



Effectiveness of Yoga Therapy on Menopausal Challenges Faced Among Post Menopausal Women

Dr. Pauly P. P.

Associate Professor, Department of Community Health Nursing, S.H. College of Nursing, Green gardens,, Cherthala-688524, Kerala

DOI : <https://doi.org/10.5281/zenodo.18611130>

ARTICLE DETAILS

Research Paper

Accepted: 16-01-2026

Published: 10-02-2026

Keywords:

Effectiveness, Yoga therapy, Menopausal challenges.

ABSTRACT

Menopause is an important period in female life cycle. It is the time in life when menstruation ceases because of hormonal changes. Menopause is a natural biological process that most women usually face around the age of late 40s or early 50s. Menopause is one point in a continuum of life stages for women and marks the end of their reproductive years. After menopause, a woman cannot become pregnant, except in rare cases when specialized fertility treatments are used. Menopause is caused by the loss of ovarian follicular function and a decline in circulating blood oestrogen levels. Aim: Assess the Effectiveness of Yoga Therapy on Menopausal Challenges faced Among Women. Materials and Methods: The research design selected for the study was quasi experimental research design. Non-probability convenient sampling technique was followed to obtain a sample of 400 postmenopausal women, 200 each in yoga and Non yoga group who met the inclusion criteria. Data were analyzed by analytical and inferential statistics. Results: Statistical analysis was conducted to determine the significance of changes in menopausal symptoms. paired t-test were used to compare pre-test and post-test scores within the experimental group, while independent t-test compared changes between the experimental and control groups. Somatic symptoms: Significant reduction were observed in hot flushes ($p < 0.01$), night



sweats ($p < 0.01$), and fatigue ($p < 0.01$) in the experimental group compared to the control group. Psychological symptoms: Significant improvements were noted in anxiety ($p < 0.01$), mood swings ($p < 0.01$), and depression ($p < 0.01$) in the experimental group. Urogenital symptoms: Significant decreases were found in vaginal dryness ($p < 0.01$), Urinary incontinence ($p < 0.01$) in the experimental group. Conclusion: Wellness and well-being can be achieved. Much evidence showing that yoga as a complementary health approach is effective in improving physical and mental symptoms of menopause has been presented in studies on menopausal women who practice yoga. These results suggest that yoga promotes positive reduction of menopause symptoms in post-menopausal women and may be applied as complimentary therapy towards this population.

Introduction

Women are the important part of the society, family and Community. Women's health is considered to be the foremost need of the society. There can be development in any sphere, politics, economics and science but nothing can be achieved when the core-women's health is neglected. The health status need to be identified and to apply to the future generation. One of the most common endocrine disorders in women is Menopausal symptoms faced among postmenopausal women between the age group of 40-60 years. Among endocrine disorders, the incidence of Menopausal challenges faced among postmenopausal women varies from 75 per cent to 80 per cent. In India one fifth of women aged 40-41 have reached menopause and the prevalence of menopause increases rapidly thereafter to 65 percent at the age 48-49. Menopause is the time in a women's life when menstrual periods permanently stop; it is also called the change of life. Menopause is the cessation of menstrual cycles, first becoming irregular and then ceasing altogether at the menopause. It is often accompanied by physical symptoms like hot flushes and emotional changes such as mood swings. Changes in the ovary start the cascade of events that finally result in menopause.

Menopause is one point in a continuum of life stages for women and marks the end of their reproductive years. After menopause, a woman cannot become pregnant, except in rare cases when specialized fertility treatments are used. Most women experience menopause between the ages of 45 and 55 years as a natural part of biological ageing. Menopause is caused by the loss of ovarian follicular function and a decline in



circulating blood oestrogen levels. The menopausal transition can be gradual, usually beginning with changes in the menstrual cycle. Menopause can be a consequence of surgical or medical procedures. Menopause is a permanent termination of the menstrual cycle caused by the loss of activity of ovarian follicles which is enforced when experiencing amenorrhoea for 12 months. The mean age for women to stop menstruating was 51.5 years.

The cause of menopause is a decrease in ovarian hormones. When the ovaries stop working and estrogen levels drop, a woman will experience several complaints such as changes in menstrual patterns in vasomotor, somatic, psychological complaints, sleep disorders, sexual disorders, urogenital disorders, osteoporosis and cardiovascular disease. The physical, psychological, social and cultural factors are that influence women's sexual function, the ageing process is known to increase the prevalence of sexual dysfunction which is quite high, range from 38-85.2%. Sexual disorders can take many forms and clinical symptoms, circulating estrogen levels have been shown to influence sexual desire, activity, experiences, and problems in postmenopausal women. Common symptoms experienced during menopause include hot flushes, night sweats, mood swings, depression, anxiety, joint pains, and sleep disturbances. These symptoms can vary in intensity and duration, influencing daily activities and Menopause, often referred to as "the change of life," marks the end of a woman's reproductive years, typically occurring between the ages of 45 and 55. This transition is characterized by the cessation of menstruation due to the decline in ovarian function and estrogen levels. While menopause is a natural and inevitable biological process, it brings with it a myriad of physiological and psychological changes that can significantly impact a woman's quality of life.

Objectives:

To know the socio-demographic profile of the post-menopausal women, To understand the effectiveness of yoga therapy among the postmenopausal women, To analyse the impact of yoga therapy on postmenopausal women.

Methodology

The research design selected for the study was quasi experimental research design. Non-probability convenient sampling technique was followed to obtain a sample of 400 postmenopausal women, 200 each in yoga and Non yoga group who met the inclusion criteria. Pre-assessment done before the intervention in yoga and Non yoga group. Video assisted yoga intervention was administered to experimental group by the researcher after 2 weeks followed by which the subjects performed the yoga



techniques for a period of 6 weeks. The posttest done by using the same tool and level of satisfaction, well-being index were assessed after intervention. Data were analyzed by analytical and inferential statistics. Sample size selected for this study is 400 post-menopausal woman between the age group of 40 to 60 years in the 14 wards of Kudumbasree unit in Thaneermukkom Panchayat having post menopausal symptoms. In which 200 post-menopausal woman with post menopausal symptoms in the experimental group and 200 post menopausal woman with post-menopausal symptoms is in the control group.

Sample size: calculated by Cochran's formula: $sample\ size = Z_{\alpha}^2 \frac{p(1-p)}{E^2}$, Where Z_{α} is the normal ordinate for 95% confidence level. p is population proportion 0.5, E is the margin of error taken as 0.05 therefore $sample\ size = 1.962 \times 0.5 \times 0.5 = 384$, Here minimum required sample size is 384.

Components of Tool: Tool -1- Demographic Proforma of Post Menopausal Women Tool -2- Open ended questions to analyze the taboos associated with Menopause Tool - 3 Kupper man Index Menopausal Rating Scale to assess the level of Menopausal symptoms. Tool – 4 Ken Peterson Scale 2004 satisfaction scale on regarding Yoga therapy in Post Menopausal Women. Tool - 5- WHO - 5 well being index DEP Care to assess the well-being in Post Menopausal Women.

Data Analysis:

The data collected from the pre-test and post-test are analyzed using both descriptive and inferential statistics. The following statistical methods are employed: Descriptive Statistics: Frequency distributions and percentage analyses are used to present the prevalence and severity of menopausal symptoms. inferential Statistics: Paired t-tests: Used to compare pre-test and post-test scores within the experimental and control groups. This helps in assessing the changes in menopausal symptoms and quality of life resulting from the yoga intervention. Independent t-tests: Used to compare outcomes between the experimental and control groups. This helps in determining the overall effectiveness of the yoga therapy program. Chi-square Tests: Used to examine the association between demographic characteristics and menopausal symptoms. This helps in identifying any significant relationships that may influence the outcomes of the yoga therapy program.

Table:1: Demographic variables of the Participants

Demographic variables	Control Group (n= 200)	Percentage of Control Group	Experimental Group (n= 200)	Percentage of Experimental Group
-----------------------	------------------------	-----------------------------	-----------------------------	----------------------------------



Age Group (years)	N	%	N	%
40-45	15	7.5	15	7.5
46-50	68	34.0	69	34.5
51-55	75	37.5	76	38.0
56-60	42	21.0	40	20.0
Education				
Primary Education	110	55.0	98	49.0
Secondary Education	60	30.0	65	32.5
Diploma	20	10.0	27	13.5
Graduation	10	5.0	10	5.0
Nature of work				
Sedentary	34	17.0	33	16.5
Moderate	63	31.5	58	29.0
Heavy	49	24.5	48	24.0
Light	54	27.0	61	30.5
Others	5	2.5	2	1.0

Table:1: Depicts that majority of women in control group 37.5 percent and in experimental group 38.0 were between 51-55 years of age. In control group 34.0 percent and 34.5 percent in the experimental group were aged between 46 - 50. 21.0 percent in control group 20.0 percent in the experimental group were aged between 56 - 60. In control group 15.0 percent and 15.0 percent in the experimental group were aged between 40-45 years.

The Table reveals that majority of women in control group 55.5 percent, experimental group 49.0 percent were completed their primary education. In control group 30.0 percent and in the experimental group 32.0 percent completed their secondary education. In the experimental group 20.0 percent and in the control group 13.0 percent completed their diploma courses and in the experimental group 10.0 percent, in the control group 5.0 percent completed their Graduation.

Distribution of subjects based on their nature of work. The table depicts that subjects spread over various works 30.3 percent of the entire population pursued Moderate work, 28.8 percent were doing Light work,



24.3 percent were Heavy workers and 16.8 per cent were Sedentary workers. Majority were housewife takes mixed diet 80 percent and belong to Nuclear family 80 percent and having two children and most of them 47.5 percent attained menopause at the age of 46-50.

Table:2: Effectiveness of pretest and post-test Menopausal symptoms among control group and experimental group of post-menopausal women.

Domain	Experimental Group					Control Group						
	Pre-test		Post-Test		t-value	Sig/Not sig	Pre-Test		Post-Test		t-value	Sig/Not sig
	Mean	SD	Mean	SD			Mean	SD	Mean	SD		
Somatic	9.32	2.034	4.24	1.407	55.215	S	9.12	1.950	9.33	1.713	4.478	S
Psychological	10.44	1.869	4.63	1.391	49.936	S	10.25	1.779	10.37	1.564	2.158	S
Urogenital	6.19	1.924	2.88	1.121	34.609	S	6.37	1.633	6.49	1.613	4.308	S

Table:2: Paired ‘t’ test was done to explore the difference in the climacteric scores before and after yoga therapy in the experimental group. The severity of menopausal symptoms before and after the yoga therapy were analyzed. The climacteric scores were assessed in the experimental group and the results show that there was a significant difference in the mean scores of Somatic, psychological changes and urogenital changes at one per cent level ($p < 0.001$). Hence the Hypothesis H02 : There will be no significant difference in climacteric scores between the control and experimental group is rejected.

Table:3: Level of satisfaction on yoga intervention among postmenopausal Women. O

Paired Samples Test

	Paired Differences					t	df	p-value
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 Pretest level of Menopausal Rating scale of somatic domain - Posttest level of Menopausal Rating scale of somatic domain	2.625	3.402	.538	1.537	3.713	4.880	39	.000
Pair 2 Pretest level of Menopausal Rating scale of psychological domain - Posttest level of Menopausal Rating scale of psychological domain	3.425	4.006	.633	2.144	4.706	5.408	39	.000
Pair 3 Pretest level of Menopausal Rating scale of urogenital domain - Posttest level of Menopausal Rating scale of urogenital domain	1.600	2.146	.339	.914	2.286	4.716	39	.000

Table:3: By following menopausal rating scale, mean difference in somatic domain is identified as 2.625 and the t value of the same is 4.880 which was found to be highly significant, as per Menopausal rating scale, mean difference in psychological domain identified as 3.425 and the t value of the same is 5.408 which was found to be highly significant, as per Menopausal rating scale, urogenital domain mean difference is 1.600 and the t-value is 4.716 which was found to be highly significant.

Discussion:

The study's findings hold profound implications for postmenopausal women, highlighting yoga's potential to significantly enhance health and well-being during this critical life transition. By



demonstrating yoga's effectiveness in reducing menopausal symptoms, the research supports its inclusion as a complementary therapy in menopause management strategies. Beyond the alleviation of physical symptoms, yoga offers holistic benefits that encompass improvements in overall quality of life, mental health, and emotional resilience. These findings align with a growing recognition of the need for integrative health approaches that address the multifaceted nature of menopause.

One of the most compelling implications of this study is the empowerment that yoga provides to postmenopausal women. As a non-invasive, accessible, and cost-effective option, yoga empowers women to take an active role in managing their health. This self-management aspect is crucial as it promotes autonomy and encourages women to participate actively in their wellness journey. By engaging in regular yoga practice, women can develop a deeper awareness of their bodies and minds, leading to improved self-efficacy and confidence in managing menopausal symptoms.

Ethical considerations

permission was obtained from the ethical committee. Permission was obtained from the Panchayat president. Informed consent is obtained from each participant, right to withdraw from the study, at any time without any consequences. Women were protected from harm. Confidentiality was maintained.

Acknowledgement

I would like to Acknowledge with much appreciation the crucial role of the women in the rural areas of Thaneermukkom panchayat for their invaluable help throughout the study. Their dedication and willingness to assist have significantly contributed to the smooth execution of various experiments and logical aspects of this research.

Conflict of Interest: None.

Conclusion

This study presents compelling evidence supporting yoga as a valuable complementary therapy for managing menopausal symptoms. Through a comprehensive analysis of its effects on physical, psychological, and urogenital symptoms, the research highlights yoga's potential to significantly enhance the quality of life for postmenopausal women. The findings not only demonstrate the effectiveness of yoga in reducing menopausal symptoms but also underscore the broader implications of integrating yoga into holistic health management strategies for women.



Limitations

While this study provides valuable insights into the effectiveness of yoga as a complementary therapy for managing menopausal symptoms, several limitations must be acknowledged. These limitations pertain to the study's methodology, potential biases and confounding factors, and specific aspects of the sample and intervention. Recognizing these limitations is crucial for interpreting the findings accurately and guiding future research in this field.

Reference

- Abou-Raya, S. (2016). Relationship between socio demographic reproductive, and lifestyle factors and the severity of menopausal symptoms among Egyptian women in Alexandria. *Menopause*. (8), 888-93
- Ajuja, M et al. (2016). Age of menopause and determinants of menopause age : A PAN India survey by IMS. *J Midlife Health*.7(3), 126 - 131
- Alice, C. Easy does it yoga – The safe and gentle way to health and wellbeing. The American Yoga Association. New York: A Fireside book.
- Hunter, MS. Hardy, C. Norton, S. & Griffiths, A. (2016). Study protocol of a Multi center randomized controlled trial of self-help cognitive behaviour therapy for working women with menopausal symptoms. *Maturitas*. 92. 186-92.
- Kulkarni, P. SavithaRani, BB. Kumar, DS. Manjunath, R. (2016). Burgeoning menopausal symptoms. *J Mid-Life Health*. 7(2), 83-87.
- Lu X, Liu L, Yuan R. (2020) Effect of the Information Support Method Combined with yoga Exercises on the Depression, Anxiety, and Sleep Quality of Menopausal Women. *Autumn-Winter*; 32(3-4)
- Lampio, L. Saaresranta, T. Engblom, J. Polo, O and Kantola, P. (2016). Predictors of sleep disturbance in menopausal transition. *Maturitas*, 94, 137 – 142
- Mikael Haggstorm (2021) Symptoms of menopause, taken from entries at corresponding. Wikipedia 16. TNMC (2022) /Effectiveness of Hatha yoga on Menopausal symptoms Among Menopausal Women. *Journal of community health nursing* 15-19
- Thomas, Timi, et al. (2021) Effect of Mind Body Approaches on Menopausal symptoms among Women: *Journal of Health and Allied Sciences NU11.02* (61-65)