Assessment of Quality of Life among Menopausal Women with a View to develop an Information Booklet

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ABSTRACT

Introduction: Menopause is a natural process that all women go through. It is believed that a major physical and psychological change in a woman’s life occurs during this period, though every woman may view these changes differently depending on the society and culture they belong to. And, it is also believed that quality of life (QOL) during this transitional period plays a major role in the remaining life of the woman. Evidences support the clinical importance of the transition for many women as a period of temporary changes in health and QOL and long-term changes in several health outcomes may influence women’s QOL and the likelihood of healthy aging.

Aim: The aims of the study were to assess the QOL among women using structured Menopause-specific quality of life (MENQOL) questionnaire and to find out the association between the QOL among women with selected demographic variables.

Materials and methods: The researchers used quantitative research approach in the study. A descriptive survey design was used in the study. The sample consisted of 100 menopausal women, selected using convenient sampling technique. The investigator used the demographic pro forma and standardized MENQOL questionnaire for collecting the data. After the assessment of QOL among menopausal women, the researcher distributed the information booklet on menopausal health. The study findings have shown that the participants had average QOL in their menopausal period. An information booklet on menopausal health may improve the QOL among menopausal women and create an awareness regarding menopausal symptoms and its management.

Conclusion: The following conclusions were drawn based on the findings of the study:

- Most of the mothers had average QOL during menopausal period.
- An information booklet regarding menopausal health was effective in creating awareness among menopausal women on QOL during menopausal period.

Keywords: Menopausal women, Menopause-specific quality of life questionnaire, Quality of life.
MATERIALS AND METHODS

A nonexperimental study was conducted among 100 menopausal women (48–55 years) residing at Pajeer village in Mangaluru taluk, from October to November 2017. In order to accomplish the main objective of assessing the QOL among menopausal women, a descriptive survey design was adopted. Menopausal women were selected through convenient sampling technique. The samples were identified based on the inclusion criteria, such as menopausal women between the age group of 48 and 55 years, women who have not undergone hysterectomy before menopause, and women who are willing to participate in the study. The study was conducted under the urban community areas of Natekal primary health center (PHC). The PHC is situated under the geographical boundary of Belma Gram Panchayath of Mangaluru taluk. The total population of the PHC is 29,000 and female population aged between 45 and 55 years is 7,718. Standardized MENQOL questionnaire which is translated to Kannada was used to collect the data from menopausal women. The MENQOL questionnaire consists of four domains, such as vasomotor, psychological, physical, and sexual domain. Participants are asked to rate their severity of menopausal symptoms under four domains. The collected data were entered in a master data sheet and analyzed using Statistical Package for the Social Sciences software.

Protection of Human Subject’s Rights

- Permission was obtained from concerned district health officer of Mangaluru taluk to conduct the study.
- The study proposal was presented to the institutional ethics committee and approval was obtained.
- An informed consent and participant information sheet was also obtained from the respondents after proper explanation about purpose, usefulness of the study, and assurance given about the confidentiality of their responses.

RESULTS

The data analyzed are presented under the following headings:
Section I: Distribution of demographic characteristics of the subjects.
Section II: Assessment of MENQOL score among subjects.
Section III: Association between the MENQOL score and the demographic variables.

Section I: Demographic Characteristics of Subjects

As shown in Table 1, 41% of the women were in the age group of 50–54 years and the mean age of attaining menopause was 50.82 years. Forty-three percent of women had primary education and 79% of them were housewives; 89% of the women’s were married and 71% belong to nuclear family. Seventy percent of the women belong to Hindu religion. Majority of women (49%) were multigravida and 75% menopausal women had normal body mass index (BMI) of 18.5–24.9. Twelve percent of them belonged to lower socioeconomic status.

| Demographic characteristics (n = 100) | Percentage |
|--------------------------------------|------------|
| Age                                  |            |
| 45–49                                | 39         |
| 50–54                                | 41         |
| 55–59                                | 20         |
| Level of education                   |            |
| Illiterate                           | 36         |
| Primary                              | 43         |
| Secondary                            | 21         |
| Religion                             |            |
| Hindu                                | 70         |
| Christian                            | 5          |
| Muslim                               | 25         |
| Marital status                       |            |
| Single                               | 8          |
| Married                              | 89         |
| Divorce                              | 3          |
| Type of family                       |            |
| Nuclear family                       | 71         |
| Joint family                         | 22         |
| Extended family                      | 7          |
| Socioeconomic status                 |            |
| High                                 | 10         |
| Middle                               | 78         |
| Low                                  | 12         |
| Occupation                           |            |
| Housewife                            | 79         |
| Daily wages                          | 15         |
| Professional                         | 6          |
| Body mass index                      |            |
| <18.5                                | 17         |
| 18.5–24.9                            | 75         |
| 25–29.9                              | 8          |
| >30                                  | 0          |
| Number of pregnancy                  |            |
| 0–2                                  | 49         |
| 2–4                                  | 41         |
| 4–6                                  | 9          |
| >6                                   | 1          |

Table 1: Percentage distribution of demographic characteristic of the subjects

As shown in Table 2, in vasomotor domain, 45% menopausal women had hot flushes, 47% night sweats, and 49% had profuse sweating. In psychological domain, 35% were being dissatisfied with their personal life, 55% were having poor memory, and 60% were feeling anxious; 47% were feeling depressed down and 56% of menopausal women feeling being impatient with other people. Thirty-two percent were feeling wanting to be alone.

In physical domain, 70% were feeling tired, 55% were having difficulty in sleeping, and 43% were having aches in the back of the neck or head; 55% were feeling that they...
had decreased in their physical strength and 50% were having decrease in stamina; 59% were having drying skin. Sixty-three percent of menopausal women complained of aching in the muscles and joints and 41% complained of frequent urination.

In sexual domain, 31% of menopausal women had changes in sexual desire and vaginal dryness; 41% of them were avoiding the intimacy. The assessment score for vasomotor domain was 10.61%, psychosocial domain: 24.9%, physical domain: 57.22%, and sexual domain: 7.756%.

### DISCUSSION

**Section I: Distribution of Demographic Characteristics of the Subject**

In the study, the demographic characteristics reveal that majority of the women belong to the age group of 50–54 (41%) and the mean age of attaining menopause was 50.82; 43% of women had primary education and 79% of them were housewives; 89% of the women were married and 71% belong to nuclear family; 60% of the women belong to Hindu religion. Majority of women (49%) were multigravida and 75% menopausal women had normal BMI of 18.5–24.9.

The study findings are supported by the study conducted by Vandenakker and Glass which shows that in relation to the women’s occupation, about one half of the women were housewives (51%) and the mean age of women in the study was 49.45 years, majority of the subjects belong to Hindu religion (81%), and majority were married (82%).

The study was supported by another research study conducted by Karmakar et al which reveals that 39% of the women were in the age group of 46–50 years which was the maximum. The mean age was 49.55 ± 4.69 years with a minimum age of 40 years and maximum age of 60 years. Eighty-four percent of the study populations were Hindu, and the majority of them had primary education, i.e., 67%. Ninety-four percent were housewives and currently married, and 62% of them belonged to joint families. Forty-six percent of them had an abortion, 33% had > three children, and 80% had attained menopause, while 20% were in menopause transition.

**Section II: Assessment of MENQOL Score among Subjects**

In vasomotor domain, 45% had hot flushes, 47% had night sweats, and 49% had profuse sweating. In psychological domain, 35% were being dissatisfied with their personal life, 55% were having poor memory, and 56% were feeling anxious; 47% were feeling depressed down
and 39% having being impatient with other people; 32% were feeling wanting to be alone. Similar findings were shown in a research study conducted by Sagdeo and Arora\(^6\) which reveals that the occurrence of vasomotor symptoms was major with 60% of them reporting hot flushes and 47% reporting sweating. Most prevalent psychosocial symptoms reported were feeling of anxiety and nervousness (94%) and feeling depressed (88%).

In physical domain, 70% were feeling tired, 55% were having difficulty in sleeping, and 43% were having aches in back of the neck or head; 59% were having decrease in physical strength and 59% were having drying skin. These findings are in far with the study findings by Vijayalakshmi et al\(^7\) which show that most prevalent symptoms were feeling tired (92.90%), headache (88.80%), joint and muscular discomfort (76.20%), physical and mental exhaustion (60.09%), sleeplessness (54.40%), depressive mood (37.30%), and irritability (36%). The high percentage and scores of menopause rating scale were observed in peri- and postmenopausal women.

In sexual domain, 31% of menopausal women had changes in sexual desire and vaginal dryness; 41% of them were avoiding intimacy. The assessment score for vasomotor domain was 10.61%; psychosocial domain: 24.9%; physical domain: 57.22%; and sexual domain: 7.756%. The study findings are supported by another study conducted by Nabarun Karmakar et al which shows that sexual changes reported by participants were 49% reporting of avoiding intimacy, 40% reporting changes in sexual desire, and 26% of them complaining of vaginal dryness.\(^5\)

### Section 3: Association between the MENQOL and Demographic Variables

The association between the MENQOL symptoms and demographic variables was assessed using chi-square test. The chi-square value and the p-value for each demographic variable are as follows: 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 ($\chi^2 = 1.086$, $p = 0.618$); 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 the p-value, it signifies that there is no statistically significant association between MENQOL symptoms and demographic variables at 0.05 level of significance. This finding draws the conclusion that MENQOL symptoms are independent with the demographic variables of the study. The study findings are supported by another study conducted by Abedzadeh Kalarhoudi et al\(^8\) in
which the results showed that marital status, religion, and socioeconomic status did not have any association with QOL among menopausal women.

CONCLUSION

The results support the popular belief among the menopausal women about menopausal symptoms. The QOL during menopausal period is categorized under various domains like vasomotor, psychological, physical, and sexual symptoms. All domains are evaluated and they were impaired in menopausal women. A large number of women all over the world suffer from menopausal symptoms, and the problem cannot thus be ignored. Education, creating awareness, and providing suitable intervention to improve the QOL are important social and medical issues, which need to be addressed.

In the context of the health professionals, especially the nurses have a crucial role in educating and creating awareness to the menopausal women which will prove to be a cost-effective method to resolve their ignorance regarding menopausal symptoms and management. The findings of the study have implications in the field of nursing education, nursing practice, nursing administration, and nursing research.

Nursing may be defined as a dynamic, therapeutic, and effective process in meeting the health needs of society. Application of home remedial measures to manage menopausal symptoms can be included as a part of nursing education to provide care for women who are undergoing menopause and also to update the knowledge on evidence-based practice.

Health administration plays a pivotal role in supervision and management of nursing profession. The nurse administrator initiates to practice the usage of nonpharmacological measures to relieve menopausal symptoms through in-service education and continuing education programs.

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