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## A comparative study of psychological changes in working and non-working women during menopause

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### Abstract

**Objective:** To Compare psychological changes in working and non-working women during menopause.

**Materials:** This study was conducted on working and non-working rural women of Nanded city from Marathawada region of Maharashtra state, age range between 40-50 years. Total 150 sample was purposively selected out of which 75 working and 75 non-working women. A questionnaire schedule was developed through pilot study with different questions for obtaining information on the personal characteristic such as family size, type of family, age, educational status of the family etc and 16 psychological symptoms was selected. Data was tabulated and percentage, mean, standard deviation (SD) and 't' value was calculated.

**Results:** The average age of menopause was 44.26 years in working women and 44.96 years in non-working women. Most common psychological symptom in rural working women was irritability (77.3%) followed by tiredness 76.3%, forgetfulness 72% and depression 62.7% as compared to non-working rural women. whereas in non-working women most common psychological symptoms was anxiety (70%), followed by confused (60%), mood swing 39.7% and lack of interest in work 36% as compared to working women.

**Conclusion:** Following comparative study on psychological changes during menopause concluded that working rural women have more psychological symptoms compared to non-working women secondary to work stress.

**Keywords:** Psychological, working, non- working women, menopause

### 1. Introduction

Menopause is a transitional phase of women's life that can be achieved smoothly with the anticipated manifestation along with a cessation of menstruation. This transitional period brings many changes which are not only biological changes but also psychological changes. The most important factor in menopause is a women's psychological situation. Hence it appears that menopause is psychological changes rendering unconsciously of women result in manifestation of sever menopausal symptoms.

Psychological symptoms of menopause are reported to mood swing, irritability, anxiety, insomnia, depression, nervousness, panic, forgetfulness, fearfulness, loss of confidence, negativity, poor concentration, tiredness, confuse, and loss of self esteem and lack of interest in work.

Olofsson and Collins (2000) <sup>[12]</sup> Swedish women experience that the symptoms of menopause as negative mood, memory loss and sleep problems. Yasar *et al.* (2011) <sup>[20]</sup> in this study reported that high percentage of women experience depression during menopause. Afghari *et al.* (2012) <sup>[1]</sup> showed that menopause can intensify the symptoms of anxiety and depression in women who had these problems before menopause. Zolnierczuk-Kieliszek (2012) <sup>[21]</sup> study reported depression and anxiety were higher in rural women. Nisar *et al.* (2012) <sup>[11]</sup> indicated that 78.8% sleep problem, 76.7% depressive mood, 75.4% irritability, 71.8% anxiety more experienced in rural women.

Badami *et al.* (2013) <sup>[2]</sup> found that 73.34% of urban working women and 45% rural working women belonging to high and upper middle socio economic group, psychological problems such as insomnia, loss of memory was higher in urban and rural working women as compared to urban and rural non-working women. Bansal *et al.* (2013) <sup>[3]</sup> study that most frequent psychological problem found was sleep disturbance (68%) in rural middle aged women of Punjab.

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## 2. Methodology

This study was conducted on working and non-working rural women of Nanded city from Marathawada region of Maharashtra state, age range between 40-50 years. Total 150 Sample consisting 75 working and 75 non-working female respondents was selected purposively. The interview schedule was subjected informally. The women were contacted generally in their time at their home and their working place. The duration of each interview ranged from half an hour to one hour. The participants of working and non-working rural women, interviewed with a house to house survey, with the help of semi-structured questionnaire. All women were interviewed in the local language.

A survey was carried out to obtaining information regarding the personal characteristics of the selected sample. A questionnaire schedule was developed through pilot study with different questions for obtaining information on the personal characteristic such as family size, type of family, age, educational status of the family etc and 16 psychological symptoms was selected. Data was tabulated, percentage, mean, standard deviation (SD) and 't' value.

## 3. Result

**Table 1:** Percentage distribution of personal information of subjects in Nanded (n=150)

Sr. no.	Particulars	Working n=75%	Non-working n=75%
1.	Age	44.26	44.96
2.	<b>Education</b>		
	Illiterate	27(36)	27(36)
	School level	31(41.3)	40(53.3)
	Jr. college/ Diploma	07 (9.3)	07(9.3)
	Graduate	08(10.7)	01(1.3)
3	<b>Family type</b>		
	Nuclear	48(64.0)	52(69.3)
	Joint	27(36.0)	23(30.6)
4	<b>Family Income</b>		
	Upper class	01(1.3)	05(6.6)
	Upper middle class	04(5.3)	10(13.3)
	Middle class	20(26.6)	23(30.6)
	Lower middle class	22(29.3)	21(28.0)
	Lower class	28(37.3)	16(21.3)

### 3.1 The personal information of 150 women from Nanded presented as follows

Table 1 found that the average age of menopause was 44.26 years in working women and 44.96 age in non-working women. Data with regard to education indicate that 53.3% of non-working women were school level followed by illiterate 36%, Jr.college /Diploma 9.3%, graduation 1.3%. And 41.3% of working women had school level followed by illiterate 36%, graduation 10.7%, Jr.college/Diploma 9.3% and post graduation 2.6%. It was observed that majority of respondents are non-working women 69.3% belonged to nuclear families and 30.6% to joint families. Whereas 64% and 36% respondents from joint and nuclear families belonged to working women respectively. Socio-economic status shows that 37.3% of working women were from lower class followed by lower middle class 29.3%, middle class 26.6%, upper middle class and upper class 1.3%.

In other hand 30.6% of non-working women were from middle class followed by lower middle class 28%, lower class 21.3%, upper middle 13.3 and upper class 6.6.

**Table 2:** Mean, SD & 't' values of psychological symptoms between working and non-working menopausal women

Nanded Rural n=150				
Sr. No.	Symptoms	Working n=75	Non-working n=75	't' values
	Psychological aspect	Mean ±SD	Mean ±SD	
1.	Mood swing	1.44±0.62	1.49±0.69	0.500 NS
2.	Irritability	2.09±0.74	2.04±0.78	0.430 NS
3.	Anxiety	1.92±0.73	1.99±0.76	0.547 NS
4.	Insomnia	1.63±0.76	1.48±0.66	1.235 NS
5.	Nervousness	1.68±0.62	1.66±0.62	0.000 NS
6.	Forgetfulness	1.43±0.74	1.04±0.80	3.084**
7.	Loss of confidence	1.92±0.78	1.92±0.80	0.000 NS
8.	Fearfulness	1.48±0.62	1.44±0.64	0.387 NS
9.	Panic	1.47±0.58	1.48±0.64	0.133 NS
10.	Negativity	1.40±0.57	1.43±0.62	0.275 NS
11.	Depression	1.71±0.61	1.60±0.64	1.048 NS
12.	Poor concentration	1.53±0.63	1.49±0.58	0.408 NS
13.	Tiredness	2.12±0.77	2.00±0.82	0.922 NS
14.	Confused	1.71±0.63	1.77±0.73	0.599 NS
15.	Loss of esteem	1.69±0.80	1.67±0.81	0.202 NS
16.	Lack of interest in work	1.24±0.46	1.41±0.59	1.996*

Statistical analysis for comparison (Values of t') \*p=0.05, \*\*p=0.01

Mean scores of mood swings was more in non-working women 1.49±0.69 as compared to working women 1.44±0.62. But the results were not significant for mood swing. Mean scores of irritability was more 2.09±0.74 in working women as compared to non-working 2.04±0.78 and results were not significant for irritability. The scores of anxiety were more in non-working women 1.99±0.76 as compared to 1.92±0.73 in working women, not significant for anxiety. Insomnia had a score of 1.48±0.66 in non-working women which was less as compared to that of working women (1.63±0.76), results not significant.

Nervousness score was in 1.68±0.62 working women as compared to 1.66±0.62 non-working women, not significant. Forgetfulness score was 1.04±0.80 in non-working women which was less compared to 1.43±0.74 of the working women; this was highly statistically significant between working and non-working. Loss of confidence score was 1.92±0.78 in working women which was less compared to 1.92±0.80 of the non-working women and results were not significant. The score of fearfulness was more in working women 1.48±0.62 as compared to 1.44±0.64 in non-working women, statistically not significant between working and non-working women.

Panic score was 1.48±0.64 in non-working women as compared to 1.47±0.58 working women, this was not statistically significant. The score of negativity was 1.43±0.62 in non-working women as compared to working women 1.40±0.57, this result not significant. Depression mean score was high in working women 1.71±0.61 as compared to non-working women 1.60±0.64, this was not statistically significant between working and non-working women.

Poor concentration score was 1.53±0.63 in working women as compared to non-working 1.53±0.63, not significant. Tiredness score was in working women 2.12±0.77 as compared to non-working women 2.00±0.82 but not significant.

The score of confuse was 1.77±0.7 in non-working women as compared to 1.71±0.63 working women, this was not significant. Loss of esteem score was 1.67±0.81 in non-working women which was less compared to 1.69±0.80 of the working, not significant between working and non-working women. Lack of interest in work score was 1.41±0.59 in non-working women as compared to working women 1.24±0.46, there was statistically difference between working and non-working women.

**Table 3:** Shows psychological symptoms working and nonworking

Sr.no.	Symptoms	Nanded Rural (n=150)					
		Working n=75			Nonworking n=75		
		Always	Sometime	Never	Always	Sometime	Never
1.	Mood swing	6.6	30.7	62.7	10.7	29.0	61.3
2.	Irritability	32.0	45.3	22.7	32.0	40.0	28.0
3.	Anxiety	22.6	46.7	30.7	28.0	42.7	29.3
4.	Insomnia	18.7	25.3	56	9.3	29.3	61.3
5.	Nervousness	8.0	52.0	40.0	8.0	52.0	40.0
6.	Forgetfulness	14.7	57.3	28.0	29.3	34.7	36.0
7.	Loss of confidence	26.6	38.7	34.7	26.6	38.7	34.7
8.	Fearfulness	6.7	34.7	58.6	8.0	28.0	64.0
9.	Panic	4.0	38.7	57.3	8.0	32.0	60.0
10.	Negativity	4.0	32.0	64.0	6.7	29.3	64.0
11.	Depression	8.0	54.7	37.3	8.0	44.0	48.0
12.	Poor concentration	6.7	40.0	53.3	4.0	41.3	54.7
13.	Tiredness	36.3	40.0	24.0	33.3	33.3	33.3
14.	Confused	9.3	52.0	38.7	17.3	42.7	40.0
15.	Loss of esteem	21.3	26.7	52.0	21.3	24.0	54.7
16.	Lack of interest in work	1.3	21.3	77.3	5.3	30.7	64.1

\*Percentage is obtained by symptoms adding always and sometimes

The current study shows that more than half of participants reported irritability (77.3%) followed by tiredness 76.3%, forgetfulness 72%, depression 62.7%, loss of esteem 48%, insomnia 44%, panic 42.7% and fearfulness 41.3% in rural working women as compared to non-working rural women like irritability 72% symptoms followed by tiredness 66.3%, forgetfulness 64%, depression 52%, loss of esteem 45.3%, insomnia 38.6%, panic 40% and fearfulness 36%.

Non-working women experienced of anxiety was 70% symptoms, followed by confused 60%, mood swing 39.7% and lack of interest in work 36% as compared to working women (anxiety 69.3%, symptoms by confused 58.3%, mood swing 37.3% and lack of interest in work 22.6%).

Both working and non-working women was suffering from loss of confidence 65.3%, symptoms followed by nervousness 60% and negativity 36%.

## Discussion

The average age of the participants for both working and non-working women was 44.26 and 44.96 years, respectively. Similarly, among the women in Mumbai, the mean age at menopause was 44.7 years. In studies focused on Syamala and Sivakamini (2005) reported that the mean age at menopause of Indian women was 44.3 years. Abbas and Elboghady (2016) [18-19] the mean age at menopause was 44.7±1.9 and 44.8±1.8 years in working and non-working women respectively. Madan *et al.* (2019) [9] reported that mean age at menopause was 44.6 years.

In the present study, prevalence of irritability was 77.3%. A study done by Abbas and Elboghady (2016) [18-19] the prevalence of irritability was reported as 80.1%. Sahin and Coskun (2017) [14] study shows that irritability was 74.5% in Turkish women. Very similarly study, Dasgupta & Ray (2009) [4] and Nisar *et al.* (2012) [11] reported that irritability was 77.2%. Sultan *et al.* (2017) [17] reported the prevalence of irritability was 72%. Setorglo *et al.* (2012) [7] Ghanaian women reported that irritability was 67.5%. The study conducted by Geetha and Parida (2013) [6] reported that irritability was 66%. Jahanfar *et al.* (2006) [8] in Malaysia reported the prevalence of irritability to be 65.7%.

In the present study, prevalence of tiredness was 76.3%. As per study which was done by Rahman *et al.* (2011) [13] in Bangladesh, the prevalence of tiredness was found to be high 92.9% as compared to that in the present study. Devi *et al.*

(2018) [5] the study reported that tiredness was 79.2%.

In the present study, prevalence of forgetfulness was 72%. Dasgupta & Ray (2009) [4] reported that forgetfulness 81.7% in rural women. Nisar (2012) [11] the study noted that forgetfulness was 62.1%.

In the present study, prevalence of depression was 62.7%. Sultan (2017) [17] reported the prevalence of depression was 52%.

In the present study, prevalence of insomnia was 44%. Nisar *et al.* (2008) [10] insomnia was found to be high 63.4% compared to that in our study. The study done by Abbas and Elboghady (2009) the prevalence of insomnia was reported as 59%. Rahman (2011) [13] reported that insomnia was 54.5%. Sharma *et al.* (2007) [22] found that insomnia was 44.4%. Sarkar (2014) [15] reported the prevalence of insomnia was 42%.

In the present study, prevalence of anxiety was 70%. The study done by Sharma and Mahajan (2017) [23] and Nisar *et al.* (2012) [11] reported that anxiety was 73.6% and 72.9% respectively.

In the present study, prevalence of mood swing was 39.7%. Similarly study done by Martinea (2013) [24] reported that mood swing was 39.9%. Rahman *et al.* (2011) [25] reported that mood swing was 37.3%. Abbas and Elboghady (2009) the prevalence of mood swing was 30%.

## Conclusion

In working women psychological symptoms such as irritability, tiredness, forgetfulness and depression are more common due to work stress and hormonal changes whereas in non-working women anxiety, confused, mood swing and lack of interest in work can be explained due to hormonal imbalance and unengaged mind as compared to working women.

## References

1. Afghari A, Ganji ZH, Shirvan CA, Explanation of psycho-emotional challenges of menopause: A qualitative study. *J Mazandaran Univ Med Sci.* 2012;23:27-38.
2. Badami, Hundekar, Itagi and Yenagi Relationship between physical health and stress level of urban and rural working and non-working postmenopausal women. *IOSR Journal of Humanities and Social Science.* 2013;17:21-23.

3. Bansal Priya, Chaudhary Anurag, Soni RK, Kaushal Pushapindra. Menopausal problems among rural middle aged women of Punjab. *International Journal of Research in Health Science*. 2013 Oct-Dec;1(3). <https://www.ijrhs.com>
4. Dasgupta Doyel and Ray Subha, Menopausal problems among rural and urban women from Eastern India. *Journal of Social, Behavioral and Helth Sciences*. 2009;3(1):20-33.
5. Devi Barkha, Karki Prerna, Chhetry Rajani, Sharma Neelan, Niroula Manisha, Lepcha Pema Chuki, *et al.* Quality of life of postmenopausal women residing in rural and urban areas of Sikkim, India. *International Journal of Reproduction, contraception, Obstetrics and Gynecology*. 2018 Dec;7(12):5125-5133.
6. Geetha R, Laxmi Priya Parida. Prevalence of menopausal problems and the strategies adopted by women to prevent them. *International Journal of Science and Research*. 2013;4(4). <https://www.ijsr.net>
7. Jacob Setorglo, Rebecca Keddey, Isaac Agbemafle, Sika Kumordzie, Matilda Steiner-Asiedu. Determinants of menopausal symptoms among Ghanaian women. *Current Research Journal of Biological Science*. 2012;4(4):507-512.
8. Jahangir S, *et al.*, Age at menopause and menopausal symptoms among Malaysian women who referred to health clinic in Malaysia. *Shiraz E-Medical Journal*. 2006; 7(3).
9. Madan Ujjwal, Chhabra Pragti, Gupta Garima and Madan Jyotsna, Menopausal symptoms and quality of life in women above 40 years in an urban resettlement colony of East Delhi. *International Journal of Medical Science and Public Health*. 2019;8:514-519. 2004; 11(10):667-70.
10. Nisar Nusrat Nishat Zehra, Gulfareen Haider, Munir Aftab, Naeem Asia. Knowledge, attitude and experience of menopause. *J Ayub Med Coll Abbottabad*. 2008;20(1).
11. Nisar Nusrat, Nisar Ahmed Sohoo and Raheel Sikandar, Age and symptoms at natural menopause: a cross-sectional survey of rural women in Sindh Pakistan. *J Ayub Med Coll Abbottabad*. 2012;24(2).
12. Olofsson and Collins. Psychosocial factors, attitude to menopause and symptoms in Swedish perimenopausal women. *Climacteric*. 2000;3:33-42.
13. Rahman Shahedur, Salehin Faizus, Iqbal Asif. Menopausal symptoms assessment among middle age women in Kushtia, Bangladesh. *BMC Research Notes*. 2011;4:188.
14. Sahin Nevin Hotun, Coskun Anahit. The menopausal age, related factors and climacteric complaints in Turkish women. *J Soc. Sci*. 2017;2(4):91-98.
15. Sarkar Amrita, Pithadia Pradeep, Goswami KaKoli. Bhavsar Sudip, Makwana Naresh, Yadav Sudha and Parmar Dipesh A study on health profile of postmenopausal women in Jamnagar district, Gujarat. *Journal of Research in Medical and Dental Science*. 2014;2(2).
16. Shahr R, *et al.* menopausal symptoms in urban Indian women. *Oba and Gynae Today*.
17. Sultans Shabana, Sharma Amita, Jain Nitin Kumar. Knowledge, attitude and practices about menopause and menopausal symptoms among midlife school teachers. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2017 Dec;6(12):5225-5229.
18. Tarek R Abbas, Adel A. Elboghady, Does working women have less climacteric symptoms? *International Invention Journal of Medicine and Medical Sciences*. 2016;3(7):115-119.
19. Tarek R Abbas, Adel A. Elboghady Does working women have less climacteric symptoms? *International Invention Journal of Medicine and Medical Sciences*. 2016;3(7):115-119.
20. Yasar F, Afshari P, Tadayon M, Sani HC, Haghighzade MH. Prevalence of depression and its related factors in postmenopausal women referred to health centers of Dezful city. *Sci Med J*. 2011;10:665-74.
21. Zolnierczuk-Kieliszek D, Kulik TB, Jarosz MJ, Stefanowicz A, Pacian A, Pacian J. Quality of life in peri-post-menopausal Polish women living in Lublin province- differences between urban and rural dwellers. *Ann Agric Environ Med*. 2012;19:129-33.
22. Sharma RK, Agrawal M, Marshall F. Heavy metal contamination of soil and vegetables in suburban areas of Varanasi, India. *Ecotoxicology and environmental safety*. 2007 Feb 1;66(2):258-66.
23. Goyal SN, Prajapati CP, Gore PR, Patil CR, Mahajan UB, Sharma C, *et al.* Therapeutic potential and pharmaceutical development of thymoquinone: a multitargeted molecule of natural origin. *Frontiers in pharmacology*. 2017 Sep 21;8:656.
24. Noël NG, Martine AD. Méthodes et outils pour l'analyse phonétique des grands corpus oraux. *Lavoisier*; c2013 May 1.
25. Rhaman MA, Penco M, Spagnoli G, Grande AM, Di Landro L. Self-Healing Behavior of Blends Based on Ionomers with Ethylene/Vinyl Alcohol Copolymer or Epoxidized Natural Rubber. *Macromolecular Materials and Engineering*. 2011 Dec 12;296(12):1119-27.