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# A STUDY IN DEPRESSION IN WOMEN WITH PRE AND POST MENOPAUSE STAGES IN TRIBAL AREA

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## Abstract

*Depression has been found to be one of the main health concerns, especially in the case of women. A recent study by WHO found that depression will be the second important component in Global Burden of Disease (GBD) by the year 2020 in the case of women. Keeping this in view, the present study was carried out to see the depression levels and differences between women with pre and post menopause stages. The sample consists of 150 tribal women (84 in pre menopause stage and 66 in post menopause stage), with an age ranging from 30-60 years, taken from the Visakhapatnam agency area, Andhra Pradesh. A vernacular translation (into Telugu) of Beck's Depression Inventory (1978) was administered to the sample. The results indicate that 23% of the tribal women were in 'Borderline Depression' or in 'Severe Depression' that needs clinical assistance. Significant difference was found between the pre and the post menopause stage groups with post menopause group being in borderline clinical depression. Results were also analyzed in terms of family type, period of menopause, husband type, body weight, health problems, hobbies and socio economic status.*

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Depression is a disease that is caused by biological factors. Hormones in the brain, specifically serotonin, regulate your mood. Sometimes, serotonin levels can drop, causing fluctuations in mood and severe episodes of depression. Someone suffering from depression will experience intense feelings of sadness, hopelessness, and melancholy for prolonged periods of time (at least two weeks). Depression can lead to a variety of symptoms and can have disastrous effects on a person's life, including physical ailments, isolation, and even suicide. It is important for a woman suffering from depression to realize that it is not her fault. The onset of depression cannot be controlled. As many of us know, depression is a common complaint during menopause.

The symptoms of depression vary from person to person, and the intensity of the symptoms depends on the severity of the depression. Depression causes changes in thinking, feeling, behavior, and physical well-being.

There are three primary types of depression Major Depression, Dysthymia, and Bipolar Depression. In addition to these primary depressions, many people also develop a "reactive depression," which may be less severe, but still requires psychological treatment. A reactive depression occurs when you develop many of the symptoms of depression in response to the stress of a major life problem, but they are not severe enough to be considered a major depression. If these milder symptoms of depression occur without a clear life stress as the cause, and the depression has not lasted long enough to by considered dysthymia, then it is called an Unspecified Depression. Other depressions may be caused by the physiological effects of a medical condition, or by substance abuse. The specific depression label, beyond the three primary types of depression and reactive depression, will not be reviewed here.

**Menopause**, a normal and natural event, is the end of menstruation. It is usually confirmed when you have not had a period for 12 months in a row (with other causes for this change ruled out). Menopause starts when your body's level of the hormone estrogen falls permanently to very low levels and your menstrual periods stop for good. Menopause is also known as "the change of life."

This change in your body usually doesn't happen all at once. There is a transition period before menopause called perimenopause, when your body starts making less of the female hormones estrogen and progesterone. During this time, you can have symptoms such as hot flashes and mood swings, and you may or may not have a period. These changes usually begin between the ages of 45 and 55, with

the average at about age 51. A few women reach natural menopause as early as their 30s (which is called premature menopause) and as late as their 60s. Women who smoke or who used to smoke can reach menopause one to two years earlier than nonsmokers.

Many women wonder and worry about what will happen when they reach menopause, but in fact, it can be a positive experience! Even though some women have frustrating symptoms and health problems throughout perimenopause and after menopause, it is a chance for all women to focus more on themselves and make changes that will improve their health. The first step is to learn all you can about the physical and emotional changes that may be ahead of you.

## Premature Menopause

Premature menopause is menopause that happens before the age of 40 - whether it is natural or induced. Some women have premature menopause because of:

» family history (genes)

» medical treatments, such as surgery to remove the ovaries

» cancer treatments, such as chemotherapy or radiation to the pelvic area

Having premature menopause puts a woman at more risk for osteoporosis later in her life. It also may be a source of great distress, since many women younger than 40 still want to have children. Women who still want to become pregnant can talk with their HCP about donor egg programs.

## Postmenopause:

The term post menopause refers to all the years beyond menopause. It is the period past the time at which you have not had a period for 12 months in a row - whether your menopause was natural or induced.

## Menopause and Perimenopause

Menopause is defined as the cessation of menstruation as a result of the normal decline in ovarian function. Technically, you enter menopause following 12 consecutive months without a period. Menopause has become increasingly medicalized, which means it is viewed as something that requires intervention and

treatment rather than as a natural life transition that may benefit from support. Menopause signals the end of fertility and the beginning of a new and potentially rewarding time in a woman's life. Part of the stigma of menopause is its association with aging, but we age no more rapidly in our 50s than in any other decade of life.

## Signs or Symptoms of Menopause

There have been a list of the "34 signs of menopause" circulating for years. The list originated with Judy Bayliss' wonderful newsgroup, The Menopause Listserv (That's Menopause without the "e" at the end).

1. Hot flashes, flushes, night sweats and/or cold flashes, clammy feeling (related to increased activity in the autonomic / sympathetic nervous system).
2. Bouts of rapid heartbeat (related to increased activity in the autonomic / sympathetic nervous system) along with rapid heartbeat (palpitations), women can experience skipped heartbeats, irregular heartbeats.
3. Irritability. Along with irritability, a host of "anger" problems can develop during menopause.
4. Mood swings sudden tears. Mood swings can include anything from mood shifts (happy one moment, depressed the next) to sudden bouts of crying when nothing overt has occurred to cause the crying.
5. Trouble sleeping through the night (with or without night sweats). This can develop into insomnia or just waking at 2 in the morning for an hour. Relaxation and breathing exercises can be useful at this time.
6. Irregular periods: shorter, lighter or heavier periods, flooding, and phantom periods. A phantom period is when you experience all the symptoms you're accustomed to having before you menstruate — but... no period comes. This is a common experience during perimenopause before a woman's period actually stops.
7. Loss of libido (sex drive).
8. Dry vagina (results in painful intercourse)
9. Crashing fatigue.
10. Anxiety, feeling ill at ease.
11. Feelings of dread, apprehension, and doom (includes thoughts of death, picturing one's own death).
12. Difficulty concentrating, disorientation, & mental confusion. Note: Forgetfulness during perimenopause is often referred to lightly and humorously as "brain fog."

13. Disturbing memory lapses.
14. Incontinence - especially upon sneezing, laughing: urge incontinence (reflects a general loss of smooth muscle tone).
15. Itchy, crawly skin (feeling of ants crawling under the skin, not just dry, itchy.
16. Aching, sore joints, muscles and tendons. (may include such problems as carpal tunnel syndrome). Osteoarthritis can develop during perimenopause - and those with existing arthritic and/or rheumatic pain may find it's exacerbated during the menopausal transition.
17. Increased tension in muscles.
18. Breast tenderness (Breast swelling, soreness, pain)
19. Headache change: increase or decrease. Many women develop migraine headaches during perimenopause. However, if one doesn't have a history of migraine headaches, they're generally a short-lived experience of perimenopause.
20. Gastrointestinal distress, indigestion, flatulence, gas pain, nausea.
21. Sudden bouts of bloat. Note: Acid reflux and heartburn are very common during perimenopause. Treat them as you would if you weren't going through menopause.
22. Depression (has a quality from other depression, the inability to cope is overwhelming, there is a feeling of a loss of self.
23. Exacerbation of any existing conditions. Often, conditions women had prior to entering perimenopause become exaggerated (worse) during the menopause transition.
24. Increase in allergies.
25. Weight gain (is often around the waist and thighs, resulting in "the disappearing waistline" and changes in body shape.)
26. Hair loss or thinning, head or whole body, increase in facial hair. There is often a loss of pubic hair during menopause. Many women are more comfortable simply shaving their pubic area instead of having patches of hair.
27. Dizziness, light-headedness, episodes of loss of balance. Although it's a common complaint during menopause, women can experience dizziness without having hypertension.
28. Changes in body odor. I wouldn't be too frightened about this one. It can happen, but in 11 years of running this site, there are relatively few cases of developing body odor during menopause.
29. Electric shock sensation under the skin & in the head

30. Tingling in the extremities (can also be a symptom of B-12 deficiency, diabetes, or from an alteration in the flexibility of blood vessels in the extremities.)
31. Gum problems, increased bleeding.
32. Burning tongue
33. Osteoporosis (after several years)
34. Brittle fingernails, which peel & break easily.

## Menopause and Depression

If women live long enough, they will experience menopause, also known as "the change of life". Also menopause is a universal life transition for all women who live into their 50s, may know very little about what to expect, what is normal, how they might feel, and how to react to these changes (Maresh, 1998). Indeed in the survey by the north American menopause society, women reported that their main source of information regarding menopause was popular magazines, and that their physicians often failed to discuss how the menopausal transition would affect their emotions, partner relationships, well-being and health (Randall, 1993). Menopause often brings with it changes in the life of midlife women that can impact them physically and psychologically, therefore it is imperative that anyone working with midlife women in a therapeutic setting understand the complexity of this midlife phase can be ready to discuss it with concerned clients (Robinson Kurpius, Foley Nicpon, & Maresh, 2001).

You may find yourself feeling quite blue during menopause. It is not uncommon for women to feel frustrated with their bodies and sad at the loss of their ability to carry children. On top of that, menopause comes with a host of symptoms that can try any woman's patience. However, sometimes menopause can make you feel more than a little sad; often it can make you downright depressed.

## Depression during Menopause

Menopause can trigger feelings of sadness and episodes of depression in a number of women. It is thought that somewhere between 8% and 15% of menopausal women experience some form of depression. Menopause depression is most likely to hit during perimenopause, the phase leading up to menopause. Causes of menopausal depression are under debate, but a variety of theories have been suggested as to why so many menopausal women experience mood disorders.

One theory asserts that the stress of menopause symptoms leads to depression. Women already have to deal with family, friends, work, and finances, let alone this huge physical change. Menopause may just be that straw that breaks the camel's back, causing the onset of depression.

Another theory links menopause depression with fluctuating levels of hormones in the body. Throughout menopause, levels of estrogen, progesterone, and androgen are constantly changing. These hormones are thought to be linked with the mood centers in women's brain. As hormones drop, especially estrogen, they can experience periods of sadness and hopelessness. Some women experience a severe drop in mood, resulting in depression.

## Mood and Menopause

There is ongoing debate concerning the direction of the relationship between mood and the experience of the menopause. It is questionable whether mood influences menopause or whether menopause influences one's mood. Regardless of the causal direction, there is a strong relationship between the experience of menopause and mood. Two mood scales that are often attributed to the change are depression and anxiety. Woods and Mitchell (1996) suggested four explanations for the relationship of mood and menopause stage. Firstly it was suggested that depression in midlife is related to the depletion of estrogen. Therefore by stabilizing the hormonal changes through HRT depressed mood would be positively affected (Shaver, 1994; Vliet, 1995). Second it was proposed that depression and anxiety are a by-product of vasomotor symptoms such as sleep disturbance and hot flashes which can be treated with HRT (Haynes and Parry, 1998; Holte, 1998; Matthews, 1992). A third explanation posited that a woman's help history and current health status could be linked to depression in midlife (Woods and Mitchell, 1996). The fourth explanation linked stress experienced during menopause to more negative mood states (Woods and Mitchell, 1996); thus menopausal women who experienced more stress would report higher depression and anxiety.

## Sexuality and Menopausal Transition

Many women experienced the menopausal transition also encounter changes in their sexual arousal desire, and satisfaction. Abernethy (1997) noted back many assume that only biological components especially the naturally occur depletion of hormones that signify the onset and course of menopause are responsible for the changes in midlife women's sexual behavior and satisfaction. Evidence suggests that women's sexual function is influenced by psychosocial factors as well as physical factors. Mansfield, Koch and Voda (1998) found that sexual difficulties during perimenopause stemmed more from dissatisfying marital relationships than from

the physical symptoms can concomitant with menopause. Feilder and Robinsonkurpius (2001) also found that marital quality and sexual satisfaction were directly related to reported menopausal symptomatology.

## Risk Factors

Women are at an increased risk for developing depression during menopause if they have a history of mood disorders. Women, who have been depressed before, especially during their 20s, are more likely to see their depression reoccur. Women who have gone through surgical menopause are also at increased risk for depression. Surgery causes a dramatic drop in estrogen levels not to mention increased anxiety and symptoms. If they have smoking habit, have young children, or are under a lot of stress, they are also more likely to develop some form of depression during this time.

## Objective

To see the depression levels among pre-menopausal and post menopausal women.

## Method

### Sample

The study was conducted on a sample of 150 women. Out of which pre-menopausal women are 84 and 66 are post menopausal women. The age range of the sample is from 30 to 60 in Visakhapatnam tribal area.

### Tools

Beck depression inventory developed by Aaron T. Beck (1978) was adopted for this study. It consists of 21 items which measure depression in 6 levels (normal, mild, borderline, and moderate, severe, extreme). The scoring of the scale involves counting the number of answers ranging from 0 to 3. In this scale higher score indicates more depression. The depression scale was translated in Telugu version for the convenience.

### Procedure

The researchers personally approached the subjects and administered the questionnaire individually. The subjects were also informed about the objective of the study. The menopausal group consists of 66 women and pre menopausal women.

# Results

**Table 1: Differences between the pre menopausal and post menopausal women on depression and sexual activity**

| Dimensions | Variable | N | M | S.D | t | Sig |
|---|---|---|---|---|---|---|
| Depression | Pre menopause | 84 | 12.62 | 6.53 | 2.733 | 0.007** |
| | Post menopause | 66 | 16.61 | 10.34 | | |
| Sexual activity | Pre menopause | 84 | 1.48 | 1.18 | 1.373 | 0.173 |
| | Post menopause | 66 | 1.74 | 1.18 | | |

*p=0.05, **P=0.01

Table 1 shows the mean differences between the pre menopausal and post menopausal groups with respective to depression and sexual activity. A significance difference was found between these two groups and depression however post menopausal group reported being high on depression ($p<0.01$) when compared to pre menopausal group.

**Table 2: Differences between the nuclear and joint family groups on depression and sexual activity**

| Dimensions | Variable | N | M | S.D | t | Sig |
|---|---|---|---|---|---|---|
| Depression | Nuclear family | 86 | 11.88 | 6.04 | 4.033 | 0.000** |
| | Joint family | 64 | 17.72 | 10.33 | | |
| Sexual activity | Nuclear family | 86 | 1.55 | 1.23 | 0.569 | 0.570 |
| | Joint family | 64 | 1.66 | 1.12 | | |

*p=0.05, **P=0.01

Table 2 shows the mean differences between the nuclear family and joint family groups with respect to depression and sexual activity. Significance difference was found between these two groups on depression. However the joint family group reported significantly high score on depression when compared to the nuclear family group. There is no significant difference was found between the two groups on the sexual activity.

**Table 3: Differences between the women with hobbies and no hobbies on depression and sexual activity**

| Dimensions | Variable | N | M | S.D | t | Sig |
|---|---|---|---|---|---|---|
| Depression | Hobbies | 52 | 21.10 | 10.79 | 6.640 | 0.000** |
| | No hobbies | 98 | 10.81 | 3.99 | | |
| Sexual activity | Hobbies | 52 | 1.46 | 1.16 | 1.002 | 0.318 |
| | No hobbies | 98 | 1.66 | 1.19 | | |

*p=0.05, **P=0.01

Table 3 shows the mean differences between the women with hobbies like watching T.V. and no hobbies group with respect to the depression and the sexual activity. Significant difference was found between the two groups on depression when compared to women without hobbies. No significant difference was found between these two groups on sexual activity.

**Table 4: ANOVA results for the three period groups on depression and sexual activity.**

| Dimensions | Variable | N | M | S.D | F | Sig |
|---|---|---|---|---|---|---|
| Depression | Group 1 | 84 | 12.62 | 6.53 | 4.201 | 0.017* |
| | Group 2 | 47 | 16.34 | 10.01 | | |
| | Group 3 | 19 | 17.26 | 11.38 | | |
| Sexual activity | Group 1 | 84 | 1.48 | 1.18 | 1.161 | 0.316 |
| | Group 2 | 47 | 1.68 | 1.24 | | |
| | Group 3 | 19 | 1.89 | 1.05 | | |

*p=0.05, **P=0.01

Table 4 shows the ANOVA results for three period groups (group1 - pre menopause, group 2 - less than one year, group 3 - more than one year) across the depression and sexual activity. Significance difference was found on depression among the three groups. Group 3 reported high score on depression while group 1 reported low score on depression. No significance difference was found between these three groups.

**Table 5: Levels of depression among the pre menopausal and post menopausal groups.**

| Levels | Menstrual cycle | | Total |
|---|---|---|---|
| | Continues | Stopped | |
| Normal | 44 | 14 | 58 |
| Mild | 22 | 35 | 57 |
| Border line | 5 | 3 | 8 |
| Moderate | 11 | 2 | 13 |
| Severe | 2 | 9 | 11 |
| Extreme | 0 | 3 | 3 |

Table 5 shows the levels of depression among total sample. 36 people were in the minimal range.

An investigation in to the level of depression for the sample 150 subjects revealed that 36% out of the total sample have figured in the clinical range which amounts to 24%. It shows that nearly ¼ of women are undergoing psychological disturbance in the form of depression. Therefore the findings give direction towards organizing self awareness programs and offering counseling services at group of individual levels so as to enable them to coup with the situation.

## Discussion

Significant difference between pre menopausal and post menopausal groups on depression can be explained in the light of research findings pertaining post menopausal depression. Findings found that menopausal women suffer from depression present results to show them menopausal women as a significantly high scores and depression.

Further women coming from joint family was found to be significantly more depressed in comparison to those coming from the nuclear family backgrounds. It may be explained keeping in view the kind of adjustment required while interacting with each member of the family which may sometimes pose problems and conflicts to the individual.

Further significant observations regarding hobbies like watching T.V. serials was that women who were exposed to such program were found to be depressed to a greater extent as compared to women who did not watch such programs. This may

be due to the fact that they feel more anxious, worried, and disturbed by identifying themselves with characters in the serials which portray themes relating to aging, family and work related issues, attractiveness, etc.

## Conclusion

To sum up the findings it may be concluded that women in their post menopausal phase coming from joint families who are exposed to television serials were subjected to a significantly higher degree of depression as compared to women during their pre menopausal phase, nuclear family background who were not being exposed to television serials. Further about one quarter of the subjects seemed to suffer from depression causing psychological disturbance and hence may need professional help.

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