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A study to assess the socioeconomic status and nutritional knowledge of menopausal women in selected rural areas of Manipur

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Abstract
Aim: Given that women make up half of society, their socioeconomic condition is crucial to both individual and communal life. Since ancient times, women have played a significant role in Manipur society. Menopause is a term used to describe the permanent cessation of the primary function of human ovaries, ripening and release of ova and release of hormone that happens in their late 40s or early 50s, marked by the end of their reproductive cycle. The goal of the current study was to associate the knowledge and practices of menopausal women with the selected socioeconomic status and Nutritional Knowledge of Menopausal Women in Selected Rural areas of Manipur.
Method: A survey was conducted with 80 participants from Manipur's hill region, where there is a significantly higher concentration of people than there is in the valley. A questionnaire was used to obtain the data from people between the ages of 45 and 60. Data was gathered with informed consent, and descriptive statistics were used to examine the findings.
Result: According to the poll, the majority of women reached menopause between the ages of 45 and 50. The most frequent alteration during menopause was irregular menstruation. After menopause, women frequently complained of headaches, dizziness, and discomfort in their muscles and joints.
Conclusion: At the conclusion of the study period, a nutrition education program was needed to explain the role of food in the menopausal period and the nutrient requirements for calcium, iron, phosphorous, and protein, as well as to encourage participants to include these foods in their daily diets to improve their general health issues.

Keywords: Northeast India, Manipur, menopause, socioeconomic status, and nutritional knowledge

Introduction
S One of the states in India's north-eastern region is Manipur. Geographically speaking, Manipur is made up of two land masses that are collectively known as the valley and the hills. The mountainous areas lacked fundamental infrastructure and services like healthcare facilities, educational institutions, public distribution networks, transportation, etc. as compared to the valley regions, which remained mostly undeveloped. The non-tribal Meitei live in the valley, whereas the tribals live in the hills. Meitei is the largest community in terms of numbers and has a considerable amount of political power due to their socioeconomic advancement (Marchang, 2019) [1]. People who live in mountainous areas frequently suffer from socioeconomic and health inequities that are primarily spatial in nature (Marbaniang Strong, 2020) [2]. In Manipur, where they have the most autonomy, women play a significant role in the economy. Manipuri women have acquired literacy and started to hold positions of authority in every area of state development and in private businesses, successfully completing the tasks allocated to them. Women now hold positions where they can carry out their responsibilities to the state as teachers (lecturers), doctors, engineers, lawyers, scientists, police, accountants, and many more. Women go through menopause, a natural stage of aging marked by the termination of their menstrual cycle in their late 40s or early 50s (Guthrie, 1994) [3]. One of the most important phases of a woman's life is menopause, which causes a number of physiological changes and causes her period to stop, which has a huge impact on her health. In addition to bone loss, urinary tract infections, incontinence, decreased libido, sexual dysfunction, decreased skin elasticity, and somatic and vasomotor symptoms may manifest during menopause (Bernis and Reher, 2007 & Utian, 2005) [4, 5]. Inadequate nutritional intake, a condition that may be changed, is linked to a higher risk of anaemia in postmenopausal women (Thomson *et al*., 2011) [6].

Food consumption and food preferences in menopausal women are influenced by the physiological and psychological changes that occur during this time. It is common knowledge that eating a healthy, balanced diet is essential for maintaining good health and, to some extent, preventing the difficulties of menopause (Tursunovic. *et al*., 2014) [7]. Understanding theories and procedures pertaining to nutrition and health is referred to as nutrition knowledge (Brinberg *et al*., 1992) [8]. People with more nutritional awareness typically have relatively good eating habits, such as consuming more fruits, vegetables, healthful foods, and less fat. Women therefore generally understand nutritional information better (Parmenter, *et al*., 2000) [9]. Women who are beginning menopause are less aware of their nutritional needs, which can lead to an excess or deficiency of certain nutrients. As a result, having an imbalanced diet, doing little exercise, and experiencing mental stress all at once might make menopause symptoms worse (Tursunovic, *et al*., 2014) [7]. Therefore, it is crucial to identify and raise people's levels of dietary awareness in order to sustain women's health. Finally, a woman's health has an impact on the household's financial stability because a sick woman will be less effective in the workforce.

Methodology

The purpose of the current study was to assess menopausal women's socioeconomic situation and nutritional awareness. A survey was conducted with 80 participants from Manipur's hill region, where there are much more people living in rural regions than in the valley. The respondents were chosen at random from the age range of 45 to 60, and information about their socioeconomic status (Demographic Profile) and nutritional knowledge was gathered using a structured questionnaire. Data was gathered with informed consent, and descriptive statistics were used to analyze the findings.

Results of the study

Table-I reveals the percentage distribution of type of family, marital status, education of the women, occupation of the women, socioeconomic status, and age at menopause of the respondent. The results proved that the majority of the women found to be married (87.5%) and the type of family, 56 (70%) respondents were from a nuclear family, and 24 (30%) were from a joint family. The overall literacy rate has increased 72.5% when compared with the 2011 census. 45% of the workers in Manipur are engaged as cultivators and Agricultural laborers. From the survey, it was found that most of the women attained menopause at the age of 45 to 50 years. The commonest change around the time of menopause was irregular menstruation. Common physical symptoms reported by women after attaining menopause were dizziness, muscle/joint pain, headaches, etc.

Table I: Socioeconomic Status of Menopausal Women

S. No	Socioeconomic Status	Category	Menopausal Women (80- N) (%)
1	Type of Family	Joint	24 (30%)
		Nuclear	56 (70%)
2	Marital status	Married	70 (87.50%)
		Widow	10 (12.50%)
3	Education of women	Illiterate	22 (27.5%)
		Primary	16 (20%)
		High School	22 (27.5%)
		Graduate	16 (20%)
		Post Graduate & above	2 (2.5%)
		Professional	2 (2.5%)
4	Occupation of women	Self-employed	6 (7.5%)
		Agriculture	36 (45%)
		Government service	8 (10%)
		Private service	2 (2.5%)
		Homemaker	22 (27.5%)
		Unemployed	6 (7.5%)
5	Socioeconomic Status (Annual Income)	> 5 lacs (Upper)	16 (20%)
		2 lac- 5 lacs (Upper middle)	14 (17.5%)
		1 lac- 2 lac (Lower middle)	14 (17.5%)
		< 50k (Lower)	36 (45%)
6	Age at Menopause	45- 50	43 (53.75%)
		50- 55	32 (40%)
		55- 60	5 (6.25%)

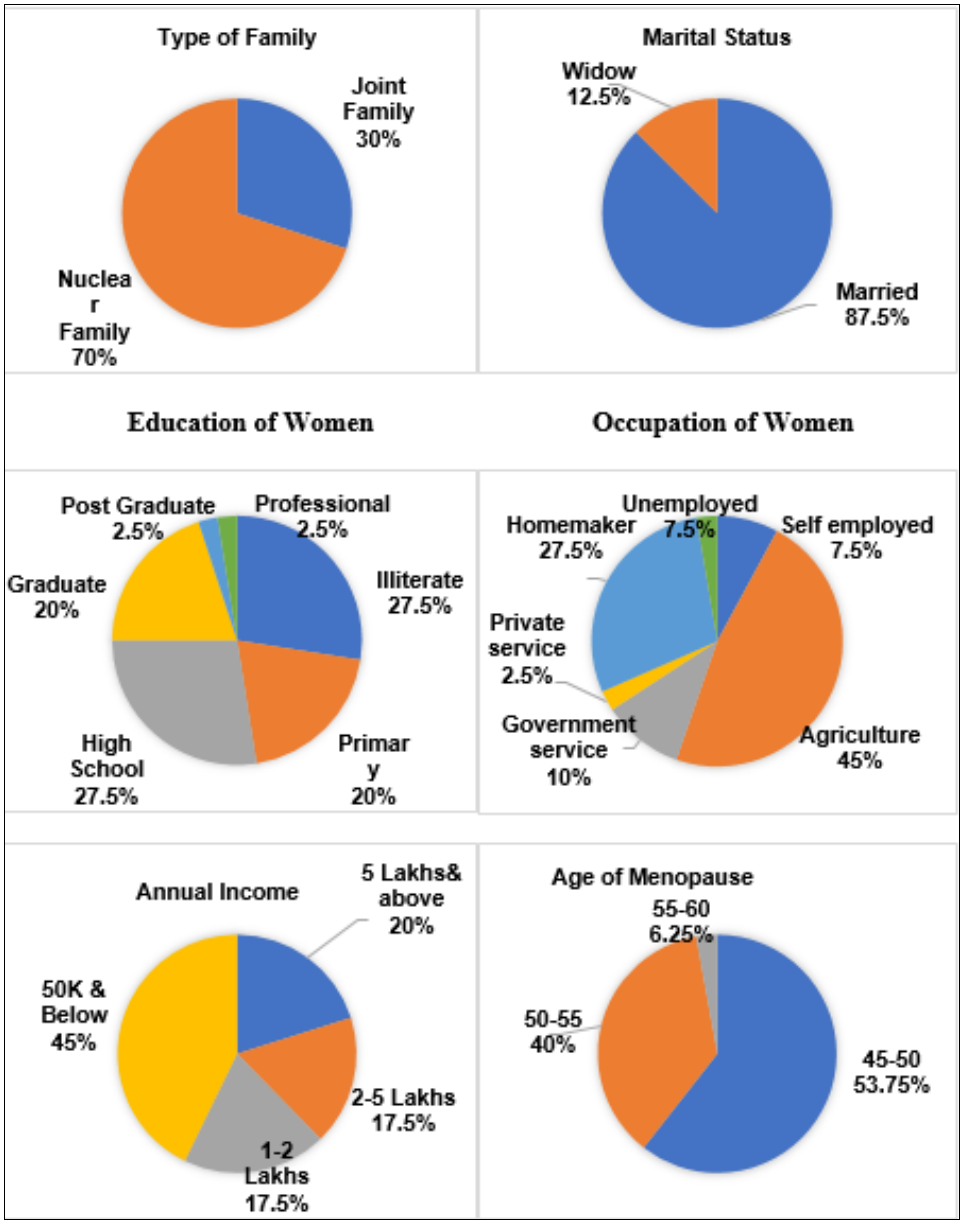

Fig 1: Socioeconomic Status of Menopausal Women

Table 2: Nutritional knowledge among the study population

S. No	Nutritional Knowledge Questions	Correct answers by Menopause Women (80- N) (%)
1	Which food group is the primary source of energy (kcal)?	24 (30%)
2	What is the outcome of excessive caloric intake?	27 (33.75%)
3	The rice, bread, and cereals group are good sources of	37 (46.25%)
4	Citrus fruits are an excellent source of	32 (40%)
5	Foods from the meat, poultry, fish dry beans, eggs, green leafy vegetables, and dried fruits group are an important source of	32 (40%)
6	Oil from Plant sources are	37 (46.25%)
7	Foods with the highest calcium content like milk, tofu, curd/ yogurt, milk & milk products group are good for	35 (43.75%)
8	The effect of poor calcium intake (Calcium deficiency) can lead to	22 (27.5%)
9	Which are the nutrients that can prevent the wearing away of the bones during menopause?	34 (42.5%)
10	The Sunlight is the best source of	35 (43.75%)
11	Iron deficiency can be the cause of increasing tiredness.	35 (43.75%)
12	The type of foods provide phytoestrogen?	20 (25%)
13	What are the benefits of Phyto estrogenic food?	22 (27.25%)

Table II reveals the percentage distribution of their nutritional knowledge. Findings regarding the level of nutritional knowledge of menopausal women revealed that out of 80 subjects 37 (46.25%) menopausal women were having moderate knowledge. Women living in the forest/hill areas due to deforestation lose their source of nutrition, medical herbs, plants, roots, and fruits which led to increase in diseases and mortality in women.

Conclusion

Based on the findings of the study, good nutrition, physical and mental rest, financial stability and nutritional knowledge are necessary for maintaining the health of menopausal women. The study concludes that menopausal women had moderate nutritional knowledge. The present study emphasizes an enhancement of financial support and nutrition knowledge to develop good practices for menopausal women regarding health. The special implication of health administrators in rural areas is that they should pay attention to all menopausal women to see whether they are provided with enough health education about hormonal changes. Later the investigator distributed the information regarding women's physical, emotional, and social health are all influenced by the many social, political, and economic situations in which they live.

Recommendation

A similar study can be conducted and evaluated to educate and empower these women about menopause symptoms, alleviate their discomfort, and enable them to get the nutrition they require. Menopausal women have not yet been included in any specific health programs in India. As a result, policymakers should assess effective initiatives for menopausal women.

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