

Menopausal Problems And Stress Of Women In Manipur And Their Lifestyle Management Through Traditional Belief

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Abstract:

Menopause is irreversible and universal, involving a woman's reproductive system, after which she no longer menstruates. It is the turning point in the life of a woman, but the issues including menopause are never discussed and are usually ignored. Menopause typically occurs in a woman's mid to late 40s, when her body's ability to reproduce is no longer possible due to hormonal changes. They may encounter changes in their physical, emotional, personality, sexual, urinary, or digestive systems due to the hormonal fluctuations. Each woman who deals with menopause may find that her typical stress may need to be adjusted with management strategies because of the high level of stress which is occurring as a result of physical & psychological changes. With a wide range of contributing and facilitating factors, experience stress is dynamic. The present study was carried out to explore the lifestyle management through traditional belief to cope with menopausal problems and stress. By using principle of saturation and maximum variation sampling 12 numbers of women were selected for the qualitative phase from 384 women of age group 40-60 years. The self-developed schedule was used to collect the background information and a self-developed open-ended questionnaire was used for qualitative interviews. Thematic analysis for qualitative studies revealed that adopting a healthy lifestyle was believed to control the effects of menopausal problems. Findings reveal that stress may worsen if not addressed early and create menopausal problems. Therefore, orientation and awareness of menopause is the need of an hour for every woman.

Keywords: Lifestyle, Menopause, Problems, Stress, Traditional belief.

Introduction:

Manipuri women's work participation rate is much higher than that of India as a whole, and the highest percentage of female workers are in secondary and tertiary sectors ¹. Women's contribution to the economy of Manipuri society is also witnessed in Ima Market, or Mother Market, the only women's market in Manipur ². The predominance of Manipuri women in economic activities is one of their distinctive characteristics. Women are passionately working, selling vegetables, fruits, clothing, and fish on the roads, in the lanes, and in the streets. They actively engage in trade as well as activities related to agriculture, manufacturing, and construction³. Women in Manipur participate in the workforce at a rate that is significantly greater than that of India as a whole ³. According to the 2011 census, Manipur's female Work Population Ratio for rural areas is 41.2%, compared to 30% for all of India ⁴. In urban areas, the percentages for females in Manipur are 33.2% and for all of India are 15.4%, respectively. Women had a variety of roles in Manipur. They take part in all agricultural operations and are mostly employed in the unorganized sector in urban areas, which includes home industries, petty trades, services, and construction labors ⁵.

Menarche and menopause are the turning point in the life of a woman. It is a universal and irreversible part of the overall ageing process involving a women's reproductive system, after which she no longer menstruates. It is an unspoken and unattended reality in life. "Menopause is a stage of life not a disease which is based on multiple factors;

age, the number of births, social, economic, cultural, educational status and geographical factors. Many women arrive at their menopause years without knowing anything about what they might expect, or when or how the process might happen and how long it might take. Based on the traditional beliefs and ways of thinking, considered menopause as a taboo or unwanted deplorable and inauspicious in many places. According to WHO a lot of women who do not get sufficient health care in this period develop certain condition like coronary artery disease, diabetes, breast cancer, cervical cancer, and osteoporosis which causes negative effects on their quality of life ⁶. So, women should have a clear knowledge about menopausal problems. Rural women of the developing countries like India perceive menopause and its symptoms as a natural process and are less aware of the basic knowledge regarding menopause. About only 18.1% of rural women were aware of menopausal symptoms ⁷. Study reported that, hot flushes and night sweats are the most frequent problem of premenopausal and postmenopausal women ⁸. Recurring of hot flushes and night sweats can affect a woman's social life, weakening psychological health, sense of well being and efficiency at work. Women with hot flush are more possibly to experience disturbed sleep, depressive symptoms and significant decreasing in quality of life as compared to women with no symptom or symptomless. Menopausal symptoms are correlated with stress due to perceived health, psychosocial factors, and various roles and responsibilities that women carry. Stress can negatively influence the menopause experience in multiple ways. Increased stress and anxiety can intensify menopausal symptoms, and interfere in relationships, reduce work efficiency and productivity. Further, stress during midlife may be associated with a lower level of satisfaction with life.

The Menopause Society of India has been helping women to understand how they can be responsible for their own well being. But in India, most of the women have a history of self rejection or denial and inattention to their health and still reluctant to talk about their reproductive health though raising awareness about reproductive health and life after passing reproductive stage (menopause). In India, as most of the population resides in rural areas, health care system may be less and menopause complaints are not discussed in the families, but menopause is an important phase in a woman's life which produces physical, psychological as well as social changes. Many women do not correlate these symptoms as being due to menopause and they assumed that discomforts are due to aging process.

Objectives of the study

To explore the lifestyle management through traditional belief to cope with menopausal problems and stress

Methodology:

Location of the study:

The state of Manipur in India was selected for the present study. Manipur is a state in north-eastern India, bordered by Nagaland on the north, Myanmar on the east, part of Mizoram on the south, and the Cachar district of Assam on the west.

Sampling procedure:

A group of women bearing age between 40 to 60 years and attended menopause and gone through the menopausal problems from different communities of Imphal West and East District were considered for the present study.

Selection of block

To accomplish the objectives of the present study, two districts that have a high female concentration, which are Imphal East and West were selected. There are four blocks each, namely Lamphelpat, Lamshang, Patsoi, and Wangoi in Imphal West district and Jiribam, KeiraoBitra, Porompat, and Sawombung in Imphal East district of Manipur. All the four blocks from each district were purposively selected for the study.

Selection of samples

After consultation with the health officials of the Imphal East and West, the lists of women under the age group of 40 to 60 years who have already attended menopause were collected. From the list, women were randomly selected from each block. After random selection, health workers were approached from each block to locate the subject's house. To maintain homogeneity in the age group of 40 to 60 years women who attained menopause were selected randomly from the two districts.

Sample Size

According to the point of saturation of required data, the sample size for the present qualitative phase was 12 numbers. To collect in-depth and detailed information from the respondents and to fulfill the present study objectives, maximum variation sampling a type of purposive sample was used for selecting respondents for the qualitative phase. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best

enable to answer research questions. A maximum sample is also called a maximum heterogeneity sample or a maximum diversity sample. Maximum variation sampling is a sampling method in which researchers attempt to collect data from the widest range of perspectives possible about a certain topic.

The respondents for conducting the qualitative phase were selected after analyzing the quantitative data. The respondents were selected from the women who were moderately physically active and have high and low scoring groups in the sample. Hence, respondents for qualitative data were those who were moderately physically active and scored high or low in menopausal problems and menopause stress. The total number of respondents for interview was twelve, six each from the high scoring category and the low scoring category.

Table 1. Distribution of respondents for qualitative data collection

Study Variables	Selected from moderately physical active and high scoring category in Phase I (Quantitative)	Selected from moderately physical active and low scoring category in Phase I (Quantitative)	No. of respondents
Menopausal problems	3	3	6
Menopausal stress	3	3	6
Total			12

Tool used for the study

For the current study, an open-ended questionnaire was developed to gather qualitative information from in-depth interviews. This is one of the most common methods of collecting qualitative information. The open-ended questionnaire consists of 10 questions that were answered by respondents when they are questioned. Prior to the construction of the question, various research studies related to menopausal problems and lifestyle factors related to menopause were reviewed.

The constructed questions had evolved throughout the sessions of interviews, according to the emerging pathways of information from the respondents, so as to address optimum areas of response related to the subject.

The questions were formed as neutral as possible and, in a way, so as to elicit longest answer. In addition to the central questions, structuring questions like "I would now like to move on to a different topic" and follow-up questions to get the interviewee to elaborate on answer, such as "Could you say some more about it?" and "What do you mean by that?" were used, wherever necessary.

Statistical analysis of the data

For data analysis an inductive approach is a 'bottom up' approach, it is driven by what is in the data, which means is that the codes and themes are derive from the content of the data (code based on participants' experiences).

Result and discussion:

The statistical method of analysis used for analyzing the qualitative data of the study was as follows:

Thematic analysis with Inductive approach: An inductive approach to data coding and analysis was used which is a bottom up approach and is driven by what is in the data. Codes and themes were derived from the content of the data themselves, and no deduction was made out of the data. This approach is completely based on the surface meaning of the data, as it helps to avoid assumptions and biases that may occur due to the researcher's personal opinion.

The data was grouped thematically according to their semantic meaning only. This involved analysis within the "explicit and surface meanings" of the data only and the analyst need not look for anything beyond what a participant has said or what has been written"⁹. This means the semantic content of the interview transcripts were analyzed, rather than latent information.

Mode of thematic analysis: Learning to do thematic analysis provides the analyst with a foundation in the basic skills needed to engage with other approaches to qualitative data analysis. The whole process is a beautiful experience discovering novel understanding regarding the topic. Therefore, the researcher preferred manual thematic analysis of the data, instead of using any software.

The qualitative phase of the study involves thematic analysis of data gathered through interviews. Thematic analysis was chosen so as to identify patterns in the data and to connect them together into meaningful themes to further discuss the quantitative results of the first phase. Thematic analysis provided the opportunity to find new themes considering all of the varied and rich data gathered from the interviews. The frequent themes raised by more than two numbers of participants were considered as fundamental to the formulation of the themes. The analysis appeared to reach thematic saturation after interviewing twelve (12) numbers of participants.

The results obtained through thematic analysis of the interviews were presented under the step wise categories¹⁰:

1. Familiarizing with the data

Call recordings of the interviews were transcribed into written data. The texts were read again and again for understanding of common areas in the interviews. Contrasting experiences were also seen in the common areas, suggesting how people may experience a common event differently.

2. Generating initial codes

All the similar semantic data shared by the participants were collated together into small groups to form codes. As new groups of information emerged, they were also integrated into the data of codes. Further the initial codes were again grouped to broader transitional codes.

The following table presents a condensed overview of the initial and transitional codes that recurred throughout the data.

Table 2. Overview of initial and transitional codes recurring throughout the data

Interview questions	Initial codes	Transitional codes
1. How do you feel about menopause?	<ul style="list-style-type: none"> End of an active youthful life Aging leads to menopause Leads to infertility Unavoidable Happens to every women 	Aging is a natural process
2. How do you feel about your body and the changes due to menopause?	<ul style="list-style-type: none"> Relieved to be free of the menstrual cycle and the problems that come with it. Choose to be happy, whatever happens in life. 	Positive attitude
3. What were the symptoms related to menopause that affected your quality of life?	<ul style="list-style-type: none"> Wrinkles Weak bones Loss of strength Mood swing Exhaustion Hair fall Not interested to perform daily activities Change in the bodily structure 	Undesirable changes
4. Did you experience any emotional challenging situations that affected your life?	<ul style="list-style-type: none"> Mood swing Anger Anxious Feeling sad Aggressive Attention deficit 	Emotional vulnerability
5. Did you experience any other physical challenges? What are the constraints?	<p>Physical challenges</p> <ul style="list-style-type: none"> Hot flush Difficulty in sleep More tired than usual Pain in the knee and back bone Weight gain Less energetic Frequent urination Deteriorating eyesight <p>Socio economic and financial challenges</p> <ul style="list-style-type: none"> Facing challenges in income generating activities Face difficulties in earning enough like earlier Deteriorating health hinders daily work quality. Face difficulties in purchasing supplements for oneself. 	<p>Physical problems</p> <p>Socio economic and financial challenges</p> <p>Challenges to meet the needs of the family and to maintain self- health</p>
6. How does menopause affect your overall wellbeing and relationships with your family and friends?	<ul style="list-style-type: none"> Night sweats, frequent mood swings and emotional problems create an uneasy atmosphere at home. Impatience, loss of control, and outbursts of anger with family member and friends. Feel uncomfortable to share bed with partner Loss of sexual intimacy with spouse due to physical problems 	Negatively affected
7. How does menopause affect your daily life?	<ul style="list-style-type: none"> Incapable of actively carrying out normal duties Socially withdrawn from societal activities due to poor health condition Remembers the youthful days 	Realizing the inevitable effects of menopause Admires youthful energy
8. What did you do to tackle your health problems and balance your life when you experienced menopausal symptoms?	<ul style="list-style-type: none"> Talked to close family members and friends about the experience of menopause Listened to music Watched programmes in television and listened to radio Involved in leisure activities 	Willing to overcome menopausal effects

Interview questions	Initial codes	Transitional codes
	<ul style="list-style-type: none"> • Reading more than before • Eating balanced diet • Maintaining healthy weight • Joined clubs, volunteering and taking up new hobbies • Establishing good sleeping habit 	
9. Is there is any traditional ritual or belief restricting women for do's and don'ts when they undergo menopause?	Not as such	
10. How do you look forward to this change in your life? Have you given thoughts or have had set goals and plans for healthier and self-content life?	<ul style="list-style-type: none"> • Taking nutritional supplements • Performing yoga and aerobic • Exercising (morning and evening walks) • Changing diet patterns • Attending prayer meeting • Maintaining good relationships with family and friends. • Planning trips • Lead an exemplary life by reaching out and guiding those in need. • Fasting for good health and for longevity • Taking an active role in church 	<p>Maintaining healthy lifestyle</p> <p>Religious belief used to ease the problems.</p>

3. Searching for themes

Basically, four numbers of themes emerged from the frequently recurring data (recurring in more than two numbers of interviews). The themes were (i) adopting a healthy and positive lifestyle was believed to control the effects of menopausal problems, (ii) level of knowledge and attitude towards menopause can be critical towards facing menopausal problems, and (iii) stress may worsen the effects of menopausal problems. The earlier transitional themes were found meaningfully related to the four broad themes, and are organized in clusters as sub-themes.

Reviewing potential themes

The subthemes highlight the common characteristics and issues, which imply a broader idea about the women of Manipur. For example, subthemes such as "maintaining lifestyle," "having a positive attitude," willingness to overcome menopausal affects," and "the importance of relationships and social support" showed how women irrespective of different communities try to tackle their own issues at the cost of their own effort and life, as they don't live only for themselves but for family and society as a whole, so this attitude and lifestyle of Manipuri women is worth appreciating, despite the menopausal problems and various life stressors faced by them. Regardless of community differences, their lifestyles include accepting ageing as a natural process, realizing the inevitable effects of menopause, admiring youthful energy, enjoying quality leisure time with themselves, family, and loved ones, and serving society. Other subthemes, such as socioeconomic and financial challenges, as well as being negatively impacted by life stressors are important factors that affect their health and the severity of menopause. Finally, the main themes were formulated considering the subthemes, which fall under three different main themes.

Table3. Distribution of potential themes and sub-themes found recurring throughout the dataset

Theme 1	Theme 2	Theme 3
Adopting healthy and positive lifestyle was believed to control the affects of menopausal problems	Level of knowledge and attitude towards menopause can be critical towards facing menopausal problems	Stress may worsen the affects of menopausal problems
Sub – theme	Sub - theme	Sub - theme
Maintaining lifestyle	Aging as a natural process	Negatively affected
Enjoying quality leisure time	Positive attitude	Socio economic and financial challenges
	Realizing the inevitable effects of menopause	Importance of relationship and social support
	Admires youthful energy	
	Willingness to overcome menopausal effects	

4. Defining and naming themes

The three main themes explains the knowledge and attitude towards menopause, the stress that affects the menopausal problems, and the lifestyle factors that control the effects of menopausal problems on the health of Manipuri women in different communities.

The present thematic analysis aims to explore the differences of lifestyle of women in Manipur and the relationship of their lifestyle and menopausal problems associated with them. The main themes that surfaced through the analysis are discussed below:

(A) Adopting healthy and positive lifestyle was believed to control the affects of menopausal problems

A certain lifestyle is inherent in their past due to their culture. However, some women adapted to the change in lifestyle. The perception of menopause as a normal life phase also contributed to non-help-seeking behavior in the majority of women across countries and cultures ¹¹. For coping with the menopausal-related symptoms, most of them used alternative remedies, lifestyle changes, and spiritual prayers ¹², while they relied on doctors in cases of severe sexual or physical problems. Women with physical symptoms were less likely, and women with urogenital symptoms were more likely, to be referred to a medical specialist for evaluation of their symptoms ¹³.

Some extracts from the interviews are given below as evidence for the current idea.

"I started jogging every morning and evening after I experienced muscle weakness and back pain."

"Every woman will experience menopause." I think we need a balanced diet and supplements for good health."

"I get easily annoyed as I get older and sometimes feel it is not who I was." So to calm myself and stay focused, I spent my time in prayer and meditation, as this brings inner peace."

"I feel much better and could perform my work as usual because of taking supplements such as calcium tablets, multivitamins, and omega-3 fatty acids."

Physical activity has been shown to enhance health-related quality of life among menopausal women ¹⁴. Dietary suggestions and advantageous substances, like vitamin D, omega-3 fatty acids, antioxidants, and their food sources, helped to regulate abnormal lipid metabolism in postmenopausal women ¹⁵.

The participants expressed their thoughts by describing various aspect of maintaining lifestyle. Some women took counseling from friends and family and started to take medication for bone health and reducing stress and to improve immunity in their life. They consume vitamins and minerals, omega-3 fatty acids, etc. as supplements. Some women undergo strength-building exercises and yoga to maintain their physical and mental wellbeing. While interviewing they have also revealed that few of them have changed their diet and some of them are planning to change their diet from non vegetarian to vegetarian to keep themselves healthy and fit. Generally, besides traditional medicines to ease severe pains or symptoms, most tribal women seek religious counseling and supernatural healing through prayers to maintain their stressful life and health. Performing hobbies like singing, gardening, farming, pottery, and various arts, etc., helps them relieve their stress and earn money for sustenance. The participants also expressed that they joined clubs and volunteer in the community's organizations, and some participants have shared that they have established good sleeping habits. Some lifestyle patterns that can be seen in the participants are diet, exercise, rest, and sleep; participating in social activities; gathering and prayer meetings; taking an active role in church; planning trips; and maintaining good relationships with family and friends. These express the importance of maintaining a healthy lifestyle and how social and interpersonal relationships have an impact on a person's life and general wellbeing. Relationships with a partner, children, and with friends or other social support help women deal with stressors and issues in life, which has a significant impact on psychological health. According to Lachman insufficient social support and problematic relationships can lead to stress and sickness ¹⁶. Menopausal symptoms and physical and psychological wellness in women are known to be correlated with social support. Many women experience an increase in wellbeing and benefit from opportunities to pursue ambitions that had been put on hold due to childrearing ¹⁷.

In addition, some menopausal women, particularly tribal or minority women, seek spiritual healing for their mental and physical problems, as some of the women quoted:

"I was suffering from this severe back pain and was unable to move around to work, so I felt I was not useful anymore, but thanks to God, I received a miraculous healing when I believed in Jesus and prayed in Jesus' name. I don't need any medicine; Jesus healed me."

"I am divorced for 20 years, and all my children have also left me, but I love singing and working in church, and the church provides me sustenance. I am happy with this life."

Yoga impact on menopausal symptoms and sleep quality in women at various phases of the menopause ¹⁸. After adjusting for social support, sadness, anxiety, stress, and menopausal symptoms, yoga significantly improved sleep quality in postmenopausal and premenopausal women. Menopause related mood disorder can be prevented and managed with regular exercise. The North American Menopause Society asserted that proper management such as exercise, a proper diet, and stress reduction are effective methods to make menopause productive ¹⁹. Strategies for managing stress can help women cope not only with menopause but also with life and ageing in general.

(B) Level of knowledge and attitude towards menopause can be critical towards facing menopausal problems.

Most of the women were aware of and had general knowledge of menopause through their close family members, friend's circle, and media such as radio and television (Radio programme- Nupi Ge Thouram and TV programme – HakshelgiPaojel, these are some of the local program being shown in the local channel of Manipur). It was revealed

through the research study that the respondents have moderate knowledge on menopause. As most of the symptoms are commonly faced by majority of the women, they consider them to be normal due to the process of ageing.

"I came to know about this change in women from my friends' circle when we shared our problems with each other."

"I came to know about this stage of women's lives and the symptoms from the media."

Women see their postmenopausal status as a time of liberation and an opportunity to help, serve, and teach their society and children.

"I feel this stage of life is the best time to focus on myself and live freely because I don't have as many responsibilities as I did before because my children are grown up and they to care for me."

Pathak *et al.* reported in support of the findings that 85% of the women had recited or overheard some issues about menopause from their families and relatives (26.8%), health care team members (20%), books (10.5%), and mass media or other broadcasting (8.6%) ²⁰. Thus, many women viewed menopause as a natural event and commonly sought menopause-related information from family and friends ²¹⁻²². However, women who hold negative perceptions or attitudes toward menopause have experienced worse physical health and higher stress levels ²³.

The respondents see their postmenopausal status as a time of freedom to help, serve, and teach their society and children; additionally, they took care of their health much more than in previous years by seeking medication for their bone health and joint pains, performing daily walking exercises, and eating a healthy diet because they are aware of the vulnerability to diseases that comes with old age.

"This ageing stage in life has let me realize the value of a short life on earth, and it draws me to serve my society and family."

Asian women generally had neutral or positive attitudes toward menopause, but their unpleasant physical, emotional, and psychological experiences made clear their unfulfilled requirements and lack of preparation for this period of life ²⁴. Studies reported that low-income and poor lifestyles and habits of smoking and consuming alcohol, which are associated with having chronic diseases, lead to more negative attitudes toward menopause ²⁵. The level of stress, psychological distress, and severity of menopausal symptoms were attributed to the perceptions and attitudes of women towards menopause and concluded that women who hold negative perceptions or attitudes towards menopause experience worse physical symptoms and higher stress levels ²⁶. Thus, women's perceptions and attitudes toward menopause are linked to their level of stress, psychological distress, and the severity of menopausal symptoms.

(C) Stress may worsen the affects of menopausal problems

Majority of the women expressed that they faced stress sometimes and have moderate menopausal problems of which physical and emotional problems comprised the major problems. Stress is multifactorial and its effect varies from person to person depending on the degree of menopausal problems. The stressful effects of low income and in secured employment status make women unable to rest at home even at an older age, as they aim to earn for their livelihood and sustenance, mostly to support their health and meeting their family needs. Data depicts that Manipur has 2nd largest below poverty line population (46.7%) and is ranked 3rd lowest per capita income among other states in India ²⁷.

Most women suffer severely from emotional problems such as mood swings, anxiety, anger, depression, and forgetfulness because of the combined factor of menopause, which is due to low hormones, family burden and stress, etc. The severity of symptoms was also correlated with income, stress, and attitudes on menopause and ageing ²⁸.

"I get angry at my husband and yell at him sometimes when he spends money on intoxicating substances and gambling."

"Sometimes I am so anxious about my family problems that I am unable to concentrate on things I need to focus on, my work."

"I always yell at my children for playing games on mobile phones, which irritate me so much."

Stress is influenced by a person's perception of the circumstance, past experiences, social support and individual differences in how they react to stress ²⁹. Studies also revealed that menopausal symptoms were most frequently encountered by women who lived below the poverty level, further supporting the findings of the present study ³⁰. A poor economics condition was strongly associated with depression. It was also found that recent distressing experiences were associated with a higher frequency of symptoms ³¹.

There were several barriers that hindered menopausal women from seeking help, including low menopause-related health literacy, a perceived low priority for seeking help for symptoms, limited availability and cost of health services, financial issues, and considering menopause as a part of the normal ageing process ³²⁻³³.

Ethical considerations:

Ethical considerations were taken into account in regards to the information revealed during the interview. The participants were assured that the confidentiality and anonymity of the participants would be preserved. The study involved consenting women who were open to sharing their problems. The participants were made aware that the

interview would be captured on tape for future use and converted into data. To protect the respondents' privacy, all of the names during transcription were replaced with fictitious ones. In accordance with the British Psychological Society Code of Conduct, voice recordings were deleted after transcription ³⁴.

Conclusion:

Most of the women were experiencing moderately severe menopausal problems and have medium knowledge on menopause and experience menopausal stress sometimes. Adopting healthy and positive lifestyle was believed to control the affects of menopausal problems Women should be oriented about the importance of regular exercise, weight control and need for a balanced diet etc to ensure a healthy lifestyle. It can be revealed from the findings that the changes occurring in women during 40-60 years of age require proper attention for the wellbeing of oneself and to enhance quality of life. The family and society as a whole will experience an inclusive result of good health when women are healthy mentally and physically, and it depends on early life nutrition care and environment, which are the foundation for long-term health and life.

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