

A study to assess the effectiveness of mind body therapies on selected premenopausal symptoms among middle aged women of selected urban areas: A Pilot Study

Ms. Leena Aswale¹ Dr. (Mrs) Khurshid Jamadar^{2*} Dr. Sadhana Adhyapak³

¹Phd Scholar, Dr DY Patil College of Nursing, Dr DY Patil Vidyapeeth, Pune Pimpri, Pune 411018.

²Principal, DY Patil College of Nursing, Dr DY Patil Vidyapeeth, Pune Pimpri, Pune 411018.

³Professor, DY Patil College of Nursing, Dr DY Patil Vidyapeeth, Pune Pimpri, Pune 411018.

***Corresponding Author**
Dr. (Mrs) Khurshid Jamadar

ABSTRACT

Introduction: Premenopausal symptoms, experienced by middle-aged women transitioning toward menopause, often include physical, emotional, and psychological alterations such as anxiety, mood swings, sleep issues, and hot flashes. Since these symptoms significantly lower quality of life, their management becomes a public health issue of great importance. Though hormone therapy is often used to alleviate these symptoms, their possible side effects and contraindications have driven research into other approaches. Among mind-body therapies that have gained popularity as non-pharmacological treatments include yoga, meditation, and mindfulness-based stress reduction (MBSR). These therapies try to reinforce the link between mental and physical health and reduce symptoms by lowering stress, enhancing emotional control, and motivating relaxation.

Aims of the Study: The study aimed to assess the effectiveness of mind body therapies on selected premenopausal symptoms among middle aged women of selected urban areas. **Methodology:** For this study, the researcher adopted a quantitative approach with a quasi-experimental research design, conducted in selected urban areas. The target population was middle-aged women, and the accessible population included those present at the time of data collection. A total of 40 women aged 40 years and above were selected using non-probability purposive sampling in both experimental n=20 and control n=20 group each. The research tool was divided into sections: Section I collected baseline information such as age, marital status, education, employment, menstrual and obstetrical history, and contraceptive use. Section II was structured with modified five-point Likert rating scales to assess different aspects of premenopausal symptoms. Subsections covered prevalence of symptoms (II A), mental and emotional changes (II B), urinary changes (II C and II F), menstrual irregularities (II D), and vasomotor problems (II E). The tool demonstrated strong validity with a content validity index of 0.86, and high reliability with a Pearson correlation coefficient of 0.97438. A pilot study confirmed the feasibility of conducting the research.

Results: The study screening middle-aged women for premenopausal symptoms showed that the majority of participants (61%) experienced mild symptoms, 32% had moderate, and 7% reported severe symptoms, with a mean score of 12.77 (SD = 6.77), indicating generally manageable discomforts. In the experimental group, most women were aged 40–45 years (70%), married (75%), moderately educated, and primarily homemakers (60%). Menstrual characteristics varied, with 55% reporting irregular cycles and normal blood flow in 55% of participants. Most had two children (40%) and used temporary contraceptive methods (60%). In the control group, most participants were also aged 40–45 years (65%), married (65%), and moderately educated, with 60% self-employed. The majority reported regular menstrual cycles (75%) and scanty blood flow (60%), with one child in 35% and permanent contraceptive use in 75%. Overall, participants in both groups were predominantly married, middle-aged, moderately educated women with diverse menstrual and reproductive profiles.

Conclusion: The study found that most middle-aged women experienced mild premenopausal symptoms, with fewer reporting moderate to severe symptoms. Participants were predominantly married, aged 40–45 years, and moderately educated, with varied menstrual patterns and contraceptive use. These findings emphasize the need for targeted interventions, such as mind-body therapies, to help women manage premenopausal changes and enhance overall well-being.

KEYWORDS: Assess, Effectiveness, Mind Body Therapies, Selected Premenopausal Symptoms, Middle Aged Women, Urban Areas.

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INTRODUCTION

Premenopausal symptoms are a common health concern among middle-aged women worldwide. Globally, studies estimate that around 60-80% of women in the premenopausal phase experience 20–30% of people report having severe symptoms that substantially lower their quality of life, including hot flashes, sleep difficulties, irritability, and exhaustion. There are regional differences, with lower and middle-income nations reporting greater incidence rates because of things like poor access to and

awareness of healthcare. Similar high rates of premenopausal symptoms are seen in middle-aged women in India.¹

Perimenopausal and postmenopausal women may also have psychological symptoms as anxiety, mood disorders, and depressed symptoms. A gloomy mood or a severe adjustment reaction to a life event that might not need treatment are both considered forms of "depression." Clinical depression may also be included in the phrase. Evaluation and treatment are advised if clinical depression is suspected. Anxiety symptoms can include worry, panic, tension, and anxiousness.²

Menopause is a silent, unaddressed aspect of life, and its exact cause is still a mystery to humanity. Menopause is one such adulthood stage that, according to a woman's luck, can either be readily conquered or cause her great misery. Around this period of life, there are various taboos and superstitions. Early symptom assessment helps women to reduce their discomfort and worries. The World Health Organisation (WHO) defines women who no longer have periods due to surgical or medical treatment or both as post-menopausal after ending menstrual flow a year ago.³

The time in a woman's life when she adapts to the sudden hormonal, psychological, mental, and physical changes caused by the end of her menstrual cycle is known as menopause. Among the commonly occurring associated changes are tension, hot flushes, and altered sleep patterns. By addressing this issue and changing occupational-based practice, occupational therapists could significantly improve the general health of these women and their quality of life.⁴

NEED OF THE STUDY

Mind-body treatments are a set of therapeutic modalities meant to enhance general health and well-being, encourage relaxation, and increase the link between the mind and the body. Popular during the past twenty years, these therapies must be daily applied to be effective. A rising number of studies indicates that mind-body therapies can help cancer patients build better coping strategies and control their physical and psychological symptoms.⁵ These procedures are most suited for patients and survivors to assist in managing their own care because they are enjoyable, noninvasive, and advantageous. aromatherapy, massage therapy, meditation, low-intensity exercise, guided visualization, and acupuncture yoga are the different types of mind body relaxing therapies.⁶

By addressing both physical and emotional issues, this holistic approach can enhance general wellbeing. Both people and healthcare professionals are becoming more interested in complementary and alternative therapy. Clinical treatment may be guided by the evidence-based insights this study may offer into their efficacy. Premenopausal symptoms are experienced differently by women.⁷ Mind-body therapies may be customised to each patient's needs, offering personalised treatment plans that empower women to take control of their health. By emphasising the links between the mind, body, and behaviour, mind-body therapies seek to enhance mental health. Thus, evaluating the psychological conditions of women undergoing mind-body therapy is the aim of this research.⁸

Premenopausal symptoms such as hot flashes, mood swings, anxiety, and sleep disturbances significantly affect the quality of life of middle-aged women. Many rely on hormonal or pharmacological treatments, which may have side effects or limited accessibility. From a researcher's perspective, there is a growing need to explore safe, cost-effective, and holistic alternatives. Mind-body therapies—such as yoga, meditation, and relaxation techniques—have shown potential in improving physical and emotional well-being. Therefore, assessing their effectiveness among premenopausal women is essential to promote non-pharmacological management, enhance coping strategies, and contribute to women's health promotion in urban communities.

MATERIALS AND METHODS

For this study, the researcher adopted a quantitative approach with a quasi-experimental research design, conducted in selected urban areas. The target population was middle-aged women, and the accessible population included those present at the time of data collection. A total of 40 women aged 40 years and above were selected using non-probability purposive sampling. The research tool was divided into sections: Section I collected baseline information such as age, marital status, education, employment, menstrual and obstetrical history, and contraceptive use. Section II was structured with modified five-point Likert rating scales to assess different aspects of premenopausal symptoms. Subsections covered prevalence of symptoms (II A), mental and emotional changes (II B), urinary changes (II C and II F), menstrual irregularities (II D), and vasomotor problems (II E). The tool demonstrated strong validity with a content validity index of 0.86, and high reliability with a Pearson correlation coefficient of 0.97438. A pilot study confirmed the feasibility of conducting the research. For data analysis, mean, standard deviation, and range were used to summarize stress and temperament parameters in both experimental and control groups, while the paired t-test assessed the effectiveness of interventions. Additionally, Pearson's correlation was employed to examine the relationship between variables.

RESULTS

Section 1

Table No.1 Finding related to screen middle-aged women for premenopausal symptoms.

LEVEL OF SYMPTOMS	Frequency	%	Mean	SD
MILD	61	61	12.77	6.77
MODERATE	32	32		
SEVERE	7	7		

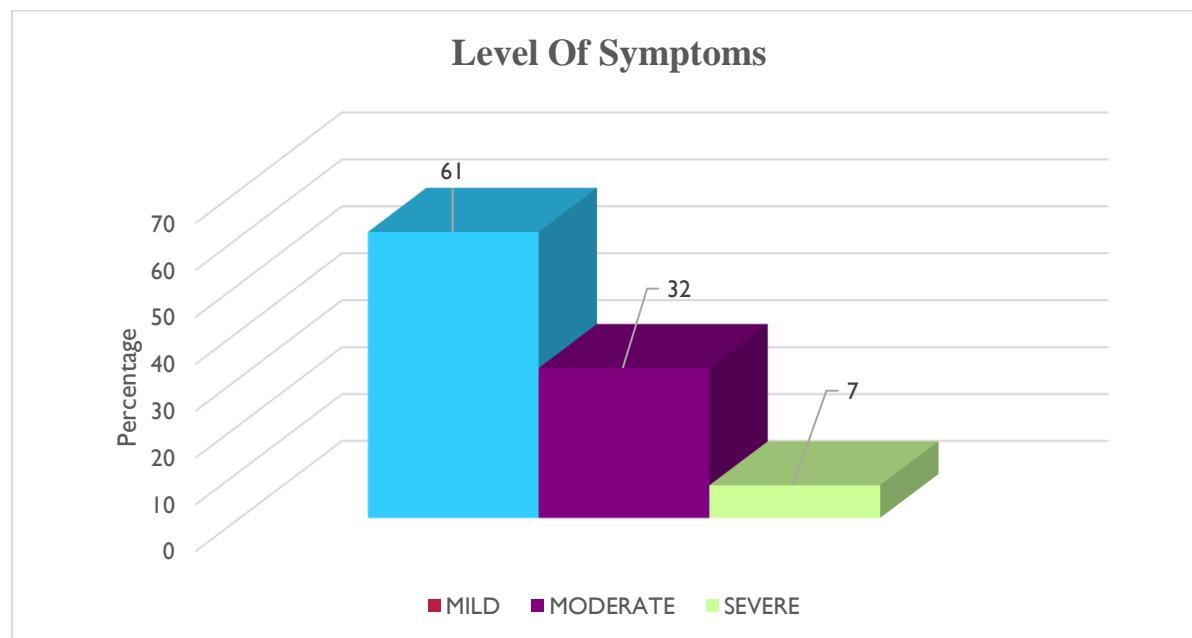


Fig.1. Level of Premenopausal Symptoms

The data indicate that a majority of participants (61%) experienced mild premenopausal symptoms, while 32% had moderate and only 7% had severe symptoms. The mean score of 12.77 with a standard deviation of 6.77 suggests that, overall, symptom intensity was on the lower side but with some variation among participants. This implies that most women faced manageable premenopausal discomforts, though a smaller proportion experienced more pronounced symptoms requiring focused intervention.

Section II: Demographic data of the screen middle aged women for premenopausal symptoms.

A. Demographic data of the screen middle aged women for premenopausal symptoms. (experimental group)

Table: 2 finding related to Demographic data of the screen middle aged women for premenopausal symptoms. (Experimental group)

Demographic Variables	F	%
1. Age in years		
a. 40-45 years	14	70.00
b. 45-50 years	6	30.00
2. Marital status		
a. Married	15	75.00
b. Unmarried	1	5.00
c. Separated	2	10.00
d. Divorcee	1	5.00
e. Widow	1	5.00
3. Education		
a. Primary Education	4	20.00
b. Secondary education	7	35.00
c. Higher Secondary	6	30.00
d. Graduation and above	3	15.00
4. Employment Status		
a. Employed	4	20.00
b. Self employed	4	20.00
c. Home maker	12	60.00
5. Age of menarche		
a. 10-12 years	3	15.00
b. 13-15 years	11	55.00
c. 16-18 years	5	25.00
d. above 18 years	11	55.00
6. Menstrual cycle		
a. Regular	9	45.00
b. Irregular	11	55.00
7. Blood flow		
a. Normal	11	55.00

b. Scanty	7	35.00
c. Heavy	2	10.00
8. Duration of cycle		
a. 24-27 days	3	15.00
b. 28-30 days	6	30.00
c. 31-33 days	9	45.00
d. 34 days and above	2	10.00
9. Number of children		
a. 1	4	20.00
b. 2	8	40.00
c. More than 3	5	25.00
d. No	3	15.00
10. Use of contraceptives		
a. Permanent	8	40.00
b. Temporary (specify)	12	60.00

The data show that most participants (70%) were aged 40–45 years and the majority were married (75%). Educationally, 35% had secondary and 30% had higher secondary education, indicating a moderately educated group. Most women (60%) were homemakers, reflecting limited workforce participation. The majority attained menarche between 13–15 years (55%), and 55% reported irregular menstrual cycles. Normal blood flow was observed in 55% of participants, with 45% having a cycle duration of 31–33 days. Most women (40%) had two children, and 60% used temporary contraceptive methods. Overall, participants were primarily married, moderately educated homemakers with irregular cycles and active reproductive management.

B. Demographic data of the screen middle aged women for premenopausal symptoms. (control group)

Table: 3 finding related to Demographic data of the screen middle aged women for premenopausal symptoms. (Control group)

Demographic Variables	F	%
1. Age in years		
a.40-45 years	13	65.00
b. 45-50 years	7	35.00
2. Marital status		
a. Married	13	65.00
b. Unmarried	2	10.00
c. Separated	2	10.00
d. Divorcee	3	15.00
e. Widow	0	0.00
3. Education		
a. Primary Education	3	15.00
b. Secondary education	4	20.00
c. Higher Secondary	9	45.00
d. Graduation and above	4	20.00
4. Employment Status		
a.Employed	8	40.00
b. Self employed	12	60.00
c. Home maker	0	0.00
5. Age of menarche		
a. 10-12 years	2	10.00
b. 13-15 years	4	20.00
c. 16-18 years	10	50.00
d. above 18 years	4	20.00
6. Menstrual cycle		
a. Regular	15	75.00

b. Irregular	5	25.00
7. Blood flow		
a. Normal	8	40.00
b. Scanty	12	60.00
c. Heavy	0	0.00
8. Duration of cycle		
a. 24-27 days	2	10.00
b. 28-30 days	6	30.00
c. 31-33 days	9	45.00
d. 34 days and above	3	15.00
9. Number of children		
a. 1	7	35.00
b. 2	4	20.00
c. More than 3	5	25.00
d. No	4	20.00
10. Use of contraceptives		
a. Permanent	15	75.00
b. Temporary (specify)	5	25.00

The data reveal that most participants (65%) were aged 40–45 years and married (65%). Nearly half (45%) had higher secondary education, showing a fairly educated sample. A majority (60%) were self-employed, indicating economic independence. Most women (50%) attained menarche between 16–18 years, and 75% reported regular menstrual cycles. Scanty blood flow was seen in 60% of participants, and 45% had a cycle duration of 31–33 days. Regarding parity, 35% had one child, while 25% had more than three. A large proportion (75%) used permanent contraceptive methods. Overall, participants were mainly married, self-employed, and moderately educated women with regular cycles and limited menstrual flow.

DISCUSSION

The present study aligns with the findings of Masjoudi et al. (2017), who reported that the severity and frequency of menopausal symptoms vary according to the stage of menopause. In their study conducted among 646 middle-aged women in Rasht, Iran, postmenopausal women experienced higher scores in the physical domain, particularly joint and muscle problems, compared to premenopausal and perimenopausal groups. Most participants had mild to moderate symptoms, while severe symptoms were relatively rare. These findings suggest that menopausal symptoms are common but not uniformly severe, emphasizing the importance of early recognition and management. Similar to the current study, symptom intensity was found to be influenced by physiological changes rather than socio-demographic factors. Such evidence highlights the need for awareness and supportive interventions, including mind-body therapies, to help women cope effectively and maintain quality of life during the menopausal transition.⁹

Rahman et al. (2011) reported that menopausal symptoms are highly prevalent among middle-aged women in Kushtia, Bangladesh, with fatigue, headache, joint and muscle discomfort, and sleep disturbances being most common. Psychological symptoms like irritability and depressive mood were also noted, while classical vasomotor symptoms such as hot flushes were less frequent compared to Western populations. Most symptoms were mild to moderate, aligning with findings from the present study. These results highlight the importance of culturally appropriate interventions, including mind-body therapies, to help women manage symptoms and improve overall well-being.¹⁰

The present study found that most participants experienced mild premenopausal symptoms (61%), with fewer reporting moderate (32%) or severe (7%) symptoms, indicating generally manageable discomforts. Most women were aged 40–45 years, married, moderately educated, and either homemakers or self-employed. Menstrual patterns and reproductive histories varied, with both temporary and permanent contraceptive use reported. These findings align with Masjoudi et al. (2017), who observed that menopausal symptom severity varies by stage, with most symptoms being mild to moderate, and Rahman et al. (2011), who reported fatigue, joint discomfort, and sleep disturbances as common among middle-aged women in Bangladesh. Both studies, like the present one, suggest that symptoms are influenced more by physiological changes than socio-demographic factors. Overall, the study highlights the importance of interventions, such as mind-body therapies, to help women manage symptoms and improve well-being.

CONCLUSION

The study revealed that premenopausal symptoms were common among middle-aged women, with most experiencing mild

discomfort and a smaller proportion reporting moderate to severe symptoms. Participants in both experimental and control groups were predominantly married, aged 40–45 years, and moderately educated, with variations in employment, menstrual patterns, and contraceptive use. These findings indicate that while symptoms are generally manageable, awareness of menstrual and reproductive health is important. The demographic and symptom profiles highlight the need for targeted interventions, such as mind-body therapies, to support women in effectively managing premenopausal changes and improving overall well-being.

DECLARATION BY AUTHORS

Ethical Approval: The study was approved by the institutional ethics committee of Dr. D.Y. Patil, Pune. The study participants were briefed about the purpose and nature of the study and written informed consent was obtained before data collection.

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Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. Muralikrishna, G. B., Prabhu, K., Shanmugapriya, & Sankar, G. (2025). Knowledge, Attitudes, and Prevalence of Menopausal Symptoms among Perimenopausal and Postmenopausal Women - A Mixed Method Study from Tamil Nadu. *Journal of mid-life health*, 16(2), 148–156. https://doi.org/10.4103/jmh.jmh_16_25.
2. Bromberger, J. T., & Kravitz, H. M. (2011). Mood and menopause: findings from the Study of Women's Health Across the Nation (SWAN) over 10 years. *Obstetrics and gynecology clinics of North America*, 38(3), 609–625. <https://doi.org/10.1016/j.ogc.2011.05.011>.
3. Borker, S. A., Venugopalan, P. P., & Bhat, S. N. (2013). Study of menopausal symptoms, and perceptions about menopause among women at a rural community in Kerala. *Journal of mid-life health*, 4(3), 182–187. <https://doi.org/10.4103/0976-7800.118997>.
4. Introduction to Menopause. Hopkinsmedicine.org. 2024. Available from: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/introduction-to-menopause>.
5. Menopausal Transition (Perimenopause) patient education fact sheet. Reproductivefacts.org. Available from: <https://www.reproductivefacts.org/news-and-publications/fact-sheets-and-infographics/menopausal-transition-perimenopause-what-is-it>.
6. Bandealy, S. S., Sheth, N. C., Matuella, S. K., Chaikind, J. R., Oliva, I. A., Philip, S. R., Jones, P. M., & Hoge, E. A. (2021). Mind-Body Interventions for Anxiety Disorders: A Review of the Evidence Base for Mental Health Practitioners. *Focus* (American Psychiatric Publishing), 19(2), 173–183. <https://doi.org/10.1176/appi.focus.20200042>.
7. Koroglu, S., & Durat, G. (2025). The impact of mind-body therapies on the mental health of women victims of violence: A meta-analysis. *Archives of women's mental health*, 28(1), 95–111. <https://doi.org/10.1007/s00737-024-01484-8>.
8. Santoro, N., Epperson, C. N., & Mathews, S. B. (2015). Menopausal Symptoms and Their Management. *Endocrinology and metabolism clinics of North America*, 44(3), 497–515. <https://doi.org/10.1016/j.ecl.2015.05.001>.
9. Masjoudi, M., Amjadi, M. A., & Leyli, E. K. N. (2017). Severity and Frequency of Menopausal Symptoms in Middle Aged Women, Rasht, Iran. *Journal of clinical and diagnostic research: JCDR*, 11(8), QC17–QC21. <https://doi.org/10.7860/JCDR/2017/26994.10515>.
10. Rahman, S., Salehin, F., & Iqbal, A. (2011). Menopausal symptoms assessment among middle age women in Kushtia, Bangladesh. *BMC research notes*, 4, 188. <https://doi.org/10.1186/1756-0500-4-188>.