



Post-menopausal symptoms and quality of life among post-menopausal women at selected areas of District Budgam Kashmir

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ABSTRACT :

The concept of quality of life among postmenopausal women is a growing concern among healthcare professionals. Menopause is a universal occurrence. Menopause refers to that time when women's periods stop and her ovaries lose their reproductive function. Usually, this occurs between the age group of 40 to 55 years of age. A quantitative approach with descriptive design was undertaken to assess the post-menopausal symptoms and quality of life among postmenopausal women in the selected areas of district Budgam Kashmir. A total of 60 postmenopausal women were selected using non-probability convenient sampling technique. Tool used for data collection was MENQOL (Menopause specific quality of life) which consists of demographic variables and MENQOL domains. The findings revealed that the mean percentage of Age of post-menopausal women in the study was 43.33%, mean percentage of Age at menopause was 45.00%, mean percentage of menopausal duration was 40.00%, whereas as the mean percentage of parity was 45.00%. Majority (100%) of postmenopausal women had psychological and sexual symptoms, 65% of the postmenopausal women had moderate level of vasomotor symptoms and 33% of postmenopausal women had vasomotor symptoms, whereas all (100%) of the postmenopausal women had mild level of physical symptoms. This indicates that postmenopausal women were mostly affected by psychological and sexual symptoms which severely affects their QOL. There was no significant association of level of post-menopausal symptoms with demographic variables (Age, Age at menopause, Menopausal duration and Parity). However, there was a significant association of level of physical symptoms with one demographic variable i.e. Age at Menopause at 0.05 level of significance. It necessitates the need to educate the postmenopausal women and also that the challenging needs of these women be addressed and attended to.

KEYWORDS: Menopause specific quality of life Questionnaire (MENQOL), Post-menopausal symptoms, Quality of Life (QOL)

INTRODUCTION:

Menopause is a natural and physiological stage of life for women. It is characterized by a permanent cessation of the menstrual cycle. Menopause is defined as the termination of ovarian function, which results in the permanent occurrence of amenorrhea. Since a year of amenorrhea is necessary to prove the onset of menopause, the diagnosis is retrospective.¹

A decrease in the oestrogens and progesterone produced by the ovaries is a hallmark of menopause, which typically happens between the ages of 45 and 55.²

As women age, their ovarian follicle count declines due to ovulation and atresia. Granulosa cells in the ovary, which were the primary source of estradiol and inhibin B, are dwindling. Antimüllerian hormone (AMH), another hormone secreted by the ovary's granulosa cells, also decreases in levels. When gonadotropins from estrogen and inhibin A and B are not inhibited, the production of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) increases. The ovarian, pituitary, and hypothalamic axis are also disrupted by this drop in estrogen levels. As a result, endometrial growth fails, which may cause irregular periods and eventually the end of menstruation. In the perimenopausal stage, a shorter follicular phase is frequently the initial menstrual symptom. As a result, menstruation becomes more frequent. After that, the menstrual cycle usually gets longer. Unusual uterine hemorrhage during perimenopause may be caused by anovulatory cycles. Eventually, menstruation ends. Because testosterone levels do not change much in the early stages of menopause, there is a relative increase in the ratio of testosterone to estrogen, which may result in symptoms of excess androgens.²

Globally, there were around 467 postmenopausal women in 1990; by 2030, that number is predicted to increase to 1200 million. Of these, 76% will reside in developed nations. Globally, there were around 467 postmenopausal women in 1990; by 2030, that number is predicted to increase to 1200 million. Of these, 76% will reside in developed nations.³

NEED FOR STUDY:

Menopause is a normal physiological process rather than a disease. Every woman goes through this time in her life when she adjusts to a new biological state. The symptoms of post-menopause have a detrimental effect on quality of life. This process results in a variety of physiological, psychological, and

other changes. Menopause symptoms affect the skeletal, cardiovascular, and neurological systems in addition to the female vaginal tract. Prolonged menopause, which takes up about one-third of a woman's age and adds to the burden of morbidities, is more common in women who live longer.⁴ The quality of life is a crucial indicator of healthcare outcomes, and in India, women are living longer. Retaining optimal physical abilities as one ages is crucial to independence in later life. However, very few empirical research has looked at how menopausal transition symptoms are related to one another and how they affect quality of life. Therefore, the purpose of this study is to evaluate the severity of post-menopausal symptoms and their effect on post-menopausal women's quality of life.⁵

METHODS:

A quantitative research approach with descriptive design was selected to carry out this study. Permission was obtained from (Prof.) Dr. Zamrooda Akhter (Principal Alamdar Memorial College of Nursing and Medical Technology Charar-i-sharief, Budgam, Kashmir). Ethical clearance was obtained from Institutional Ethical Committee (IEC), IUST. Permission for Data Collection was taken from BMO, SDH Charar-i-sharief. The study was done by Non-Probability Convenient Sampling Technique on 60 post-menopausal women of District Budgam Kashmir (Alamdar Colony Charar-i-sharief). Permission from participants were also obtained by taking informed consent individually from each post-menopausal woman prior to their inclusion as sample in the study. Privacy, confidentiality, and anonymity were being guarded.

Data was collected through self-structured proforma MENQOL (Menopause Specific Quality of life Questionnaire) which consists of demographic variables and MENQOL domains (standardized tool) for assessment of post-menopausal symptoms and quality of life from 60 post-menopausal women of District Budgam Kashmir (Alamdar Colony Charar-i-sharief) from 02/09/2024 to 06/09/2024.

Assessment of post-menopausal symptoms was carried out by MENQOL (Menopause Specific Quality of life Questionnaire). It consists of 29 items divided into four domains: vasomotor (3 items), psychosocial (7 items), and physical (16 items) and sexual (3 items). The systematic scoring for each of the four MENQOL domains is identical. The seven-point Likert scale used during the administration of the MENQOL is converted for scoring and data analysis. 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" through "6". The score by domain is the mean of the converted item scores forming that domain and ranges from 1-8. Severities of menopause symptoms scoring system as the following, Score range from 2-4 consider mild, score range from 5-6 moderate, and score range from 7- 8 severe symptoms as shown in table 1.

Table 1: Scoring criteria of post-menopausal symptoms.

SCORE	LEVEL OF POST-MENOPAUSAL SYMPTOMS
2-4	No, Mild
5-6	Moderate
7-8	Severe

RESULTS:

In the present study, majority of respondents (43.33%) were aged over 60 years, followed by 21.67% in the 51-55 years group. A smaller portion, 20.00%, were aged 46-50 years, while 13.33% fell into the 56-60 years category. Only 1.67% were in the 40-45 years range. The highest percentage of respondents (45.00%) experienced menopause between 46-50 years, followed by 23.33% at 40-45 years. About 21.67% experienced menopause between 51-55 years, and 10.00% between 56-60 years. None of the respondents reported menopause after 60 years. Most respondents (40.00%) reported a menopausal duration of more than 10 years, followed by 38.33% who had experienced menopause for 0-5 years. A smaller portion, 21.67%, reported a menopausal duration of 6-10 years. The highest percentage of respondents (35.00%) had four children, followed by 31.67% with two children, and 23.33% with three children. A smaller percentage (6.67%) had five children, and only 1.67% had either one or six children. Similar study was conducted by Ganapathy, furaikh (2018)⁶ at Karnataka India, on 140 postmenopausal women selected through Purposive sampling technique to assess their health-related Quality of Life. The study results revealed that the mean age of the study subjects was 52.6±4.24 years. The mean age of study subjects at menopause was 49.59±3.09 years. Majority of the study subjects (95%) were literate with higher secondary and university education and 92% were employed. Majority (94%) had an active lifestyle and very few (6%) were leading a sedentary lifestyle. Regarding the duration of menopause, the maximum of the study subjects (63%) had < 5 years of menopausal duration, and 37% had >5 years of menopausal duration.

Findings related to post-menopausal symptoms and Quality of Life among postmenopausal women.

- The data from the current study revealed that all the study subjects (100%) were affected by psychological and sexual symptoms, thus severely affecting their QOL. 65% of study subjects were affected by moderate level of vasomotor symptoms and 33% of study subjects were affected by mild level of vasomotor symptoms, thus moderately affecting their QOL. All (100%) of study subjects were affected by mild level of physical symptoms, thus mildly affecting their QOL.

- The data indicates that post-menopausal women were mostly affected by psychological and sexual symptoms which severely affects their QOL. Similar results were conveyed from a study conducted by Ola Mousa, Fatemah M. Alkhars, Mashael T. Al Shawal, Enas A. Al Omran, Rawan A. Alkhawajah, Jehan Abd Elrahem Mohamed (2021)⁷ at 6 hospitals (3 government and 3 private) in Al-Ahsa (Saudi Arabia) on 427 menopausal woman (45 to 49 years) to find the association between quality of life and severity of their menopausal symptoms. The study results revealed that there was a

significant relationship between the severity of the symptoms and the quality of life. It was obvious that 59.4% of the participants who had extremely bothersome had severe menopausal symptoms and 59.3% of the participants who had moderately bothersome had moderate menopausal symptoms.

Findings related to association of post-menopausal symptoms and Quality of Life among post-menopausal women with their selected demographic at 0.05 level of significance (Age, Age at menopause, Menopausal duration, Parity).

• The results of the current study revealed that there was no significant association of any of the MENQOL domains (Vasomotor, Psychological, Physical and Sexual) with any of their demographic at 0.05 level of significance (Age, Age at menopause, Menopausal duration, Parity). However, there was a significant association of level of physical symptoms with one demographic variable i.e. Age at Menopause at 0.05 level of significance. Similar results were conveyed from a study conducted by Thomas and Kamth (2018)⁸ to assess the quality of life among 100 menopausal women residing in Pajeer village in Mangaluru, Karnataka, India. The study results revealed the chi-square value and the p-value for each demographic variables as Age ($\chi^2=0.19$, $p=0.908$); level of education ($\chi^2=4.623$, $p=0.099$); marital status ($\chi^2=1.086$, $p=0.581$); women's occupation ($\chi^2=0.719$, $p=0.698$); type of family ($\chi^2=0.961$, $p=0.618$); socioeconomic status ($\chi^2=0.363$, $p=0.834$); religion ($\chi^2=0.370$, $p=0.831$); and BMI ($\chi^2=0.538$, $p=0.764$). As the chi-square value is greater than p-value, it signifies that there was statistically no significant association between MENQOL symptoms and demographic variables like age, level of education, marital status, type of family, occupation and age at menopause at 0.05 level of significance.

Table 2: Frequency & percentage distribution of study subjects according to demographic profile of the study subjects.

N=60

Variables	Opts	Percentage (%)	Frequency(f)
Age	40-45 Years	1.67%	1
	46-50 Years	20.00%	12
	51-55 Years	21.67%	13
	56-60 Years	13.33%	8
	>60 Years	43.33%	26
Age At Menopause	40-45 Years	23.33%	14
	46-50 Years	45.00%	27
	51-55 Years	21.67%	13
	56-60 Years	10.00%	6
	>60 Years	0.00%	0
Menopausal Duration	0-5 Years	38.33%	23
	6-10 Years	21.67%	13
	>10 Years	40.00%	24
Parity	One	1.67%	1
	Two	31.67%	19
	Three	23.33%	14
	Four	35.00%	21
	Five	6.67%	4
	Six	1.67%	1

Figure 1: Frequency and percentage distribution of study subjects according to level of vasomotor symptoms

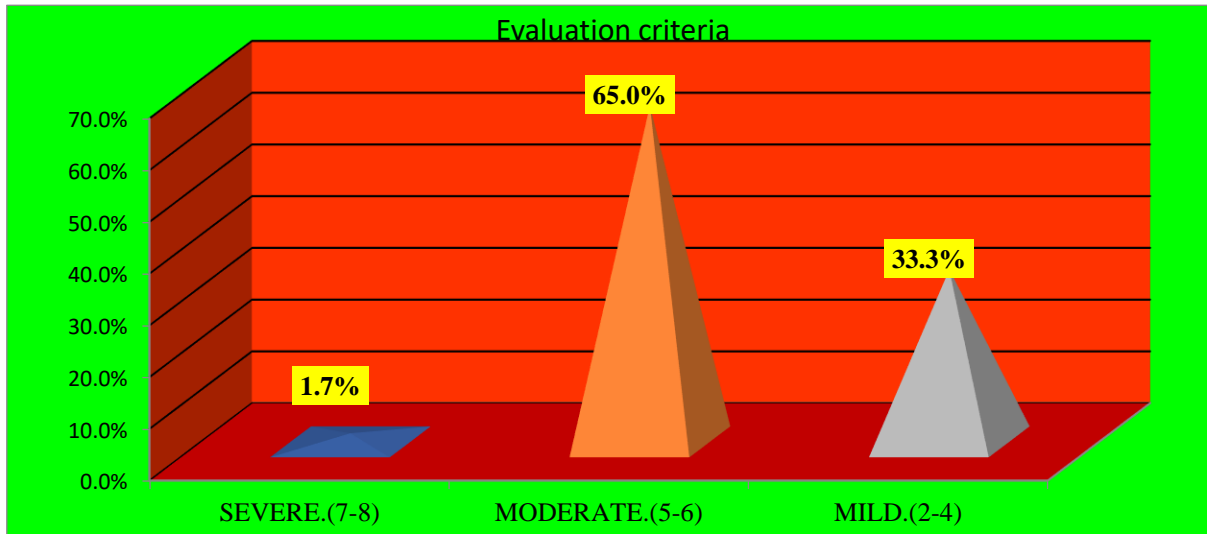


Figure 2: Frequency and percentage distribution of study subjects according to level of psychological symptoms

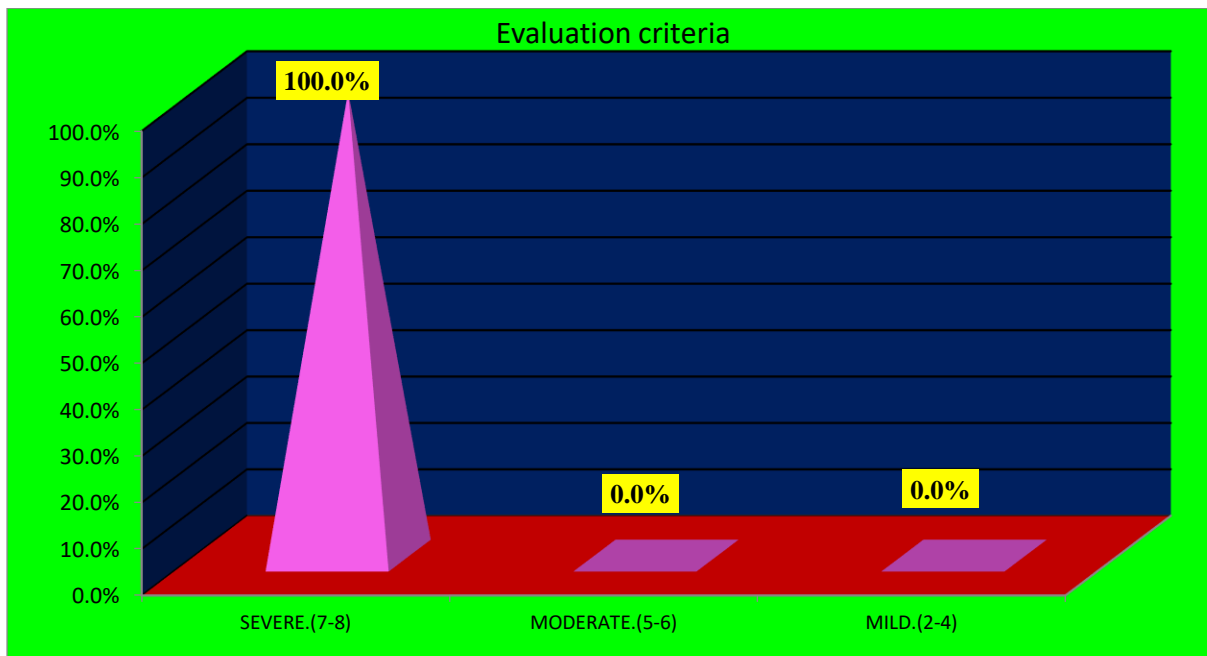


Figure 3: Frequency and percentage distribution of study subjects according to level of physical symptoms

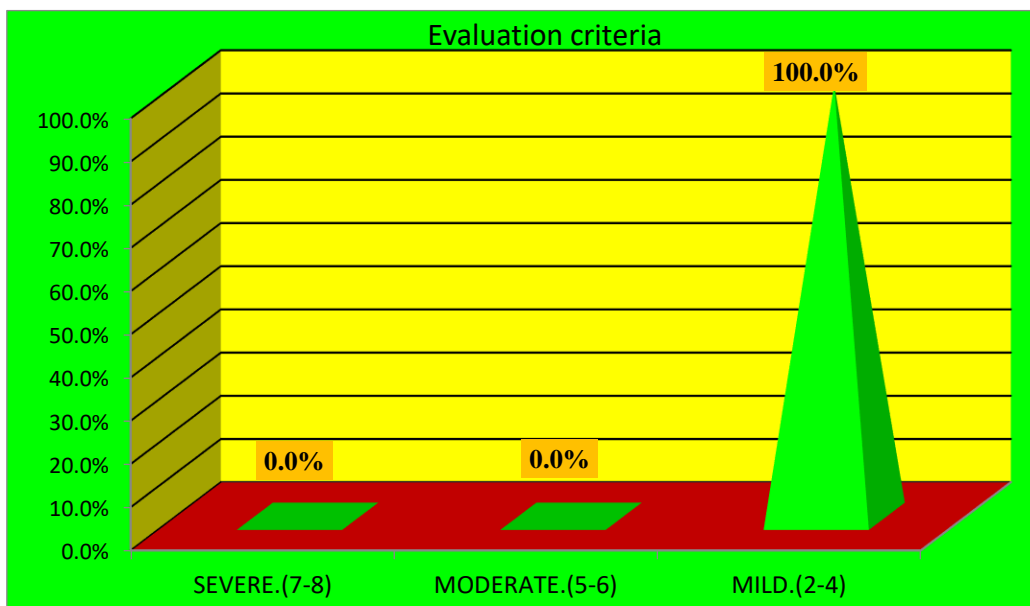


Figure 4: Frequency and percentage distribution of study subjects according to level of sexual symptoms

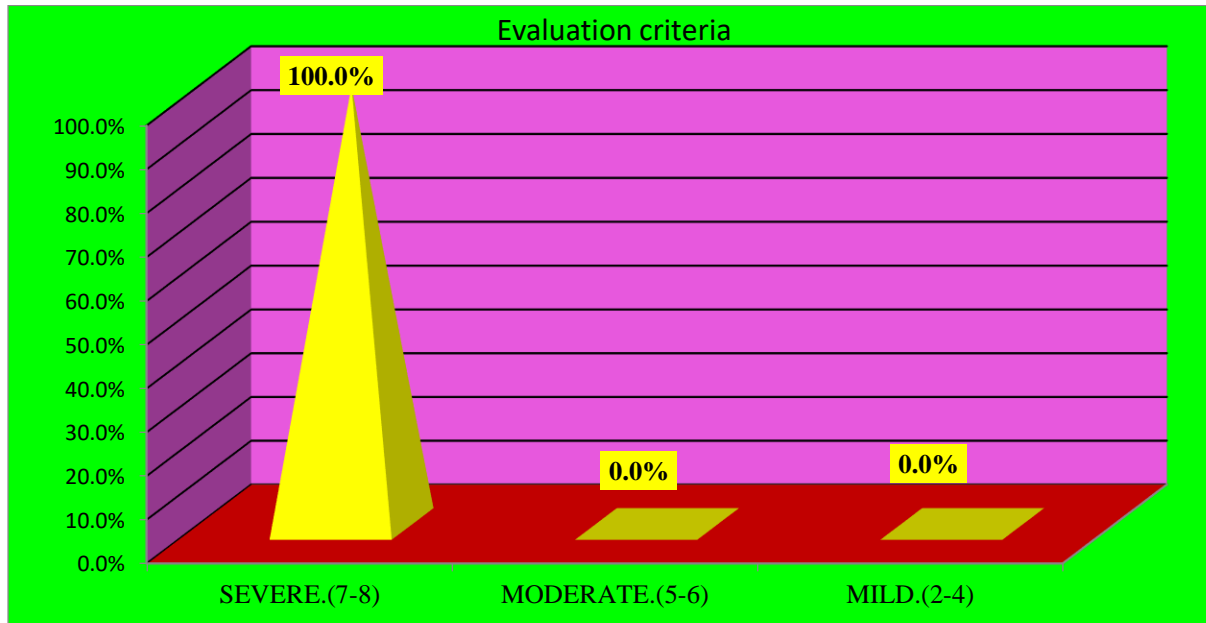


Table 3: Table Showing Association of level of physical symptoms of study subjects with demographic variables.

N=60								
Variables	Opts	Mean	SD	N	DF	T/F Test	P Value	Result
Age	40-45 Years	3.3		1	4/55	2.182	0.083	Not Significant
	46-50 Years	3.4	0.49	12				
	51-55 Years	3.8	0.60	13				
	56-60 Years	3.7	0.48	8				
	>60 Years	3.9	0.58	26				
Age At Menopause	40-45 Years	3.4	0.40	14	3/56	3.176	0.031	Significant
	46-50 Years	3.7	0.69	27				
	51-55 Years	4.0	0.39	13				
	56-60 Years	3.9	0.31	6				
	>60 Years							
Menopausal Duration	0-5 Years	3.5	0.55	23	2/57	2.335	0.106	Not Significant
	6-10 Years	3.9	0.42	13				
	>10 Years	3.8	0.64	24				
Parity	One	3.3		1	5/54	0.696	0.629	Not Significant
	Two	3.6	0.45	19				
	Three	3.8	0.84	14				
	Four	3.7	0.49	21				
	Five	4.1	0.60	4				
	Six	4.1		1				

CONCLUSION:

• Post-menopausal women's overall quality of life (QOL) is impacted by a range of vasomotor, physical, sexual and psychological symptoms. As life expectancy and population of postmenopausal women increases, efforts are needed to educate them and make them aware about various menopausal symptoms. This will enable them to recognize these symptoms early, to seek timely medical treatment for the same and improve quality of life. In order to improve the QOL of postmenopausal women, following measures can be used. These include lifestyle changes like practicing relaxation techniques (Yoga & meditation), eating well balanced diet (fruits, vegetables & whole grains) managing weight, exercising regularly, flexible working environments creating appropriate awareness and health education on the management of postmenopausal symptoms to that age group and it could be reducing the burden of post-menopausal symptoms in the women population and will improve their QOL.

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