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## Menopause: Problems and coping strategies of working and non-working women

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### Abstract

To know the prevalence and coping strategies for menopausal problems among working and nonworking women. The study included equal number of participant from rural and urban women *i.e.* 120 participants from two districts so the total participants were 480 women. The in-depth interview was conducted to elicit the information regarding general information, menopausal symptoms and coping strategies for menopausal problems. The results of the study indicated that most common menopausal problems were joint and muscular discomfort (68.33%), sleep problems (51.66%), hot flushes (37.50%), sweating (6.67%) and heart discomfort (9.31%). With regard to level of menopausal problems, half per cent (50%) of the women experienced moderate level of somatic problems followed by severe (28.33%) and mild (20.83%), (44.17%) of the respondents had moderate level of psychological problems while, 40 per cent had severe psychological problems followed by 15.83 per cent had moderate level of psychological problems. With regard to urogenital problems 45.83 per cent had mild problems followed by moderate (31.67%) and severe (22.50%) level of urogenital problems. There was significant association and relationship between locality and occupational status. Around 55 to 90 per cent of the women were not following coping methods for menopausal problems. For sexual desire, urogenital problems and vaginal dryness around 95 per cent of the respondents not followed or inculcated coping methods to overcome these problems. The study concluded that there is need for different coping methods for both working women to remit the menopausal problems.

**Keywords:** Menopause, coping, strategies

### Introduction

Menopause is a normal part of life. It is a milestone just like puberty. According to Indian Menopausal Society, the average age of menopause in India is 47.5 years. Menopause is associated with changes in the hypothalamic and pituitary hormones that regulate the menstrual cycle (Sahu and Sahu, 2018) [5]. It is characterized by the loss of ovarian function following the reduction in the secretion of estrogen, permanent cessation of menstruation and the loss of reproductive ability. It affects women's health in biological, psychological and social aspects. Menopause can lead to a wide range of symptoms including hot flashes, night sweats, sleeping problems, emotional and cognitive symptoms, irritability, anxiety, vaginal itching and dryness and urinary symptoms. Although reported hot flushes rates for perimenopausal women ranged from 40 to 60%, the prevalence of vaginal atrophy in the early stages of the menopause increases as a woman advances through the postmenopausal years. Osteoporosis and atherosclerotic cardiovascular system diseases that can be severely life threatening may occur at the later stages. Although the nature and prevalence of menopausal symptoms are similar for most women, there are variations across and within cultures which are due to differences among lifestyle, socioeconomic status and the self-perception of individuals. Menopausal symptoms may become problem not for only women, but also for their families, colleagues and communities. For this reason, clinicians who provide care during the menopause, have a significant opportunity for the provision of preventive medicine. To fully benefit from this opportunity, physicians should be equipped with the means to alleviate the symptoms of the menopause (Tabn *et al.*, 2017). Hence the study was undertaken with the following objectives,

- To identify the prevalence of menopausal problems
- To know the coping strategies for menopausal problems between working and non-working women.

### Methods

#### Population and sample

- The population of the study comprised of two districts *i.e.* Dharwad and Bagalkote both rural and urban area. To know the prevalence of menopause middle aged women were selected by random method.

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- The in-depth interview was conducted to elicit the information regarding problems and coping strategies
- The differential design was used with the aim to compare problems between working and non-working women.

### Tools

- The self-structured questionnaire to elicit the information regarding was used to collect personal information like name of the family members with their age, relationship with respondents and coping strategies to overcome the menopausal problems. It has 13 problems each problem the way of coping method such as self-coping, medical and alternative coping method.
- Menopausal symptoms were assessed by using Menopause Rating Scale (MRS) developed by Berlin, 1992 to know the age related decline of physical and mental capacity. It consists of 11 questions divided into 3 sub scale such as psychological subscale (4 to 7), somatic subscale (1, 2, 3 and 11) and urogenital subscale (8 to 10). The respondent has to indicate her problems with intensity of each are by using 5 point likert scale. Then the responses on each item was scored as 0-4 as none to very severe. The total score was categorized as low (0-14), medium (15-29) and high (30-44).

### Results and discussion

The sample distribution of women by their socio-demographic characteristics is displayed in Table 1. It can be seen that an equal number of rural and urban women were participated from both the districts in the study. With respect age, 31.67 per cent of rural women of Dharwad women aged between 46-50 years followed by 25.83 per cent of women aged between 40-45 years and 51-55 years and 16.67 per cent of them aged between 35-39 years, while among urban women, 32.50 per cent, 30.84 per cent, 23.33 per cent and 13.33 per cent of them aged between 51-55, 46-50, 40-45 and 35-39 years respectively. Among Bagalkote district, 30 per cent of the rural women were aged between 40-45 years followed by 26.67 per cent were aged between 46-50 years while 24.16 and 19.17 per cent of them were aged between 51-55 and 35-36 years. Among urban women, 34.17 per cent of the women aged between 46-50 years followed by 28.33 per cent, 25.83 per cent and 11.67 per cent of them aged between 40-45, 51-55 and 35-39 years respectively. On the whole 30.83 per cent of the respondents were aged between 46-50 years, while 27.08 per cent of them aged between 51-55 years followed by 40-45 years and 35-36 years (15.21%). Half per cent (50%) of the respondents were housewives in both the districts. In Dharwad, 25 per cent of the women involving in farm activities followed by 15 per cent and 10 per cent of them were involving in daily wage and self-employ respectively. Among urban women, 19.17 per cent of them were daily wagers, 18.33 per cent of them were involved in farm activities and 12.50 per cent of them were self-employed. In Bagalkote district, 30 per cent of the women involved in farm activities followed by daily wagers (11.67%) and self-employed (8.33%). Among urban women, 22.50 per cent of them involving in daily wage activities followed by self-employed (16.67%) and farm women (10.83%). On the whole 50% of them housewives followed by farm women (21.25%), daily wagers (17.08%) and self-employ (11.67%). With regard to education, more than half per cent (54.17%) of the rural women of Dharwad district were illiterate followed by studied till primary school (37.50%) and high school (8.33%). Among urban women, 56.67 per cent of the women

were educated till primary level of education followed by illiterate (26.67%) and 16.67 per cent were educated till high school. In Bagalkote, 58.33 per cent of rural women were illiterate followed by 29.17 per cent and 12.50 per cent of them were studied till primary and high school level of education respectively. Among urban women, majority (44.17%) of them were illiterate followed by educated till primary level (40.83%) and only 15 per cent of them completed high school level of education. On the whole 45.83 per cent were illiterate followed by primary level of education (41.04%) and educated till high school (7.50%). With regard to caste, 39 per cent of the rural women of Dharwad district belonged to OBC category followed by upper caste (29.17%), dalits (20.83%) and tribals (10.83%). Among urban women, majority (55%) of them were belonged to OBC category followed by 25 per cent of them were belonged to upper caste, dalits (12.50%) and tribals (7.50%). In Bagalkote districts, 44.17 per cent of rural women were belonged to OBC category followed by 25.83 per cent were belonged to dalits, while 17.50 per cent were tribals. Among urban women, majority (49.17%) of them were belonged to OBC category followed by dalits (23.33%), tribals (17.50%) and upper caste (10%). On the whole maximum number of the respondents (46.87%) of them belonged to OBC category followed by dalits (20.63%), upper caste (10%). With respect to number of children, half (50.83%) of them rural women of Dharwad district had 3-4 children followed by 33.33 per cent had 5-6 children and 15.83 per cent of them had 1-2 children. Among urban women, 39.17 per cent of them had 1-2 children followed by 38.33 per cent had 3-4 children and 22.50 per cent of them had 5-6 children. In Bagalkote district, majority (72.50%) of the rural women had 3-4 children followed by 16.67 per cent had 5-6 children and only 10.83 per cent of the women had 1-2 children. Half per cent (51.67%) of the women had 3-4 children followed by 1-2 children (28.33%) and 5-6 children (20%). On the whole half of them (53.33%) were had 3-4 children followed by 1-2 children as well as 5-6 children. With regard to income of the family, 33.33 per cent of the families were had income between 5,000-9,999 RS followed by 26.67 per cent of them had income between 10,000-19,999 RS, 1000-2499 (23.33%) and 20,000-49,000 (16.67%) income per month. Among urban women, 34.17 per cent of them had 20,000-49,999 Rs income per month followed by 10,000-19,999 RS (24.17%), 5,000-9,999 RS (25.33%) monthly income. Bagalkote district, 32.50 per cent of the respondents have the family income between 5,000-9,999 RS per month while, 29.17 per cent had 20,000-49,999 Rs followed by 10,000-19,999 Rs (20.83%) and 1000-2,499 Rs per month. On the whole 32.50 per cent had family income between 5,000-9,999 Rs followed by 10,000-19,999 Rs (23.33%), 20,000-49,000 (22.71%) and 1000-2,499 Rs (21.46%).

Menopausal symptoms among working and non-working women were represented in Table 2: Among nonworking women, maximum number of (68.33%) the rural women experience joint and muscular discomfort followed by hot flushes, sweating (50%), sleep problems (35%) and heart discomfort (10%) as somatic problems. Majority of urban women (62.50%) were suffering from joint and muscular discomfort followed by sleep problems (57.50%), hot flushes (47.50%) and heart discomfort (4.16%). In working women, maximum number of (62.50%) of them were suffering from joint and muscular discomfort followed by 51.66 per cent sleep problems, 37.50 per cent hot flushes, sweating and 6.67 per cent heart discomfort. Majority 59.17 per cent and 58.84

per cent of the working urban reported they had sleep problems and joint and muscular discomfort respectively followed by 49.17 per cent had hot flushes, sweating and 11.67 per cent suffering from heart discomfort. In psychological symptoms, 60 per cent of non-working rural women reported physical and mental exhaustion while, 57.50 per cent had irritability followed by depressive mood (55%) and anxiety (35.83%). More than half per cent (52.50%) of the non-working urban women suffering from irritability while, 49.17 per cent had physical and mental exhaustion followed by depressive mood (39.17%) and anxiety (29.17%). Among rural working women, maximum number of (60%) the respondents suffering from irritability followed by 45 per cent, 40.83 per cent and 31.67 per cent depression, physical and mental exhaustion and anxiety respectively. In working urban women, 57.50 per cent reported depression followed by irritability (55.83%), physical and mental exhaustion (46.67%) and anxiety (4.67%). In urogenital problems, 5.83 per cent of non-working rural women reported bladder as well as dryness of vagina followed by sexual problems (4.17%). In non-working urban women, 8.33 per cent had bladder problems followed by dryness of vagina (6.67%) and sexual problems (5%). Among rural working women, 10 per cent of the respondents suffering from bladder problems followed by dryness of vagina (8.33%) and sexual problems (5.83%). In urban working women, 12.50 per cent of the women experienced bladder problems followed by sexual problems (7.50%) and dryness of vagina (6.67%). The study supported by Sahin and Coskun in 2017 found that the most prevalent climacteric complaints were aching muscle and joints (75.7%), irritability (74.5%), hot flushes (72.9%), difficulty in sleeping (68.8%), feeling tired (53.6%), feeling depressed (49.8%), loss of sexual desire (47.4%) and didn't found to be related with menopausal age and attitudes toward menopause. The menopausal problems were distributed in Table 3A. Among nonworking rural women, half per cent (50%) of the women experienced moderate level of somatic problems followed by severe (28.33%) and mild (20.83%). While 41.67 per cent were had moderate level of psychological problems followed by mild (40%) and severe (18.33%) level of psychological problems. Majority (60%) of the respondents reported mild level of urogenital problems followed by 26.67 per cent moderate and 12.50 per cent had severe level of urogenital problems. Among working women, 47.50 per cent of them experienced moderate level of somatic problems followed by severe (30.83%) and mild (21.67) level of somatic problems. In urban respondents, 43.33 per cent of non-working women reported moderate level of somatic problems followed by mild (33.33%) and severe (23.33%) level of somatic problems. Most of the (45%) responds had mild psychological problems followed by moderate (38.33%) and severe (16.67%) level of psychological problems while, majority (65%) of the respondents reported mild urogenital symptoms followed by 24.27 per cent had moderate and 10.83 per cent had severe menopausal problems. Among working urban respondents, 47.50 per cent had moderate level of somatic problems while, 32.50 per cent had severe and 20 per cent had mild somatic problems. Majority (44.17%) of the respondents had moderate level of psychological problems while, 40 per cent had severe psychological problems followed by 15.83 per cent had moderate level of psychological problems. With regard to urogenital problems 45.83 per cent had mild problems followed by moderate (31.67%) and severe (22.50%) level of urogenital problems.

There was significant association and relationship between locality and occupational status.

The mean score of menopausal symptoms were indicated in Table 3B. Among rural women the mean value of somatic symptoms were higher than psychological and urogenital symptoms ( $11.47 \pm 3.75 > 8.40 \pm 2.98 > 5.68 \pm 2.05$ ) which indicated that the nonworking women experienced more of somatic symptoms followed by psychological and urogenital symptoms. Whereas, among working women, the mean value of psychological symptoms followed by somatic and urogenital symptoms ( $12.48 \pm 3.12$ ,  $11.36 \pm 3.44$  and  $4.77 \pm 2.99$ ) means working women experienced more of psychological symptoms followed by somatic and urogenital problems. There was a significant difference between the problems faced by menopausal women. The same trend was observed among urban women means the nonworking women suffering more from somatic symptoms but the working women experienced psychological symptoms. There was also significant differences between the menopausal symptoms were observed.

Comparisons of mean scores of menopausal symptoms between working and nonworking women were observed in Table 3C. By the mean value there was significant differences between working and nonworking women ( $26.47 \pm 4.06 > 21.31 \pm 5.14$ ) means the working women suffer more than nonworking women. Same results were observed among nonworking women, there was a highly significant difference between working and nonworking women. There was non-significant difference between rural and urban women in menopausal symptoms.

Distribution of coping methods for menopausal problems among working women were presented in Table 4. Majority *i.e.* 55 to 90 per cent of the women were not following coping methods for menopausal problems. For hot flushes, 17.50 of the respondents were self-coping and 14.17 per cent of the respondents were following alternative coping methods. The 24.17 per cent following self-coping followed by alternative (16.67%) and only 2.50 per cent taken medical treatment. For nervousness, 28.33 per cent were practicing alternative therapy followed by 19.17 per cent practicing self-coping method and only 3.33 per cent taken medical treatment to overcome the problems. With regard to worry, anxiety, restlessness, 22.50 per cent following self-coping. For sexual desire, urogenital problems and vaginal dryness around 95 per cent of the respondents not followed or inculcated coping methods to overcome these problems. The study in line with Nateri *et al.*, 2017<sup>[2]</sup> indicated that problem-oriented strategies such as social support, problem solving, and target replacement are the best strategies for decreasing sexual dysfunction or increasing sexual satisfaction.

Frequency distribution of coping methods among nonworking women was indicated in Table 5. More than half (50%) of the respondents not following any coping methods to overcome menopausal problems. To overcome hot flushes, 28.33 per cent of the women practicing self-coping followed by alternative method (18.33%) and medical treatment (2.5%). For excessive sweating, 23.33 per cent practicing self-coping while, 15.83 per cent were following alternative method and only 4.17 per cent taken treatment. With regard to state of malaise, 21.67 per cent of the respondents self-coping to reduce the malaises followed by 15 per cent following alternative method and only 5.83 per cent were taken medical treatment. Least coping method inculcated for problems such as, urogenital problems, vaginal dryness and decreased sexual desire it accounts around 95 per cent. The study in line with

Alternative treatment methods used by women suffering menopause symptoms such as having sage tea for hot flashes and sweating (35.6%), having herbal tea for nervousness (44.4%), eating almonds, hazelnuts, walnuts, apricots and raisins for physical and mental fatigue (53.1%).

On the whole the study concluded that there was no difference between the coping method among working and non-working women. So there is need for different coping methods for both working women to remit the menopausal problems.

**Table 1:** Demographic characteristics of menopausal women N=480

Characteristics		Variables	Dharwad		Bagalkote	
			Rural (n=120)	Urban (n=120)	Rural (n=120)	Urban (n=120)
Age (years)		35-39	20 (16.67)	16 (13.33)	23 (19.17)	14 (11.67)
		40 – 45	31 (25.83)	28 (23.33)	36 (30.00)	34 (28.33)
		46 – 50	38 (31.67)	37 (30.84)	32 (26.67)	41 (34.17)
		51 – 55	31 (25.83)	39 (32.50)	29 (24.16)	31 (25.83)
Total		120 (100)	120 (100)	120 (100)	120 (100)	
Occupation	Nonworking	Housewife	60 (50.00)	60 (50.00)	60 (50.00)	60 (50.00)
		Farm women	31 (25.83)	22 (18.33)	36 (30.00)	13 (10.83)
	Working	Self-employ	11 (10.00)	15 (12.50)	10 (8.33)	20 (16.67)
		hostel cooks and other daily wagers	18 (15.00)	23 (19.17)	14 (11.67)	27 (22.50)
Total		120 (100)	120 (100)	120 (100)	120 (100)	
Education		Illiterate	65 (54.17)	32 (26.67)	70 (58.33)	53 (44.17)
		Primary	45 (37.50)	68 (56.67)	35 (29.17)	49 (40.83)
		High school	10 (8.33)	20 (16.67)	15 (12.50)	18 (15.00)
Total		120 (100)	120 (100)	120 (100)	120 (100)	
Caste		Upper caste	35 (29.17)	30 (25.00)	17 (14.17)	12 (10.00)
		OBC	47 (39.17)	66 (55.00)	53 (44.17)	59 (49.17)
		Dalits	25 (20.83)	15 (12.50)	31 (25.83)	28 (23.33)
		Tribals	13 (10.83)	9 (7.50)	19 (15.83)	21 (17.50)
Total		120 (100)	120 (100)	120 (100)	120 (100)	
No of children		1 – 2	19 (15.83)	47 (39.17)	13 (10.83)	34 (28.33)
		3 – 4	61 (50.83)	46 (38.33)	87 (72.50)	62 (51.67)
		5 – 6	40 (33.33)	27 (22.50)	20 (16.67)	24 (20.00)
Total		120 (100)	120 (100)	120 (100)	120 (100)	
Family income (Rupees)		>50,000	-	-	-	-
		20,000 – 49,000	20 (16.67)	41 (34.17)	13 (10.83)	35 (29.17)
		10,000 – 19,999	32 (26.67)	29 (24.17)	26 (21.67)	25 (20.83)
		5,000 – 9,999	40 (33.33)	31 (25.33)	46 (38.33)	39 (32.50)
		1000 – 2,499	28 (23.33)	19 (15.83)	35 (29.17)	21 (17.50)
Total		120 (100)	120 (100)	120 (100)	120 (100)	

Figures in the parenthesis indicates percentage

**Table 2:** Menopausal symptoms among working and non-working postmenopausal women N=480

Sl. No	Menopausal symptoms (*Multiple responses)	Nonworking		Working	
		Rural (n=120)	Urban (n=120)	Rural (n=120)	Urban (n=120)
<b>I</b>	<b>Somatic Subscale</b>				
1	Hot flushes, sweating	60 (50.00)	57 (47.50)	45 (37.50)	59 (49.17)
2	Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)	12 (10.00)	5 (4.16)	8 (6.67)	14 (11.67)
3	Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)	42 (35.00)	69 (57.50)	62 (51.66)	71 (59.17)
4	Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	82 (68.33)	75 (62.50)	75 (62.50)	67 (58.84)
<b>II</b>	<b>Psychological Subscale</b>				
5	Irritability (feeling nervous, inner tension, feeling aggressive)	69 (57.50)	63 (52.50)	72 (60.00)	67 (55.83)
6	Depressive mood (feeling down, sad, mood swings)	66 (55.00)	47 (39.17)	54 (45.00)	69 (57.50)
7	Anxiety (inner restless, feeling panicky)	43 (35.83)	35 (29.17)	38 (31.67)	47 (39.17)
8	Physical and mental exhaustion (general decrease in performance and concentration, forgetfulness)	73 (60.83)	59 (49.17)	49 (40.83)	56 (46.67)
<b>III</b>	<b>Urogenital subscale</b>				
9	Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)	7 (5.83)	10 (8.33)	12 (10.00)	15 (12.50)
10	Dryness of vagina (sensation of dryness or burning in the vagina)	7 (5.83)	8 (6.67)	10 (8.33)	8 (6.67)
11	Sexual problems (change in sexual desire, in sexual activity and satisfaction)	5 (4.17)	6 (5.00)	7 (5.83)	9 (7.50)

Figures in the parenthesis indicates percentage

**Table 3A:** Frequency distribution of menopausal symptoms among working and nonworking women N=480

Districts	Locality	Sub-scales	Menopause symptoms			$\chi^2$	r- value
			Mild	Moderate	Severe		
Rural	Non-working (n=120)	Somatic	25 (20.83)	61 (50.83)	34 (28.33)	38.46*	0.37*
		Psychological	48 (40.00)	50 (41.67)	22 (18.33)		
		Urogenital	73 (60.83)	32 (26.67)	15 (12.50)		
	Working (n=120)	Somatic	26 (21.67)	57 (47.50)	37 (30.83)	41.56**	0.50**
		Psychological	31 (25.83)	48 (40.00)	41 (34.17)		
		Urogenital	61 (50.83)	36 (30.00)	23 (19.17)		
Urban	Non-working (n=120)	Somatic	40 (33.33)	52 (43.33)	28 (23.33)	42.46**	0.48*
		Psychological	54 (45.00)	46 (38.33)	20 (16.67)		
		Urogenital	78 (65.00)	29 (24.17)	13 (10.83)		
	Working (n=120)	Somatic	24 (20.00)	57 (47.50)	39 (32.50)	38.94*	0.30*
		Psychological	19 (15.83)	53 (44.17)	48 (40.00)		
		Urogenital	55 (45.83)	38 (31.67)	27 (22.50)		

Figures in the parenthesis indicates percentage \*significant at 0.05 level \*\*significant at 0.01 level

**Table 3B:** Comparison of mean scores of menopausal symptom in non-working and working N=480

Districts	Locality	Sub-scales	Mean±SD	F- value
Rural	Non-working (n=120)	Somatic	11.47±3.75	12.57*
		Psychological	8.40±2.98	
		Urogenital	5.68±2.05	
	Working (n=120)	Somatic	11.36±3.44	11.38*
		Psychological	12.48±3.12	
		Urogenital	4.77±2.99	
Urban	Non-working (n=120)	Somatic	12.66±2.87	13.46*
		Psychological	10.36±2.01	
		Urogenital	5.62±2.41	
	Working (n=120)	Somatic	11.25±3.54	11.62*
		Psychological	12.60±3.12	
		Urogenital	5.08±2.34	

\*significant at 0.05 level

**Table 3C:** Comparison of mean scores of menopausal symptom among non-working and working N=480

Area	Locality	Mean±SD	t-value	Mean±SD	t-value
Rural	Non-working (n=120)	21.31±5.14	3.93*	27.48±6.36	0.74 <sup>NS</sup>
	Working (n=120)	26.47±4.06			
Urban	Non-working (n=120)	24.82±5.90	4.93**	26.37±7.02	
	Working (n=120)	19.52±6.42			

\*significant at 0.05 level \*\*significant at 0.01 level

**Table 4:** Frequency distribution of menopause related problems and coping methods among working women N=480

Menopause problems (* Multiple response)	Coping Methods			
	Self-coping n (%)	Medical n (%)	Alternative n (%)	None n (%)
Hot flushes	35 (17.50)	4 (3.33)	17 (14.17)	66 (55.00)
Excessive sweating	29 (24.17)	3 (2.50)	20 (16.67)	70 (58.33)
Heart discomfort	-	4 (3.33)	7 (5.83)	112 (93.33)
Early wake-ups or inability to go sleep for a long time	16 (13.33)	-	23 (19.17)	80 (66.67)
State of malaise (feeling down, sad)	38 (31.67)	3 (2.50)	15 (12.50)	70 (58.33)
Nervousness (irritability, tension and losing temper quickly)	23 (19.17)	4 (3.33)	34 (28.33)	62 (51.67)
Worry, anxiety, restlessness and panic	27 (22.50)	1 (0.83)	11 (9.17)	81 (67.50)
Physical and mental fatigue	38 (31.67)	2 (1.67)	19 (15.83)	78 (65.00)
Decreased in sexual desire and difficulty in having sexual intercourse	1 (0.83)	-	4 (3.33)	117 (97.50)
Urinary problems (difficulty in urinating, frequent urination, urinary incontinence)	1 (0.83)	3 (2.50)	5 (4.17)	115 (95.83)
Vaginal dryness (dryness and burning sensation in the vagina. Difficulty during Sexual intercourse)	2 (1.67)	1 (0.83)	5 (4.17)	113 (94.17)
Joint and muscle pain	36 (30.00)	10 (8.33)	40 (33.33)	43 (35.83)

Figures in the parenthesis indicates percentage

**Table 5:** Frequency distribution of menopause related problems and coping methods among non-working N=480

Menopause problems (* Multiple response)	Coping Methods			
	Self-coping n (%)	Medical n (%)	Alternativen (%)	None n (%)
Hot flushes	34 (28.33)	3 (2.50)	22 (18.33)	64 (53.33)
Excessive sweating	28 (23.33)	5 (4.17)	19 (15.83)	73 (30.83)
Heart discomfort	-	4 (3.33)	7 (5.83)	112 (93.33)
Early wake-ups or inability to go sleep for a long time	14 (11.67)	3 (2.50)	22 (18.33)	83 (69.17)
State of malaise (feeling down, sad)	26 (21.67)	7 (5.83)	18 (15.00)	61 (50.83)
Nervousness (irritability, tension and losing temper quickly)	30 (25.00)	5 (4.17)	36 (30.00)	55 (45.83)
Worry, anxiety, restlessness and panic	24 (20.00)	-	15 (12.50)	83 (69.17)
Physical and mental fatigue	19 (15.83)	6 (5.00)	22 (18.33)	78 (65.00)
Decreased in sexual desire and difficulty in having sexual intercourse	2 (1.67)	-	1 (0.83)	117 (97.50)
Urinary problems (difficulty in urinating, frequent urination, urinary incontinence)	2 (1.67)	1 (0.83)	3 (2.50)	115 (95.83)
Vaginal dryness (dryness and burning sensation in the vagina. Difficulty during Sexual intercourse)	1 (0.83)	-	4 (3.33)	115 (95.83)
Joint and muscle pain	32 (29.17)	15 (12.50)	41 (34.17)	46 (38.33)

Figures in the parenthesis indicates percentage

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