

# DEPRESSION: THE PSYCHOLOGICAL EFFECT OF MENOPAUSE ON WOMEN

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## ABSTRACT

*The present research was aimed to explore the impact of menopause on the development of the symptoms of depression among women. The hypothesis of the study states, women with symptoms of menopause would experience more depression than women without the symptoms of menopause. Personal information questionnaire, and Siddique Shah Depression Scale (Shah, S, 2010) were used (for the assessment of the symptoms of depression). A sample of the study comprised 300 women, i.e. 150 women with menopausal symptoms and 150 women without menopausal symptoms. The mean age of the subjects with symptoms of menopause ranged between 45 to 55, and the mean age of the subjects without the symptoms of menopause was 25 to 35. Data of Subjects with the symptoms of menopause was collected from local private Gynaecologists' clinics of Hyderabad, Sindh. Data of subjects without the symptoms of menopause was collected from family members, friends, and relatives. The data was analyzed with the help of mean, standard deviation, and t – test with the help of SPSS version 22. The results revealed the significant difference between the scores of both groups of the sample, ( $t=4.004$ ) Subjects with the diagnosis of menopause symptoms received greater scores on the Siddique Shah Depression scale than subjects without menopausal symptoms.*

**Keywords:** Menopause, Depression, Women, Unawareness.

## INTRODUCTION

Menopause is a natural phenomenon, but how a woman would experience, it depends on her level of education, various physical and psychological factors, cultural background and socioeconomic class.

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It is important to educate the women about the symptoms and changes which occur during menopause to reduce the physical and psychological risk factors. (Mujahid, S Siddiqui, A. A 2013). The phase of menopause that occurs in the life of women varies from developing to developed countries. It has been observed occurring in developing countries early as compared to developed countries women, who experience it later in their life (Qazi, R.A.2006). The population of Pakistan is rapidly increasing, among the most populous countries it at the sixth rank. Total population of the country will be around 226 million by 2020; among them 16 million will be more than 60 years old. (Population reference bureau 2010). Most women spend up to one-half of their lifetime in post menopause, when women are not adequately educated about the menopausal symptoms, they experience the symptoms of depression during that time.

One psychological impact of menopause is depression. Depression is a common psychological disorder, with prominent symptoms including, persistent feelings of sadness, loss of interest, and loss of motivation, low self-esteem, loss of appetite, and loss of sleep. It is equally widespread all over the world. It is predicted that, by 2020 depression would be the second most common source of disability of individuals. (Batoool, etal, 2008).

Since a long period of time the phase of menopause has been associated with the onset of the anxiety and depression as the most common psychological disorders. (Płocka-Lewandowska M. Zaburzenia, 1999)

The prominent clinical symptoms of depression during the transition of menopause include nervousness, irritability, loose temperament, emotional inability, muscle rigidity. These symptoms are mostly intense and the victims become quickly aggressive. Other associated problems are related to memory and concentration. The menopausal depression also brings problems in interpersonal relationships, i.e. with spouse, other family members, friends, and colleagues. The need to avoid people and lack of tolerance is the reason of it. (Krogulski S 2004). There are some important events in the life of women such as puberty, birth of first child, and menopause, which have lots of physical and psychological impact on their lives. Menopause is the major transition in the life of a woman. The diagnosis of Menopause is made when twelve menstrual cycles are missed. Prior to menopause a woman suffers from the symptoms of pre-menopause, which brings lots of changes in clinical, biological, and in the endocrine system. (Brimbilla, DJ Mckinlay SM, et al 1994).

The mean age when menopause starts is also crucial, it gives some hints about future health problem (Gold, EB et al 2001). Menopause is believed to be the most difficult phase in women's life with lots of physical and psychological symptoms (HO, SC et al, 2003).

Menopause is not only the reason of heart disease and osteoporosis but also can cause sleep disturbance, urinary tract problems, memory disturbance and depression due to hormonal changes (Harlow BL, Wise LA, 2003). Menopausal symptoms can really have an important impact in the daily, social and sexual life of postmenopausal women (Nachtigall LE 1998). The onset of peri-menopause age is 47.5 years (Gold EB, 2011).

The period of peri-menopause consist of the symptoms of irregularities in the menstrual cycle till the occurrence of last menstrual period. Other symptoms include the disturbance in the reproduction hormones, irregular menstrual cycle, decrease in the ability of fertilization, difficulty in falling sleep, and heavy menstrual cycles (Soares CN, Taylor, V. 2007).

It is a condition which is characterized with the loss of ovarian follicle development and can result in permanent cessation of menstrual cycle (.Sherwin B, 2001Spinelli MG, 2004). It is a major change in life of women from reproduction to non-reproduction status.

Women often report changes in mood around the time of the menopause. Hormonal changes may contribute to moodiness. . For many women the transition is normal, in which they have no psychological problem, nearly 20% female experience the symptoms of depression during the process of menopause.

The symptoms of menopause appear in midlife in women with many physical and psychological complains, somatic or bodily complains of joint pains, sweating in night, discomfort in sexual relationship, and dryness in vagina all these are called vasomotor symptoms. Psychological symptoms of menopause comprised insomnia, depressive mood, anxiousness and irritability.

1 in 4 women experience intense vasomotor symptoms in the transitional period of menopause and severe psychological symptoms including depression and anxiety are experienced by 1 in 3 women (Mishra GD, Kuh, D. 2012). Depression is a common psychological disorder and women are more prone to this disorder than men (Babington P, Dunn G, Jenkins R, et al 2003).

The result of the study conducted by Freeman E W, and Samuel M D et al (2004) revealed that the signs of depression become severe during the transition of menopause and lessen when the transition ends.

The link between the peri-menopause and mood disorder is due to the changes in the reproductive hormones which are responsible for menopause (Worsley, R. et al 2012). Reproductive hormones play a vital role in mood swings, and depression, as the level of testosterone increases, it increases the symptoms of depression during the transition of menopause (Boyles, Salynn 2012).

Previous studies have already proved that there is increase in the intensity of depressive symptoms during peri-menopause, which gradually decrease during the years of post-menopause (Freeman EW et al 2004). There are many reasons behind the development of depressive symptoms during the transitional phase of menopause; including one important reason which is a change in hormones.

The difference in the level of depression between men and women starts during puberty, in women there is an increase in the symptoms of depression during menopause, premenstrual cycle, and in post-partum depression (Hultner R, P et al 2003, Sloan D M, et al 2003).

The woman who has the history of premenstrual depression, and post-partum depression is more predisposed to develop the symptoms of depression during menopause (Steiner M, Dunn E, and Born L 2003). The change in the hormones which starts during menopause, becomes normal when secretion of estrogen and progesterone hormones becomes stable and low during post menopause period (Payne JL, 2003).

Present research is aimed to explore the causes of the development of depressive symptoms during menopause among Pakistani women. It was hypothesized that, women with the symptoms of menopause would experience more depression than the women without the symptoms of menopause. Siddique Shah Depression scale (2010) was used for the measurement of the symptoms of depression.

## **RESEARCH OBJECTIVES**

The objectives of the present study are as follow:

1. To measure the depressive symptoms among women with menopausal symptoms.
2. To explore the causes of depression among women with menopausal symptoms.

## **RESEARCH HYPOTHESIS**

1. Women with symptoms of menopause would experience more depression than women without the symptoms of menopause.

## **RESEARCH METHODOLOGY**

The research design of the present study is quantitative; survey method was used for data collection through questionnaire. Sampling was done with the help of Non probability, convenience sampling technique.

### **Participants**

The sample of the present study comprised 300 women, divided into two groups i.e. 150 women with the symptoms of menopause and 150 women without the symptoms of menopause. The age range of women with the symptoms of menopause was 45 to 50 years, and the age range of women without the symptoms of menopause was 35 to 45 years. Non probability, convenience sampling technique was used for data collection. Data for the subjects with the symptoms of menopause was collected from local gynaecologist's clinics after the consent of the concerned authority, and the data for the subjects without the symptoms of menopause was collected from friends, family members, and acquaintances.

### **Procedure**

Initially, the researcher visited four private gynaecologist clinics located in Hyderabad, Sindh for the data collection. After explaining the reason of visit and discussing the aim of research, the researcher sought permission from concerned authorities for data collection. Later, the researcher took permission from the willing patients for the data collection. The researcher herself went to participants; and discussed the purpose of the visit.

When the rapport between the researcher and the participants was developed, the first questionnaire Personal Information Questionnaire was administered on participants, which was based on participant's information about their education, age, socioeconomic status, marital status. Uneducated or low educated participants gave their personal information verbally, which the researcher noted down on PIQ forms. Subsequently, Siddique Shah Depression Scale was administered on the subjects, for those subjects who could not read or write, the researcher read the questions and wrote their answers after asking them. During the development of rapport, the subjects were asked about the reason of their visit to gynecologist, they shared with the researcher that they were suffering from the symptoms of physical pains, e.g., back aching, sleeplessness; loss of appetite, sad mood, irritability. The data of subjects without the symptoms of menopause was collected from family members, colleagues, friends and relatives. The data was collected after the willingness of the participants. For data collection non probability convenience sampling technique was used.

### **Statistical Analysis**

Mean, Standard deviation and t-test of scores of the participants on Siddique Shah Depression Scale were computed with the help of Statistical Package of social science vol: 22.

## **MEASURES**

### **Personal Information Questionnaire**

Personal Information Questionnaire is based on the personal information about the participants, including name, age, qualifications, marital status and socioeconomic class.

### **Siddique Shah Depression Scale**

For the measurement of depressive symptoms of the participants of study, Siddique Shah Depression Scale (S, Shah.2010) was used. Siddique Shah Depression Scale is a valid instrument for the measurement of depression among Pakistani population, The scale measures three categories of depression ,1 Mild 2 Moderate and 3 Severe, 0-25 score indicates no depression 26 -37 mild depression and 37 and above indicates moderate to severe depression. This is a 3-point Likert type scale. It is a self-report measure.

## Results

The findings as shown in Table -3 ( $t= 4.004$ ,  $df=372$ ,  $p,.001$ ), represent a significant difference between the obtained scores of participants diagnosed with menopause and participants without the diagnosis of menopause. The overall results of the study revealed, that participants with the diagnosis of menopause received greater scores on Siddique Shah Depression scale as compared to participants who were not diagnosed with menopause.

**Table 1: Level of education of 150 women with menopausal symptoms**

Level of Education	No of Subjects =150	Percentage
Uneducated	36	24%
5 <sup>th</sup> grade	31	20.66%
8 <sup>th</sup> grade	33	22%
10 <sup>th</sup> grade	28	18.66%
12 <sup>th</sup> grade and higher	22	14.66%
<b>Total</b>	<b>150</b>	

Table 1 is showing the educational level of women with symptoms of menopause and depression. It is clear from the above table that the highest ratio 36 (24 %) of women with menopausal depression was uneducated. The second highest ratio was 33 (22 %) consisting of women with menopause and depression were 8<sup>th</sup> class passed. The number of 5<sup>th</sup> grade passed women was 31 (20.66%). The third ratio 28 (18.66%) was of those women who were 10<sup>th</sup> class passed. The last and lowest ratio 22 (14.66%) belongs to women with the symptoms of menopausal depression who had passed their 12<sup>th</sup> grade and/or higher.

**Table 2: Level of education and awareness of the symptoms among 150 women with menopause.**

Level of Education	Well aware	Unaware	Total
Uneducated	9 (2.6%)	27 (18%)	36
5 <sup>th</sup> grade	11 (7.33%)	20 (13.33%)	31
8 <sup>th</sup> grade	18 (12%)	13 (8.66%)	33
10 <sup>th</sup> grade	13 (8.66)	15 (10.1%)	28
12 <sup>th</sup> grade and higher	18 (14.66)	04 (2.66%)	22
	<b>Total</b>		<b>150</b>

Table 2 is showing the level of education and percentage of the participants who have the awareness about the symptoms of menopause, and the percentage of the participants who are unaware about the menopausal symptoms. Among 36 uneducated participants, only 9 participants (2.6%) were well aware, remaining 27 (18%) were unaware. In 5<sup>th</sup> grade passed participants, only 11 (7.33%) participants were well aware about menopausal symptoms remaining 20 (13.33%) were unaware. The participants who had passed 8<sup>th</sup> grade 18 (12%) were well aware about the menopausal symptoms remaining 13(8.66%) were not well aware. 13(8.66) among the subjects who qualified 10<sup>th</sup> grade were aware about menopausal symptoms, whereas 15 (10.1) were not familiar with the symptoms of menopause. From subjects who were qualified with 12<sup>th</sup> grade and higher 18 (14.66) knew about menopausal symptoms, and only 4(2.66%) did not know the symptoms associated with menopause.

**Table 3: Mean Standard Deviation and T-test value of the scores of participants with Menopause diagnosis, and without menopause diagnosis on Siddique Shah Depression Scale.**

Participants	Number	Mean	SD	T-value
Diagnosed with Menopause	150	240.23	21.313	4.004
Not diagnosed with menopause	150	230.75	21.462	

Df=372;\*\*\*p<.001

Table 3, is showing the mean, standard deviation, and t-test difference of women with the symptoms of menopause, age range between (45 to 55years) and the women without the symptoms of menopause, age range between (25 to 35 years).The table is showing significant mean difference (women with menopausal symptoms, mean=240.23), (women without the symptoms of menopause, mean=230.75). (t- Value=4.004, p<.001), between the obtained scores on Siddique Shah Depression scales between subjects of both groups.

## Discussion

Universal phenomenon of menopause is a big transition in the life of a woman. They live half of their life in post menopause; worldwide the mean age of menopause is 45 to 55 years (Shakila. P, P. Sridhar an, S. Thiyagarajan2015). The mean age of menopause among Pakistani women



is 49.3 years (Nisar, N, Ahmed, SN, 2010). Results of the previous studies find a significant correlation between the greater chance of the development of depressive symptoms during menopause, especially in the case of women, who have sensitivity to any normal variation or fluctuation in hormones (Clayton AH, Ninan PT, 2010).

Women with the past history of depression are also more susceptible of reoccurrence of the symptoms during menopause (Hay AG, Bancroft J, and Johnstone EC1994). Depression is the most common psychological disorder, which is equally prevailing in all societies (Mahmood, T, Shaukat, M, 2014).

Women are 1.5 to 3 times more prone to develop the symptoms of depressive symptoms than men, and there are 21.3% chances of prevalence among women (Blazer DG, Kessler RC, McGonagle KA, Swartz MS.1994, Kessler RC2003). For middle aged women depression is believed to be the major risk factor. It may become the cause of their disability and morbidity (Murray CJL, Lopez AD.1990).

It is a long controversy, whether the development of depressive symptoms during menopause are due to the environmental stressors and are psychological in nature, including lack of social support, joblessness, infertility, various health issues, or it is the outcome of hormonal changes of aging women. In a study conducted by Dennerstein L et al (1999) on Australian women finds the causes of depression during the onset of menopause like the absence of life partner, interpersonal relationship issues, impaired image of menopause and aging, lack of exercise and physical activities, tussles with life partner, care of aging parents, changes in working conditions. Women's response towards the universal event of menopause is also largely by their determined socio-cultural background (Thomas, SE, 2005).

Women's quality of life is significantly affected by the emergence of menopausal symptoms. There are lots of psychophysical risk factors associated with it. One previous study suggested that if a woman is well aware of the health issues or psychological problems of menopause then she will be better able to reduce or deal with these issues in an appropriate way (Wong, L. P. Nur, Liyana, A.H, 2007). Symptoms of menopause become bothersome due to lack of knowledge about those symptoms and low level of education. Female literacy ratio in Pakistan is only 28% (UNICEF, Pakistan, 2010), which may possibly result in showing the

adverse effects of menopause on most of these Pakistani women.

The present study was conducted on Pakistani middle aged women who were suffering from the symptoms of menopause and depression. The researcher of the study visited gynaecologist's clinics for the treatment of menopausal symptoms and the associated symptoms of depression. Among 150 women who were visiting clinics for their various physical and psychological problems, out of 36 uneducated women, only 9 (2.6%) women were aware of the symptoms of menopause and about the fact that their symptoms were due to menopause, remaining 27 (8%) were totally unaware about the cause of their symptoms. Findings of the study also explored that, uneducated and low educated women were experiencing more intense symptoms of menopause as compared to educated women.

Besides the contribution of hormonal changes in the development of depressive symptoms, the present study also revealed that lack of knowledge and low educational back ground as the causes of depressive symptoms among Pakistani women with menopausal symptoms. Results of the present study are consistent with the other studies conducted in the same area, Chen YL, Voda AM, Mansfield PK, (1998) conducted a research study on Chinese midlife women's perceptions and attitudes about menopause; findings suggested that, educated women are better able to deal with the physical or psychological problems of menopause as compared to uneducated women, and there was no difference between eastern and western women in this regard.

To reduce the apprehension of depression among women during the phase of menopause, it is important to educate the women about the associated symptoms of menopause.

## **CONCLUSION**

The natural transitional phase of menopause becomes inconvenient in the case of those women who are not well equipped with the help of their education or awareness to deal with the physical and psychological issues related with it. Unawareness and lack of knowledge contribute in the severity of depression during menopause. It is the responsibility of health practioners to run menopause awareness program for the benefit of the society.

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