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An Assessment on Quality Of Life among Peri and Post – Menopausal Women

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ABSTRACT: The term menopause owes its genesis to two Greek words—meno means 'month' and pause means to 'halt'. Menopause simply means the end of menstruation, the time when the ovaries can no longer produce the secreting female hormones. According to World Health Organisation(WHO), Menopausal women in developed and developing countries were 24% and 76%, respectively and by 2030 the total number of menopausal women will reach 1.2 billion. Many deviations are developed during these phases in vasomotor, physical, psychosocial and sexual system of body which hampers quality of life. Therefore, this study assess on the menopausal related symptoms among peri and post-menopausal women and their impact on quality of life. This is a cross-sectional study, which was conducted in a babu's hospital, department of obstetrics and gynaecology, chennai, Tamil Nadu, India for 6 months period. A total 89 women of 40 – 60 years were enrolled and response were collected in part – 1 (sociodemographic characteristics) and part – 2(MENQOL questionnaire). The study group consists of ,twenty- five of the women at the age group of 46 – 50 years which is maximum. Most severe symptoms in vasomotor, psychosocial, physical, sexual domains were hot flushes, feeling anxious or nervous, feeling tired or worn out, changes in sexual desire. And total QOL mean score with significant association between two age, educational status, occupation, socioeconomic status, menopausal status division on vasomotor, psychosocial, physical, sexual domains.Thus, the mean scores of each domain suggest that the menopausal symptoms were associated with decrease in women's quality of life. Hence, education, creating awareness and providing suitable intervention to improve the quality of life are important social and medical issues which need to be addressed.

KEYWORDS: Peri-menopause, Post-menopause,Sociodemographic characteristics, Menopause related quality of life questionnare, quality of life.

I. INTRODUCTION:

The term menopause owes its genesis to two Greek words—meno means 'month' and pause means to 'halt'. Menopause simply means the end of menstruation, the time when the ovaries can no longer produce the secreting female hormones. Menopause is a normal physiological process in every women's life. It usually occurs between 45-55 years of age. According to World Health Organisation(WHO), Menopausal women in developed and developing countries were 24% and 76%, respectively and by 2030 the total number of menopausal women will reach 1.2 billion. Peri menopause or menopause transition begins is defined by the World Health Organisation and the North American Menopause Society as the two to eight years preceding menopause and one year following final menses. Post menopause is defined as the period after 12 consecutive months of amenorrhea in the absence of other pathological or physiological causes. Many deviations are developed during these phases in vasomotor, physical, psychosocial and sexual system of body which hampers quality of life. By World Health Organisation definition, quality of life is the individual's perception of their status in life according to the culture and value systems the person lives in, considering their goals, expectations, standards and concerns. Therefore, this study assess on the menopausal related symptoms among peri and post-menopausal women and their impact on quality of life.The aim of the study to assess the quality of life amongperi and post-menopausal women and primary objectives is to find out the socio demographic characteristics of the study participants and to assess the quality of life in the study participants by menopause – specific quality of life questionnaire (MENQOL). And secondary objectives is to find out the associations between sociodemographic

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characteristics and menopause – specific quality of life questionnaire (MENQOL) in different domains.

II. MATERIALS AND METHOD:

This is a Cross - sectional Study, which was conducted in Babu's hospital,department of obstetrics and gynaecology, Chennai from November 2020 to March 2021 after obtaining ethical clearance from the institutional ethical committee**[VISTAS - SPS/IEC/I/2020/10**]. Eighty nine(89)participants were enrolled who were meeting an inclusion criteria ofwomen aged 40 – 60 years, whose menopause was natural and women who is giving consent.And women with induced menopause/undergone hysterectomy/receiving hormonal therapy are not enrolled in this study. These 89 participants responses were recorded asPart -1 and Part – 2. Part – 1 were sociodemographic characteristics (age, martial status, occupation, Educational status, Family type, socioeconomic status, menopausal status) and Part – 2 were Menopause – Specific Quality of Life Questionnaire(MENQOL), a validated tool developed by Hilditch et.al at the University of Toronto, Canadacomprising 29 items: Physical(16 items) ;vasomotor(3 items) ; psychosocial(7 items) ; sexual (3 items). For each of the 29 items, this seven-point Likert scale is converted to an eight point scale, ranging from 1 to 8. A "one" is equivalent to a woman responding "no", indicating she has not experienced this symptom in the past month. A "two" indicates that the woman experienced the symptom, but it was not at all bothersome. Scores "three" through "eight" indicate increasing levels of bother experienced from the symptom, and correspond to the "1" though "6". The score by domain is the mean of the converted item scores forming that domain and ranges from 1-8.The participants responses in both part – 1(sociodemographic characteristics) and part – 2(MENQOL questionnaire) is collected. The responses of participants are analysed and submitted. This study is analysed using student t –test with 95% level of significance and "p" value of <0.05 is considered significant. The obtained data will be statistically analysed with the help of Graph pad prism version 8 software to find out the association between socio demographic characteristics and MENQOL in all four domains.

III. RESULTS:

In this study, twenty- five of the women at the age group of 46 – 50 years which is maximum. The mean age was 49.55 years with the minimum age of 40 years and maximum age of 60 years. Eighty – two of the study population were married and the majority of them were literate (80). Fifty two were housewives and sixty one of them belonged to nuclear families. Thirty of them belonged to lower – middle class of socioeconomic status. Fourty seven participants were at perimenopausal status and Fourty two participants were at postmenopausal status.[Table – 1]. Table - 2 shows the highest mean scores of the vasomotor symptoms the women in this study experiencing were hot flushes(1.64), followed by night sweats(1.32) and sweating(1.25). Most prevalent mean scores of the psychosocial symptoms reported were feeling anxious or nervous(2.06) and feeling depressed or down(1.98), accomplishing less than I used to do(1.79) and being dissatisfied with personal life(1.78). Among other psychosocial symptoms such asexperiencing poor memory(1.65), feeling or wanting to be alone(1.34), being impatient with other people(1.23) respectively. Whereas, in physical symptoms the highest mean score the participants experienced where feeling tried or worn out(2.69) ,aches in muscles or joints(2.64), difficulty in sleeping(2.62), aches in back of neck or head(2.40), weight gain(2.25),low backache(2.15). Among sexualsymptoms the highest mean score of the study participants are changes in sexual desire(1.85),avoiding intimacy(1.63), vaginal dryness(1.13).Table – 3 shows the total QOL mean score with significant association between two age, educational status, occupation, socioeconomic status, menopausal status division on vasomotor, psychosocial, physical, sexual domains.

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Table – 1 Distribution of the participants according to socio-demographic characteristics

S.no	Socio – demographic characteristics	Number of participants (n = 89)
1.	Age group in years: a. 40 – 45 b. 46 – 50 c. 46 – 50 d. 56 – 60	 24 25 20 20
2.	Marital status: a. Married b. Unmarried	 82 7
3.	Occupation: a. Working b. Housewife	 37 52
4.	Educational status: a. Illiterate b. Primary c. Middle d. Secondary e. Graduate	 9 14 19 23 24
5.	Family status: a. Joint b. Nuclear	 28 61
6.	Socioeconomic status: a. Lower class b. Lower middle class c. Upper middle class d. Upper class	 20 30 25 14
7.	Menopausal status: a. Perimenopausal b. Postmenopausal	 47 42

Table – 2 Assessment of quality of life by Menopause Specific Quality of Life Questionnaire

S.no	Symptoms present	No (n = 89)	Yes (n = 89)	Mean score
1.	**Vasomotor :** Hot flushes or flashes	42	47	1.64
	Night sweats	66	23	1.32
	Sweating	70	19	1.25
2.	**Psychosocial :** Dissatisfaction with personal life	58	31	1.78
	Feeling anxious or nervous	39	50	2.06

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	Experiencing poor memory	56	33	1.65
	Accomplishing less than I used to do	57	32	1.79
	Feeling depressed or down	47	42	1.98
	Impatience with other People	71	18	1.23
	Willing to be alone	72	17	1.34
3.	**Physical :** Flatulence or gas pains	45	44	1.71
	Aching in muscles or joints	42	47	2.64
	Feeling tired or worn out	12	77	2.69
	Difficulty in sleeping	37	52	2.62
	Aches in back of neck or head	36	53	2.40
	Decrease in physical strength	44	45	1.60
	Decrease in stamina	37	52	1.71
	Feeling lack of energy	36	53	1.62
	Dry skin	45	44	1.69
	Weight gain	43	46	2.25
	Increased facial hair	87	2	1.04
	Changes in appearance, texture, tone of skin	35	54	1.82
	Feeling bloated	53	36	1.46
	Low backache	31	58	2.15
	Frequent urination	60	29	1.49
	Involuntary urination when laughing or coughing	89	0	1
4.	**Sexual:** Changes in sexual desire	20	69	1.85
	Vaginal dryness	77	12	1.13
	Avoiding intimacy	20	69	1.63

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Table – 3 Association between socio-demographic characteristics with menopause specific quality of life questionnaire domains

s.no	Socio-demographic characteristics		Vasomotor domain mean	Psychosocial domain mean	Physical domain mean	Sexual domain mean	QOL Total mean score
1.	Age	40 – 50	2.73	1.76	1.37	1.82	7.68
		50 – 60	1.67	1.99	1.56	1.23	6.45
		P* value	0.19	0.037	0.007	0.016	0.02
2.	Marital status	Married	1.48	1.78	1.72	1.55	6.53
		Unmarried	1.23	1.79	1.60	1.66	6.28
		P* value	0.026	0.195	0.060	0.01	0.073
3.	Occupation	Working	1.31	1.81	1.64	1.58	6.34
		House wife	1.45	1.79	1.71	1.63	6.58
		P* value	0.001	0.085	0.001	0.019	0.003
4.	Educational status	Illiterate	1.51	2.00	1.58	1.46	6.55
		Literate	1.52	1.69	1.23	1.57	6.01
		P* value	0.001	0.04	0.01	0.002	0.034
5.	Family status	Joint	1.56	1.28	1.69	1.47	6
		Nuclear	1.98	2.07	1.57	1.76	7.38
		P* value	0.01	0.0002	0.016	0.03	0.611
6.	Socioeconomic status	Lower-lower middle	1.67	1.92	1.04	2.01	6.64
		Upper middle–upper	1.25	1.13	1.76	1.84	5.98
		P* value	0.721	0.02	0.001	0.01	0.007
7.	Menopausal status	Perimenopausal	1.30	1.50	1.57	1.85	6.22
		Postmenopausal	1.12	2.08	1.87	1.65	6.72
		P* value	0.001	0.004	0.001	0.002	0.001

IV. DISCUSSION

Life expectancy of women in India has been considerably increased to 69.6 years, therefore women are expected to spend almost a big part of lifetime in and around their menopausal phase. This transitional phase that every woman will go through will encounter poor quality of life, if not intervened. Consequently, maintaining optimum

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quality of life among them is the priority. Hence quality of life of menopausal women was studied using MENQOL questionnaire. MENQOL was developed in 1996 and it's been applied in many studies in India. This study, showed the most prevalent symptoms reported were hot flushes, feeling anxious or nervous, feeling tired or worn out, changes in sexual desire in each vasomotor, psychosocial, physical and sexual domains respectively. Similar, studies conducted by sagdeo and aroraet. al showed that most common problem was hot flushes, feeling tried, joint and muscular symptoms and changes in sexual desire.Madhukumar et al. in bengaluru and nayak et al. in karnataka also showed that menopausal symptoms such as hot flushes, feeling anxious, feeling tried, decrease in stamina, difficulty sleeping, changes in sexual desire. whereas, sarkar et al. in jamnagar showed that among sexual symptoms, avoiding intimacy is mostly reported. And Bansal et al. showed that among psychosocial symptoms, feeling anxious was most commonly reported which is similar with the current study.

In this study, twenty five of them at the age group 46-50 years which was maximum and it is similar to the finding of earlier studies cyriac et.al in kerala, Ruchika et.al in agra, singh and pradhan in delhi, Nabarunkarmakar et.al, poomalar&Arunossalame in puducherry, Nashwankamal and Amany E. Sudham. However, the higher age group reported in developed countries (51 – 55 years). These differences could be ascribed to variation in genetic, environmental and life style factors.

Socioeconomic status is one of the detrimental factors that could invariably influence the women's quality of life. The present study indicated that the vasomotor, psychosocial, sexual symptoms are increasingly presented in the lower to lower middle class status. Whereas the physical symptoms are more likely experienced by upper middle - upper class. A similar cross – sectional study by Poomalar and Arounssalame on the occurrence of increased vasomotor and psychosocial menopausal symptoms in southern india reported that women belonged to the lower income group.

This study highlighted the mean among women who were literates with increased complaints of experiencing psychological and physical symptoms. Similar study by Abedzadehkalahondi et.al corroborate the finding revealing that women with education had increased QOL scores in physical and psychological domains.

This study showed that married women experiencing the increased mean score in vasomotor and physical symptoms ; whereas it also showed that housewives women experience the increased vasomotor, physical and sexual symptoms but the working women showed only the psychosocial symptoms, which could be attributed to greater social networking, economic independence, high self esteem and ego integrity that women working outside the home experience with. However, contradictory finding reported by Kaulajekar et.al, that the highest prevalence of menopausal symptoms such as physical and sexual symptoms in homemakers compared to working women (76% vs 85%). In other hand, a women belonging to the joint families experience high prevalence only in physical domains whereas women belonging to nuclear families experience the maximum symptoms in vasomotor, psychosocial and sexual domains. Similar, finding conducted by Nabarunkarmakar et.al in west Bengal showed that women belonging to nuclear families experience the maximum vasomotor and Psychosocial domains.

In study conducted among Qatari women by AbdulbariBenerand Anasfalah the vasomotor (71%) and sexual symptoms (66%) were more prominent in peri menopausal women than the post menopausal women. In present study, vasomotor symptoms in more are likely present in peri menopausal women, whereas the psychological and physical symptoms is present more in post menopausal women. But sexual discomfort was more in peri menopausal women. In a similar study conducted by Poomalar and Bupathyarounassalam in Puducherry showed that psychosocial symptoms (93.2%) were more prominent amongthe postmenopausal group.

V. CONCLUSION

Based on the results, the menopausal symptoms are affecting both quality of life among peri and post – menopausal women in each MENQOL domains. Age, marital status, occupation, educational status, socioeconomic status are some of the factors which affecting the quality of life scores. Most severe symptoms in vasomotor, psychosocial, physical, sexual domains were hot flushes, feeling anxious or nervous, feeling tired or worn out, changes in sexual desire. Thus, the mean scores of each domain suggest that the menopausal symptoms were associated with

decrease in women's quality of life. Hence, education, creating awareness and providing suitable intervention to improve the quality of life are important social and medical issues which need to be addressed.

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