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A Cross-sectional Study on Quality of Life of Menopausal Women in Rural Area, Chengalpattu District, Tamil Nadu

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ABSTRACT

Introduction: In India, though various studies have been carried out on menopausal symptoms, majority of them were hospital-based. During menopause they experience changes which may affect their quality of life, severity and impact of the symptoms vary extremely from person to person and population to population. Hence this study attempted.

Objectives: To assess and determine the factors associate with the quality of life among menopausal women in rural area, Chengalpattu district.

Methodology: A community-based cross-sectional study conducted in rural areas of Chengalpattu district for duration of two months among women. 100 women aged 45 to 60 years, were selected by convenient sampling method, who were willing to give a consent were included and those who had regular bleeding were excluded. Primary data were collected using Semi structure questionnaire with MENQOL scale by interview method; analyzed using SPSS 16V. Descriptive statistics Mean, SD and Percentages were calculated and chi square test used to determine the factors at 5% α.

Results: 30% of women attained their menopause before 40 years; 10% were in peri-menopausal period; 18% had Hysterectomy. 35% had vasomotor symptoms; 47% Psychosocial symptoms, 67% physical symptoms and 14% sexual problems.

Conclusion: Family support and choice of lifestyle modification along with supportive therapy should be encouraged. These may require intensive health education for pre and menopausal women and for the community at large.

Key Words: Menopause, Quality of Life, Peri-menopausal period, Community based study, Vasomotor, Psychosocial problems

INTRODUCTION

The women were in middle age and beyond experience a period of transition from the reproductive to the non-reproductive stage of life, is the cessation of menstruation known as menopause.[1,2,3] the literature says that during pre and peri-menopausal periods women were undergoing experience such as hot flashes, night sweats, sleep and mood disorders, impaired memory, lack of concentration, nervousness, depression, insomnia, bone and joint complaints and reduction of muscle mass etc.[2,3,4,5,6,7]

Some women have severe symptoms that greatly affect their personal and social functioning and quality of life.[3,4,5,6] They have to cope with these changes and accept their new role in society and family.[7] The women in the menopausal period, their health demands are more in Indian scenario due to increase in life expectancy in recent years.[7,8,9] There is large efforts are required to educate and make the women aware of menopause symptoms.[7,8,9] Creating awareness will help in early recognition of symptoms, reduction of discomfort and fear and enable to seek appropriate medical care if necessary.[10] The literature review also explains that national health authorities need to examine the post-menopausal women and should anticipate the provider of relevant health services, education promotion activities to cope with the health needs of women in their postmenopausal years.[9,10,11] Hence this study attempted; the objective of this study is to assess and determine the factors associate with the quality of life among the menopausal women in rural area, Chengalpattu district.

Methodology

The Community based cross-sectional study was carried out among menopausal women (45-60 years) who reside

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in Pullipakkam and colony, Thimmavaram for more than a year. Women aged 45 to 60 years and in peri-menopausal period who were willing to participate were included women having regular menstrual bleed were excluded.

The sample size of 100 were calculated with reference article by Poomalar et al with prevalence of 80% with 10% of relative precision at 95 % confidence interval. The study participants were obtained by convenient sampling method. The semi-structured questionnaire was used to collect the information such as demographic profile, morbidity, diet, physical exercises and gynecological history from the study participants. The MENQOL scale was used to assess the quality of life under four domains. The data was collected by interview method after obtaining the written informed consent. The study got approved from Institutional Ethics committee (Human studies) with reference number 24/2016.

The Scale contains four domains such as vasomotor, psychosocial, physical and sexual; the total score was categorized as mild, moderate and severe. The data was entered in MS Excel and analyzed using SPSS software 16V. Frequency and percentage was calculated for all categorical variables and Mean and SD was calculated for domains. Chi-squared test was used to find the association between the variables and QOL domains at 5% level of significance.

RESULTS

In this study, 41% women in age 45-50 years followed by 30% in 55 to 60 years. 61% women were illiterate and 26 % were under primary. Frequency of occupational status being housewife was 78% and being unskilled was 17%. Frequency of socioeconomic status of women being Grade 1 is 62%. Distribution of Family size being 1-5 members was 77 and being 6-10 members were 22%. Majority were married 61% and being widow were 32%. Majority were living in nuclear family 53% and being joint family was 29%

47% were had 1 to 2 children and 39% 3 to 4. Regarding, Age at menarche 78 % were attained in the age of 10 to 15 years. In this study 10% were in perimenopausal stage, 18% had hystectomy due to various reasons such as over bleeding, fibroid uterus etc. Figure 1 describes the age at menarche among study participants.22% had early menopause in lesser than 40 years, 43% had in 41 to 50 years the rest were in >50 years.

The frequency of abortion 25% had one or two abortions. Table 1 describes the distribution of morbidity among the study participants. Majority of them having DM 22% followed HT, Joint pains etc. only 11% had habit of walking as physical exercises. As per WHO classification of body mass index 31% overweight and 21% obese.

Table 2 explains the percentages of symptoms under each domain after converting the score. Figure 2 explains the grade of severity of menopausal symptoms which affect the quality of life of study participants. In this study 35% had vasomotor symptoms, 47% had Psychosocial symptoms,67% had Physical symptoms and 14% had sexual symptoms.

DISCUSSION

Present study contains only 10% of women in menopausal transition state which is less when compared to study on QOL in rural area conducted by Poomalar et al (2013).[18] In the current study mean age of menopause was found to be 44.25 years which was almost similar to study conducted on QOL among post-menopausal women of west bengal 2017 by karmarkar et al.[7,17]

The severity levels to menopausal symptoms of physical, psychosocial, vasomotor and sexual domain were backache, poor memory, and lack of energy. Regarding the physical symptoms most of the women reported with low back pain (76%), aching in muscles and joints (83%), leg pain (77%) decrease in stamina (80%)

Study conducted in 2018 by Ganapathy et al. Reported consistent findings of decreased physical energy, generalised weakness.[15,16,17] Karmarkar et al. conducted a study in West Bengal reported found that women experiencing musculoskeletal pain (84%), poor physical stamina (88%), low back pain (69%).[7]

A cross-sectional study on menopausal symptoms and problems among urban women from Odisha 2016 have high prevalence of joint pains (66%),hot flushes(77%), and increase in weight (69%).[10]

The current study reports experiencing poor memory (67%), anxiety (55%), feeling depressed (44%), under psychosocial domain. It coincide with study conducted on QOL on postmenopausal women conducted on rural and urban communities with loss of memory, anxiety, feeling lonely, sadness (42%) among urban women.[11,12,13,14]

A study on QOL among menopausal women by Hoda A.E. Et al 2014 reported hot flushes, sweating, are the most severe symptoms in postmenopausal women which is contradictory to current study where hot flushes, night sweats are least bothered.[8]

Finally, current study reveals that scores of physical domain were significantly more in postmenopausal women followed by psychosocial, vasomotor and sexual domains. Symptoms have variable onset in relation to menopause. The clinical studies explains that, hormonal replacement therapy such as estrogen or progesterone would be helpful in menopause and also in premenopausal women.[19,20]

CONCLUSION

Finally, Family support should be ensured by creating awareness in the rural community as a whole. The use of appropriate therapy should be encouraged, whenever required. All these require intensive health education for women who are in the post-menopausal phase of their lives, for their family and for the community at large.

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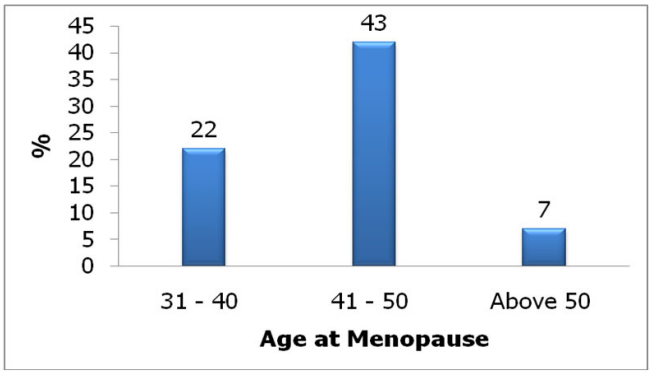

Figure 1: Distribution of age at menopause.

Table 1: Morbidity status among peri menopausal women

Morbidity	Frequency
Hypertension	19
Diabetes Melliteus	22
Joint Pain	04
Thyroid	03
Nil	52
Total	100

Table 2: Menopausal Symptoms Among Study Participants

I. VASOMOTOR SYMPTOMS		IV. PHYSICAL SYMPTOMS	
Hot flushes	27%	Aching in muscles and joints	**83%**
Night sweats	38%	Feeling tired or worn out	**78%**
Sweating	**41%**	Difficulty in sleeping	**70%**
II. SEXUAL SYMPTOMS		Decrease in physical strength	**76%**
		Decrease in stamina	**80%**
Change in your sexual desire	17%	Feeling lack of energy	**79%**
Vaginal dryness during intercourse	4%	Leg pain or cramps	**77%**
Avoiding intimacy	27%	Low backache	**76%**
III. PSYCHOSOCIAL SYMPTOMS		Aches in back of neck or head	**66%**
		Drying skin	29%
Being dissatisfied with my personal life	36%	Weight gain	26%
Feeling anxious or nervous	**55%**	Changes in appearance, texture	23%
Experiencing poor memory	**67%**	Feeling bloated	31%
Accomplishing less than I used to	33%	Frequent urination	44%
Feeling depressed down or blue	44%	Involuntary urination when laughing/ coughing	23%
Being impatient with other people	41%	Breast pain or tenderness	28%
Feeling of wanting to be alone	15%	Vaginal bleeding or spotting	5%

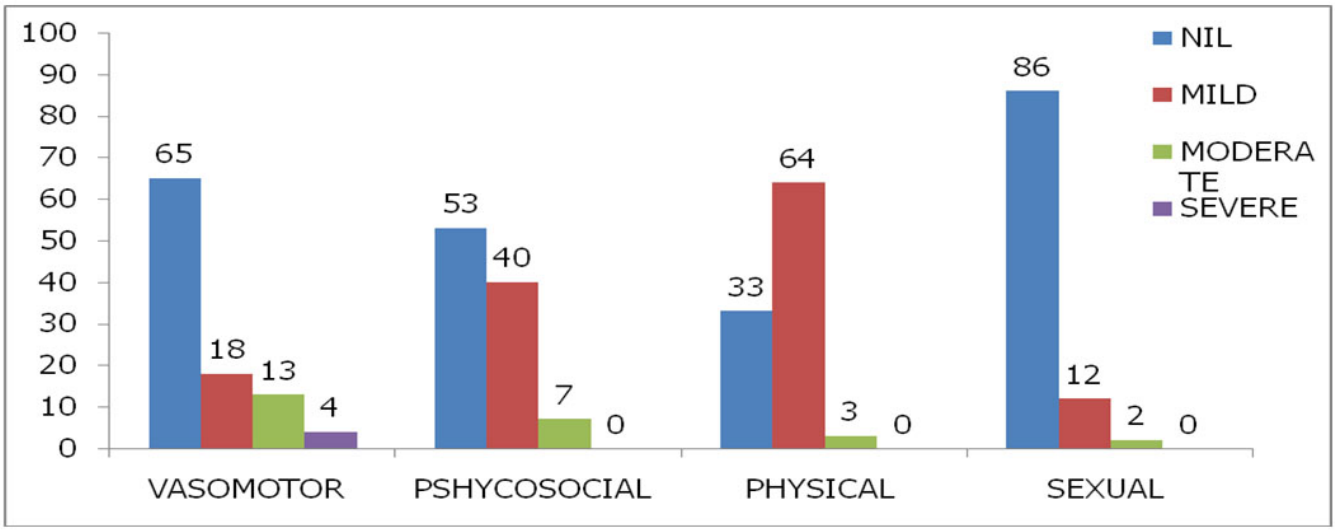

Figure 2: Grading of Menopausal symptoms.