



A Quasi Experimental Study to Assess the Autogenic Therapy on Depression among Menopausal Women Residing in Indore

¹Sangita Hazari, ²Dr Reena Thakur

^{1,2} Research Scholar, Malwanchal University, Indore

Introduction

Menstruation will stop if the ovaries do not produce the hormone oestrogen. Menopause is the time when this happens. The basic criteria for diagnosing menopause is the absence of menstruation for a full year in a row (barring any evident reasons). When this occurs, a woman's fertility is irreversibly compromised. The average age of menopause onset is predicted to be 50, with a range of 45–55 years.

Although many women still get their periods sometimes, they may incorrectly assume they have reached menopause. This is because they are oblivious to the symptoms of perimenopause. Menopause begins when a woman's reproductive capabilities diminish and her ovulatory capabilities increase. The onset of this is often about the time a woman enters menopause, in her forties. Depression, in its simplest form, is a mood illness characterised by a general lack of happiness and an inability to take pleasure in activities that one previously enjoyed. Major depressive disorder (MDD) and chronic recurrent depression (CRD) are two of the most common types of depression (dysthymia). Sadness, a loss of interest in things that were formerly enjoyable, impatience, exhaustion, and a general sense of despair, worthlessness, and pessimism are all emotional and physiological signs of depression.

By far the most prevalent mood disorder is major depressive disorder. When five or more depressive symptoms persist for at least two weeks and produce severe distress, a diagnosis of major depressive disorder may be made using the DSM-5 criteria for depression (including work, sleep, study, eating, and enjoying life).

Methodology

Research was done in certain parts of Indore to see whether autogenic relaxation might help postmenopausal women with their depression. The city of Indore was the site of the research. Women of menopausal age residing in Indore who matched the inclusion criteria constituted the study population. The 100 test subjects and the 100 control subjects were selected at random (100). The severity of people's depression was assessed using a 7-point Likert scale. Depressive symptoms were evaluated in the experimental group before they were given instructions on how to do autogenic relaxation. Following four weeks of autogenic relaxation training, patients were given a post-treatment depression assessment to gauge their level of recovery. Statistics, both descriptive and inferential, were utilised to examine the data.

Results

In the control group, 55% of the women reached menopause, but the median age of the women in the experiment group was substantially higher (34%). Women in the control group made up 1.97 percent of the sample, whereas women in the experimental group made up 54 percent of the sample and were more likely to have completed college. There was a significant difference in marital status between the treatment and control groups' postmenopausal women, with 94% of the therapy group's women married compared to 86% of the control group's women. Seventy-seven percent of the therapist-treated postmenopausal women and seventy-four percent of the control group-treated postmenopausal women identified as Hindu. The percentage of postmenopausal women who were homemakers was the same for both groups (69%). Fertility rates were identical across the two groups of postmenopausal women: 44% of women in the intervention group and 51% of women in the control group had exactly two children. A majority of postmenopausal women in both the control and intervention groups reported being part of a nuclear family. There was a significant difference in the rate at which menstruation ended between the treatment and control groups during menopause: 64 percent of women in the treatment group had their periods stop within a year, whereas only 49 percent of women in the control group did so within two years. There is little to no difference in the percentage of postmenopausal women who report having a favourable connection with their husbands between the treatment and control groups (55% vs. 53%). The majority of postmenopausal women (62%) and a sizable minority (65%) have money worries. Both the control and experimental groups of postmenopausal women were determined to be healthy, but to varying degrees. The average post-test score for depression was lower in the experimental group compared to the control group (23). (23). (43). Assuming a significance threshold of 0.05, the t-value of 10.42 is statistically significant.

When compared to the control group, the experimental group had a considerably reduced mean post-test depression score (20.82). (44.92). The t-value of 7.15 indicates a very significant difference between the two groups at the 0.05 level of significance. No correlations were identified between post-test

depression and age, education, marital status, religion, number of children, family type, duration of menstruation cessation, financial issues, health problems, or any combination of these. Significant relationships between post-test depression and age, gender, marital status, education, and employment were found ($\chi^2=13.90$). (15.08).

CONCLUSION

The results of the study have been analysed in light of the research questions, theoretical framework, and hypotheses that guided the study's design. Menopausal women in Indore are more likely to have moderate depression (57% vs. 4% overall). The autogenic relaxation methods helped the menopausal ladies of Indore feel much better emotionally. Conclusions: Autogenic relaxation may be useful for all postmenopausal women in managing the emotional effects of menopause.

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