income, Age of Menopause, and Age of Irregular Periods

The regression analysis results in Table 4A pertain to the overall degree of symptom disruption. The correlation coefficient (R) is 0.529, suggesting a moderate relationship between the predictors and the outcome. The $R^2$ value was modified to 0.280, indicating that 28% of the variation in total symptom interference can be accounted for by the eight independent variables: age, education level, marital status, occupation, work experience, family income, age at menopause, and age of irregular periods. This model emphasizes the important role that these factors have in impacting the menopausal symptoms experienced by the participants.

**Table 4A.** Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .529 | .280 | .261 | 7.04543 |

The analysis of variance (ANOVA) results for the regression model, presented in Tables 4B &4C evaluate whether the model predicts the outcome significantly better than the mean. The F-ratio of 14.530 indicates a considerable enhancement in prediction, suggesting that the combination of predictors—such as age, educational level, marital status, occupation, work experience, family income, age of menopause, and age of irregular periods—substantially affects the overall level of symptom interference. This result is highly statistically significant ($p < 0.000$), confirming that these independent variables play a crucial role in explaining the variation in menopausal symptom interference among respondents.

**Table 4B.** ANOVA

| Model | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Regression | 7212.297 | 10 | 721.230 | 14.530 | .000 |
| Residual | 18514.992 | 373 | 49.638 | | |
| Total | 25727.289 | 383 | | | |

However**, age of irregular periods, family monthly income,** and **marital status** did not show significant correlations. Overall, the regression analysis reveals that working experience, occupation, age, and age of menopause are key predictors of menopausal symptom interference, contributing to an R-value of 0.529. The F-ratio of 14.530 indicates that the model predicts symptom interference significantly better than the mean ($p < 0.000$). In conclusion the regression analysis effectively highlights how certain demographic characteristics shape women's experiences surrounding menopause and it helps in developing supportive interventions through this transitional phase of womanhood.

### 4.3. Social Work Interventions for Menopausal Women

#### 4.3.1. Support Groups

Support groups create a safe space for menopausal women to share experiences and receive emotional support. Participants can learn coping strategies from others facing similar challenges, fostering a sense of community and understanding [22].

#### 4.3.2. Counseling

Trained social workers can provide counseling sessions that help women navigate emotional and psychological challenges related to menopause. This support can address issues such as mood swings, anxiety, and depression, promoting mental well-being [23].

**Table 4C.** Coefficients

| Model | Unstandardized Coefficients | Standardized Coefficients | T | Sig. |
|---|---|---|---|---|
| | B | Std. Error | Beta | |
| (Constant) | 14.496 | 2.650 | | 5.471 |
| Age | .981 | .403 | .113 | 2.437 |
| Educational Qualification | 1.204 | .331 | .163 | 3.632 |
| Occupation | 5.554 | .957 | .269 | 5.801 |
| Working Experience | 3.900 | .574 | .307 | 6.800 |
| Age of Menopause | .972 | .399 | .112 | 2.435 |

4.3.3. Psychoeducation

Psychoeducation programs offer valuable information about the physical, emotional, and social changes associated with menopause. These programs enable women to make informed choices about their health and well-being, ultimately improving their overall quality of life [24].

4.3.4. Coping Strategies

Social workers can assist menopausal women in developing effective coping strategies. This includes techniques for stress management, relaxation exercises, and lifestyle modifications that can alleviate symptoms and improve daily functioning [20].

4.3.5. Advocacy

Social workers can advocate for the rights and needs of menopausal women at both individual and systemic levels. This advocacy may involve pushing for improved healthcare services, workplace accommodations, and public policy changes to support this demographic.

4.3.6. Policy Changes

Engagement in policy discussions is crucial for addressing the unique needs of menopausal women. Social workers can promote workplace policies that accommodate menopausal women and raise awareness through educational programs.

4.3.7. Consultation with Physicians

Encouraging regular consultations with healthcare providers is essential. Women should discuss symptoms like sleep issues, hot flashes, and mental health concerns with their doctors. Regular check-ups for osteoporosis and cardiovascular health are also important, alongside lifestyle recommendations such as a balanced diet, exercise, and maintaining social connections through hobbies and friendships.

# 5. Conclusions

This study indicates that socio-demographic characteristics, particularly working experience, occupation, age, and the age at which menopause occurs, are significant predictors of the level of symptomatic interference experienced by women during the menopausal transition and beyond. These symptoms notably disrupt work and interpersonal relationships. Additionally, a positive correlation exists between menopausal symptoms and factors such as educational qualification, marital status, occupation, working experience, family monthly income, and the ages of menopause and irregular periods. Factors impact women's daily lives, necessitating targeted support to address challenges faced during this life stage. Recognizing these relationships can inform the creation of effective strategies aimed at enhancing the quality of life for menopausal women.


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# Declaration


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**Author Contribution**

Conceptualization, KM ; Methodology,RM & SR; Software,SR Validation,KM and RM; Formal Analysis, KM; Investigation,SR Resources, RM; Data curation, KM and SAS; Writing – Original Draft Preparation,KM & SAS; Writing – Review & Editing, KM; Visualization,RM Supervision, SR.

**Conflict of Interest**

The authors have no conflicts of interest to declare.

**Data Availability**

Not applicable.

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