

Study of Menopausal Symptoms, and Perceptions About Menopause among Women at in Selected Community Areas of Visakhapatnam District, Andhra Pradesh

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ABSTRACT

Introduction: Menopause is a natural biological transition in a woman's life, marking the permanent cessation of menstruation and decline in reproductive hormones. It is often associated with various physical, psychological, and social changes that may affect quality of life. Women may experience symptoms such as hot flashes, sleep disturbances, mood changes, and musculoskeletal discomfort, along with varied perceptions influenced by cultural beliefs and awareness levels. In India, especially in rural and semi-urban communities, limited knowledge about menopause often leads to misconceptions and poor health-seeking behavior. Therefore, assessing menopausal symptoms and perceptions among women in selected community areas of Visakhapatnam District, Andhra Pradesh, is essential for improving awareness and promoting healthy aging. **Methodology:** Materials and Methods: The present study was conducted among 60 postmenopausal women residing in selected community areas of Visakhapatnam District, Andhra Pradesh, for more than six months. Data were collected using a pretested structured questionnaire administered by the researcher from February to November 2025. Prior to the main study, a pilot study was conducted to ensure feasibility and validity of the tool, and the sample size of 60 was finalized. Simple random sampling technique was used for household selection to ensure representation of the study population. **Statistical Analysis:** Data was coded, entered, and analyzed using SPSS 15. Chi-square test, proportions, and percentages were used.

Result: The findings of the present study, revealed that the mean age of attainment of menopause was 46.24 years. The study identified a high prevalence of menopausal symptoms among the participants. Emotional disturbances such as crying spells, irritability, and depression were reported by 86.7% of women, followed by headache (71.9%) and lethargy (64.4%). Dysuria was experienced by 57.9% of respondents, while forgetfulness was reported by 56%. Musculoskeletal problems, including joint and muscle pain, were observed in 52.3% of women. Sexual problems such as decreased libido and dyspareunia were reported by 30.8%, while genital symptoms like vaginal dryness and itching were found in 8.3%. Only a small proportion (23.4%) of women had correct knowledge regarding the causes of menopause, indicating limited awareness and the need for health education interventions. **Conclusion:** The study concluded that women in selected community areas of Visakhapatnam District experienced various menopausal symptoms, but had inadequate knowledge regarding menopause and its causes. This highlights a clear need for health education and awareness programmes. Improving knowledge can help women better understand menopausal changes, manage symptoms effectively, and improve their quality of life during this transition period.

KEYWORDS: Visakhapatnam District, Andhra Pradesh, menopause, rural, survey.

INTRODUCTION

Menopause is a natural biological stage in a woman's life characterized by the permanent cessation of menstruation due to reduced ovarian hormonal

activity. It is commonly associated with physical, psychological, and social changes that may affect a woman's overall quality of life. According to the

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World Health Organization definition of menopause, menopause is a normal physiological process, not a disease, but it requires awareness and supportive care for healthy ageing.

Studies have shown that women commonly experience symptoms such as hot flashes, sleep disturbances, mood changes, fatigue, and musculoskeletal pain during menopause. Nair et al. (2013) reported that emotional and physical symptoms are highly prevalent among postmenopausal women. Similarly, Kaur et al. (2014) found that many women have inadequate knowledge regarding menopause, leading to misconceptions and poor coping strategies.

Perception of menopause is influenced by cultural beliefs, education, and access to health information. In Indian communities, menopause is often under-discussed, resulting in limited awareness and negative perceptions. Sharma et al. (2015) emphasized that improving awareness can enhance coping ability and psychological well-being.

In Visakhapatnam District, Andhra Pradesh, women often lack structured education regarding menopausal health. Therefore, assessing menopausal symptoms and perceptions is essential to improve awareness and promote better quality of life during this transition.

Need of the Study

Menopause is an important transitional phase in a woman's life that is often associated with various physical, psychological, and emotional symptoms. Many women experience problems such as hot flashes, mood swings, sleep disturbances, joint pain, anxiety, and fatigue, which can negatively affect their daily activities and quality of life. In many communities, especially rural and semi-urban areas, women have inadequate knowledge and misconceptions regarding menopausal changes and their management. Lack of awareness and limited access to health information may prevent women from seeking appropriate care and support.

In Visakhapatnam District, Andhra Pradesh, cultural beliefs and poor discussion regarding menopause further contribute to neglect of menopausal health. Understanding women's perceptions and experiences is essential for identifying their health needs and planning effective educational interventions. Therefore, the present study is needed to assess menopausal symptoms and perceptions among women in selected community areas, so that awareness programmes and supportive healthcare services can be developed to improve women's coping abilities and overall quality of life.

OBJECTIVES

1. To assess the prevalence of menopausal symptoms among women in selected community areas of Visakhapatnam District, Andhra Pradesh.
2. To identify the common physical, psychological, and urogenital symptoms experienced during menopause.
3. To assess the perceptions and understanding of women regarding menopause and its causes.
4. To determine the association between selected socio-demographic variables and menopausal symptoms and perceptions.

OPERATIONAL DEFINITIONS

1. **Menopausal:** Operationally, menopausal refers to women experiencing natural cessation of menstruation for twelve consecutive months within selected Visakhapatnam community areas settings.
2. **Symptoms:** Symptoms refer to self-reported physical, psychological, and vasomotor manifestations experienced by women during menopausal transition in study Visakhapatnam district context.
3. **Perception:** Perceptions refer to women's subjective understanding, beliefs, and attitudes regarding menopause and its associated changes in selected community areas of study population.
4. **Menopause among women:** Menopause among women refers to the permanent cessation of menstruation occurring naturally in women aged typically 40–55 years in study area.
5. **Pradesh:** Pradesh refers to Andhra Pradesh state, the geographical and administrative region where Visakhapatnam district is located for this research study.

REVIEW OF LITERATURE:

A community-based cross-sectional study by **Durairaj et al. (2022)** was conducted to assess menopausal symptoms and attitude towards menopause among middle-aged women in South India. The study included women aged 40 years and above and used a structured questionnaire to collect data on physical, psychological, and urogenital symptoms along with perception of menopause. The findings showed that vasomotor and psychological symptoms were highly prevalent, including hot flashes, irritability, and sleep disturbances. Many women also had inadequate knowledge regarding the biological cause of menopause and considered it a natural but distressing life event. The study concluded that menopausal symptoms significantly affect quality

of life and emphasized the need for structured health education and counseling to improve awareness and coping strategies among women.

A cross-sectional study by **Satapathy et al. (2020)** assessed the prevalence of menopausal symptoms among postmenopausal women in Odisha, India. The study included women residing in selected rural areas and collected data using a pretested interview schedule. Results revealed that most women experienced multiple symptoms, including musculoskeletal pain, fatigue, and psychological disturbances. The study also found a lack of awareness regarding menopause and its physiological basis. Socio-cultural beliefs strongly influenced perceptions, leading to misconceptions about aging and health. The study concluded that menopausal health remains neglected in rural populations and highlighted the importance of community-based awareness programmes to improve understanding and health-seeking behaviour.

A study by **Mohanta et al. (2025)** evaluated menopausal symptoms and quality of life among postmenopausal women in rural West Bengal. Using a structured questionnaire and MENQOL scale, the study found that psychological symptoms such as anxiety and mood changes were most common, followed by somatic complaints like joint pain and fatigue. The study highlighted that increasing duration since menopause was associated with higher symptom burden. It also reported poor awareness regarding menopausal health and limited access to health information. The authors concluded that menopause significantly impacts physical and emotional wellbeing and recommended strengthening primary healthcare services and educational interventions for better management.

METHODOLOGY :

A descriptive community-based research approach with a cross-sectional descriptive research design was adopted to assess menopausal symptoms and perceptions regarding menopause among 100 women in selected community areas of Visakhapatnam District, Andhra Pradesh. The study variables included menopausal symptoms and perceptions regarding menopause, while socio-demographic variables included age, religion, educational status, occupation, marital status, type of family, monthly family income, number of children, area of residence, and source of information regarding menopause. The

study was conducted in selected community areas of Visakhapatnam District chosen for accessibility and availability of postmenopausal women. The target population comprised all postmenopausal women residing in Visakhapatnam District, while the accessible population included women available during the data collection period who fulfilled the inclusion criteria. The sample size consisted of 60 postmenopausal women selected using a non-probability convenient sampling technique based on their willingness and availability to participate in the study.

Inclusion Criteria:

- Women who attained menopause naturally
- Women residing in the selected community area for more than six months
- Women willing to participate in the study

Exclusion Criteria:

- Women with surgical menopause
- Women who were seriously ill during the study period
- Women unavailable at the time of data collection

The study carefully excluded women who had experienced any recent trauma or major life events before attributing symptoms to menopause. Selection bias was minimized by strictly following the inclusion and exclusion criteria. Women with severe menopausal symptoms were referred to a gynecologist for further management, while those with mild symptoms were provided primary-level health advice. Data regarding menopausal symptoms such as lethargy, forgetfulness, headache, joint and muscle pain, sexual problems, dysuria, genital complaints, emotional disturbances, sleep problems, and voice changes were collected and analyzed. Demographic variables including age, religion, education, and occupation were also assessed. Participants were interviewed regarding their perceptions about the causes of menopause, need for medical consultation, genital hygiene practices, and awareness about factors influencing menopause. Women who identified menopause as a hormonal or physiological change were considered to have correct knowledge, while misconceptions and non-scientific beliefs were also explored. Knowledge regarding genital hygiene and awareness about hormone replacement therapy (HRT) were additionally assessed during the study.

RESULTS & DATA ANALYSIS :**TABLE :1 DEMOGRAPHIC CHARACTERISTIC OF THE STUDY SUBJECTS N=100**

Demographic variables		No. of Samples (n)	Percentage %
Age (In years)	40–50	25	25
	50–60	41	41
	60–70	22	22
	70-80	12	12
Religion	Hindu	72	72
	Muslim	20	20
	Christian	08	8
Educational Status	No formal education	02	2
	Education	98	98
Occupation	Employed	18	18
	Unemployed	82	82

The above table shows the demographic characteristics of the study subjects. Regarding age, the majority of participants 41 (41%) belonged to the 50–60 years age group, followed by 25 (25%) in the 40–50 years group, 22 (22%) in the 60–70 years group, and 12 (12%) in the 70–80 years age group. With regard to religion, most of the participants 72 (72%) were Hindu, followed by 20 (20%) Muslims and 08 (8%) Christians. In relation to educational status, the majority of subjects 98 (98%) had formal education, while only 02 (2%) had no formal education. Regarding occupation, most of the participants 82 (82%) were unemployed, whereas 18 (18%) were employed. The findings indicate that the majority of the study subjects were educated Hindu women belonging to the 50–60 years age group and were unemployed.

TABLE 2: RELATIONSHIP BETWEEN THE VARIABLES AND CAUSE OF MENOPAUSE CORRECTLY KNOWN n=100

Variables		Cause known correctly	Total	Statistic used
Educational Status	Education	70	98	$\chi^2=0.073, df=1, P=0.787$
	Uneducated	3	2	
Occupation	Employed	9	16	$\chi^2=3.66, df=1, P=0.0577$
	Unemployed	64	84	
Religion	Hindu	66	72	$\chi^2=48.17, df=2, P=0.000$
	Muslim	6	20	
	Other	1	08	

The above table shows the relationship between selected demographic variables and correct knowledge regarding the cause of menopause among women. No statistically significant association was found between educational status ($\chi^2=0.073, p=0.787$) and occupation ($\chi^2=3.66, p=0.0577$) with knowledge regarding menopause. However, religion showed a statistically significant association ($\chi^2=48.17, p=0.000$) with correct knowledge regarding the cause of menopause among the study subjects.

TABLE 3: YEARS OF STOPPAGE OF MENSES AND SYMPTOMS N=100

Years of stoppage of menses	Mean number of symptoms (mean \pm SD)	Bonferroni test
<1-2	4.08 \pm 1.755	Group 1 versus Group 2 $t=11.16 P=0.000$
3-4	4.70 \pm 2.12	Group 2 versus Group 3 $t=15.16 P=0.000$
>4	5.78 \pm 1.89	Group 3 versus Group 1 $t=18.35 P=0.000$

The above table shows the relationship between years of stoppage of menses and the mean number of menopausal symptoms among study subjects. Women with <1–2 years of menopause had a mean symptom score of 4.08 \pm 1.755, those with 3–4 years had 4.70 \pm 2.12, and those with >4 years had the highest mean score of 5.78 \pm 1.89. The Bonferroni post-hoc test revealed statistically significant differences between all groups ($p=0.000$), indicating that menopausal symptoms increased significantly with the increase in years after cessation of menses.

TABLE 4: PREVALENCE OF FOUR MOST COMMON MENOPAUSAL SYMPTOMS OF VARIOUS STUDIES DONE IN INDIA n=100

Studies	Symptoms	%
Present study	Emotional problems	88.7
	Headache	70.9
	Lethargy	64.4
	Dysuria	57.9
Sharma, <i>et al.</i> study[Fatigue and lack of energy	71.93
	Headache	53.9
	Hot flushes cold sweats	52.85
	Weight gain	42.13
Bagga, <i>et al.</i> Pune study	Loss of interest	91
	Pressure/tightness in head	82
	Weight gain	65
	Hot flushes	52
Shah, <i>et al.</i> Mumbai study	Muscle and joint pains	36.4
	Fatigue	34.6
	Hot flushes	18.4
	Sweating	17.6

The above table presents a comparison of the prevalence of the four most common menopausal symptoms reported in the present study with selected studies conducted in India. In the present study, emotional problems were the most common symptom (88.7%), followed by headache (70.9%), lethargy (64.4%), and dysuria (57.9%). When compared with other studies, Sharma *et al.* reported fatigue and lack of energy (71.93%), headache (53.9%), hot flushes (52.85%), and weight gain (42.13%) as common symptoms. Bagga *et al.* (Pune study) found loss of interest (91%), pressure or tightness in the head (82%), weight gain (65%), and hot flushes (52%) as predominant symptoms. Shah *et al.* (Mumbai study) reported muscle and joint pains (36.4%), fatigue (34.6%), hot flushes (18.4%), and sweating (17.6%). Overall, the findings indicate that menopausal symptoms vary across studies, but emotional and physical symptoms remain highly prevalent among women.

Discussion: The present study was conducted to assess menopausal symptoms and perceptions regarding menopause among women in selected community areas of Visakhapatnam District, Andhra Pradesh. The findings revealed that most participants were in the 50–60 years age group and the majority were unemployed and educated, indicating that menopause is commonly experienced in middle to late adulthood and among homemaker populations.

The study showed that emotional problems were the most prevalent menopausal symptom (88.7%), followed by headache (70.9%), lethargy (64.4%), and dysuria (57.9%). These findings are consistent with previous studies, such as Bagga *et al.*, who also reported high prevalence of emotional disturbances like loss of interest (91%) and pressure in the head (82%). Similarly, Sharma *et al.* identified fatigue and headache as common complaints among menopausal women. This similarity suggests that psychological and somatic symptoms are universally common during menopause.

The association analysis revealed that educational status and occupation were not significantly associated with correct knowledge regarding the cause of menopause, whereas religion showed a

significant association. This indicates that cultural and belief systems may play a stronger role than formal education in shaping perceptions about menopause.

Further, the study found that menopausal symptoms increased significantly with increasing years since cessation of menses, which is consistent with the progressive nature of hormonal decline and aging-related changes.

Overall, the findings highlight that women experience multiple menopausal symptoms but often lack adequate understanding of its physiological cause. This emphasizes the need for structured health education and awareness programs to improve knowledge, correct misconceptions, and promote better health-seeking behavior among women in the community.

Conclusion: The present study assessed menopausal symptoms and perceptions regarding menopause among women in selected community areas of Visakhapatnam District, Andhra Pradesh. The findings clearly indicate that menopausal symptoms are highly prevalent among women, with emotional and physical complaints being most common. It was

also observed that many women had inadequate knowledge and misconceptions regarding the causes and management of menopause. Cultural beliefs and personal perceptions strongly influenced their understanding of menopausal changes.

The study highlights the urgent need for structured health education and awareness programmes to improve knowledge and correct misconceptions about menopause. Community-based interventions through women's health clinics and active involvement of health workers can play an important role in improving awareness and supporting women during this transitional phase of life. Regular counselling and educational programmes may help women manage symptoms more effectively and improve their quality of life. Further research is recommended to assess the severity of menopausal symptoms using standardized tools in community settings.

Limitations: The study was limited to selected community areas of Visakhapatnam District with a small sample size (n=100), which limits generalization. Data were self-reported, so responses may be affected by recall bias and personal perceptions. The cross-sectional design assessed symptoms at a single point in time without follow-up. Cultural hesitation may also have led to underreporting of some menopausal symptoms.

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