

A Descriptive Study to Assess the Menopausal Symptoms and Quality of Life Among Menopausal Women in Akkanabalaga Bagalkot

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Abstract

Original Research Article

Background: Menopause is reduction in estrogen and progesterone level. It is phase when menstrual cycle is completely stopped for longer. To assess the menopausal symptoms among menopausal women. To assess quality of life among menopausal women. To finding the association between menopausal symptoms and quality of life. To associate the findings with selected demographic variables. Material and Method: A Quantitative research design is used in this study. The study was conducted in selected areas of Pune City, India. Non-Probability Purposive sampling technique was used. Total 120 Samples of Menopausal Women were included in this study. Quality Of life (WHOQOL) –BREF standardized tool was used to assess the quality of life and Modified Menopausal Rating Scale was used to assess the severity of Menopausal symptoms. Menopausal Women filled the tool within 15-20 minutes. The collected data was analysed by using descriptive, frequency & percentages methods in statistics. The Chi –Square is used to see the association between the quality of life and menopausal symptoms, demographic variable and quality of life and menopausal symptoms among menopausal women.[1]. **Methods:** A descriptive study was conducted from May 19, 2025, to June 22, 2025. A total of 120 study subjects were selected using the stratified random sampling technique. The study was conducted in Akkanabalaga, Bagalkot closed-ended standard questionnaire to assess the menopausal symptoms and quality of life among menopausal women.

Keywords: Menopause, Quality of Life (WHOQOL-BREF), Menopausal symptoms, Descriptive research, Women's health, Bagalkot.

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INTRODUCTION:

The median age for onset of menopausal symptoms is 45.5 to 47.5 years. Symptoms associated with the menopause include vasomotor symptoms, sleeplessness, mood changes, reduced energy levels, loss of libido, vaginal dryness, and urinary symptoms. Many symptoms, such as hot flushes, are temporary, but those resulting from reduced hormone levels, such as genital atrophy, may be permanent. Progestogens reduce menopausal vasomotor symptoms compared with placebo. However, the clinical usefulness of progestogens given alone for menopausal symptoms is limited by the unwanted adverse effects of the relatively high doses needed to achieve relief of menopausal symptoms. Oestrogens reduce vasomotor and sexual symptoms but, like progestogens, they increase the risk of serious adverse effects. Oestrogens, used alone or with progestogens, reduce vasomotor and urogenital

symptoms, and improve quality of life compared with placebo over 3 to 6 months. However, oestrogens increase the risk of breast cancer, endometrial cancer, stroke, and venous thromboembolism. We don't know whether Phyto-oestrogens, such as those in soy flour, reduce menopausal symptoms. Phyto-oestrogens have not been shown consistently to improve symptoms, and they may increase the risk of endometrial hyperplasia in perimenopausal women.[2]

The menopause transition is usually a gradual process occurring over many years, caused by the cessation of ovarian reproductive function, resulting in the end of menstrual bleeding. In the peri-menopause, ovarian function and therefore the production of the hormones oestrogen, progesterone and testosterone can fluctuate greatly, leading to a wide variety of symptoms, affecting multiple organ systems. Menopause and the management of its associated symptoms can be very

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challenging for patients and clinicians alike and can negatively impact quality of life. The management options include lifestyle adjustment, talking therapies, dietary supplements as well as prescribed medications, including hormone replacement therapy. The UK's average life expectancy for women is approximately 81 years. Therefore, women will now live up to a third of their life being either peri- or postmenopausal. Thus, understanding and treating, where possible, the symptoms of menopause is essential to reduce the burden associated with this physiological state.[3]

Objectives:

- To assess the menopausal symptoms among menopausal women
- To assess the quality of life among menopausal women
- To assess the association between menopausal symptoms and quality of life in relation to sociodemographic variables.

MATERIALS AND METHODS

For the study, a descriptive survey design was adopted. In Akkanabalaga, Bagalkot, India. 120 menopausal women provided samples using a stratified random approach. A conventional, standard BREF scale was used to assess menopausal symptoms and quality life. Both descriptive and inferential statistics were employed to analyse the gathered data.

Source of data- The present study collected data from menopausal women.

Research Approach-

The descriptive research methods are developed when the purpose of the research is to describe the menopausal symptoms and its relation with the quality of life to society. The main objective of this study is to assessment of the menopausal symptoms and quality life in Akkanabalaga Bagalkot.

Research Design-

All plans designed by a researcher to answer research questions or test research findings are called research design. A descriptive design means the study involved a one-time data analysis on menopausal women. The research design represents the population, sample size, variables, data collection tools and methods, and data analysis plan.

Variables

Dependent Variable – Menopausal symptoms and quality of life

Socio-Demographic Variables-

Menopausal women's socio demographic traits are among the sociodemographic variables. Age, educational status, occupation, diet pattern, marital

status, type of family, religion, family income and number of children.

Setting of Study-

Setting is the environment in which information is gathered. The current investigation was carried out at Akkanabalaga of Bagalkot. The convenience of the investigator and the availability of menopausal women were taken into consideration when choosing the study setting.

Population

Target Population- This study refers to a group of Menopausal women in Bagalkot

Accessible Population- This study refers to women, who are in the state of menopause and members of Akkanabalaga of Bagalkot, India.

Sample and Sample Size-

Subjects drawn from units that make up the study's population constitute a sample. The sample size for this investigation is (n=120). Sample including Menopausal women have taken part in Akkanabalaga of Bagalkot, India.

Sample Technique-

The sampling technique is the researcher's procedure to select the study samples. The sample for the present study is 120 Menopausal women who are members of Akkanabalaga of Bagalkot, India. The stratified sampling technique was used to select samples for the present study. The Menopausal women were selected through stratified sampling method according to duration and who met both the in-sampling technique and the procedure that the researcher adopted in selecting the inclusion and exclusion criteria of the study.

Data Collection Tool-

The methods or equipment the researcher employs to measure or observe the important variables in the research problem are known as data collection tools. The data for this study were gathered using a standard instrument.

Statistical analysis-

The methodical arrangement and synthesis of research data, as well as the application of the data to test research hypotheses, constitute statistical analysis. Both descriptive and inferential statistics were used in the analysis of the data. Distributions of percentages and frequencies were used to assess the demographic data. The women had their scores evaluated using the mean and standard deviation. Menopausal women severity of symptoms was compared to a set of chosen sociodemographic characteristics using a chi- square test.

RESULTS

Description of socio- demographic characteristic of sample

- The Percentage wise distribution of sample according their age depicts that, of menopausal women (13.35%) were belonging to 45-49 years, 44.16% of them were belonging to 50-54 years of age, and another 42.5% of them were belonging to 55-60 years of age.
- The percentage wise distribution of sample according to their educational status study shows that 37.5% of the menopausal women have primary education, 46.66% of High school education, 15% of them have graduation and above and 0.833% of them have post graduate.
- The percentage wise distribution of sample according to their women's occupation status illustrates that, 6.66% are Employed, 66.66% of them are housewife, 25.83% of them are self-employed and remaining 0.833% are pensioners.
- The percentage wise distribution of sample according to their diet pattern states that menopausal women 48.33% of them are Vegetarian ,1.66% of them are non-vegetarian type of diet and 50% of them are mixed type of diet.
- Percentage wise distribution of sample according to their marital status state that majority of menopausal women 100% women are married and 0 % are unmarried.
- The Percentage wise distribution of sample according to their type of family shows that majority of, menopausal women 52.5% were from joint family, 47.5% of them were from nuclear family and 0% of them are from extended family.
- The percentage wise distribution of sample according to their religion shows that, majority of menopausal women (65%) were belonging to Hindu religion, 32.5% of them were belonging to Muslim community and 1.66% of them were belonging to Christianity and remaining 0.833% of them were belonging to others.
- The Percentage wise distribution of sample according to their family monthly income reveals that, most (4.16%) of the menopausal women's family monthly income is below Rs.5000 and, 45.83% of them were having family income between Rs.5000-10000 and 50% of them were having family income below Rs.10,000-15000.
- The percentage wise distribution of sample according to their number of children reveals menopausal women 4.16% of them don't have children ,15% of them have 1 child ,45.83% of them have 2 children and 35% of have multiple children.

Table 1: Frequency and percentage distribution of socio-demographic variables

Socio-demographic factor	Frequency	Percentage (%)
1.Age		
a) 45-49 years	16	13.33%
b) 50-54 years	53	44.16%
c) 55-60 years	51	42.5%
2.Education		
a) Primary	45	37.5%
b) Highschool	56	46.66%
c) Graduate	18	15%
d) Post Graduate	1	0.833%
3.Occupation		
a) Employed	8	6.66%
b) Housewife	80	66.66%
c) Self-employed	31	25.83%
d) Pensioner	1	0.833%
4.Diet pattern		
a) Vegetarian	58	48.33%
b) Non-vegetarian	2	1.66%
c) Mixed	60	50%
5.Marital status		
a) Married	120	100%
b) Unmarried	0	0%
c) Widow	0	0%
6.Type of family		
a) Joint family	63	52.5%
b) nuclear family	57	47.5%
c) Extended family	0	0%

7.Religion		
a) Hindu	78	65%
b) Muslim	39	32.5%
c) Christian	2	1.66%
d) Others	1	0.833%
8.Family income		
a) Below Rs5000	5	4.16%
b) Rs5001-10000	55	45.83%
c) Rs10001-15000 above	60	50%
9.Number of children		
a) 0	5	4.16%
b) 1	18	15%
c) 2	55	45.83%
d) More than 2	42	35%

Table 2: Area wise mean, SD, and mean percentage of Menopausal Symptoms and quality of life score.
N=120

Area	Maximum Score	Mean	S. D	Mean percentage
Assessment of menopausal symptoms and quality life.	130	82.1	0.839169	83.77%

The median, SD and mean percentage of knowledge of Menopausal symptoms score reveal that, the total mean percentage of Menopausal symptoms and quality life was 85% with mean 82.1 and SD 0.839169.

Table 3: Association of menopausal symptoms and quality of life with their selected socio-demographic variables.

SI.NO	Socio-demographic variable	chi square	df	P
1	Age a) 45-49 years b) 50-54 years c) 55-60 years	22.76	6	P<0.05 Significant
2	Education a) Primary b) Highschool c) Graduate d) Post Graduate	25.16	9	P<0.05 Significant
3	Occupation a) Employed b) Housewife c) Self-employed d) Pensioner	20.78	9	P<0.05 Significant
4	Diet pattern a) Vegetarian b) Non-vegetarian c) Mixed	299	6	P>0.05 Non-significant
5	Marital status a) Married b) Unmarried c) Widow	0	6	P>0.05 Non-Significant
6	Type of family a) Joint family b) nuclear family c) Extended family	3.16	6	P>0.05 Non-Significant
7	Religion a) Hindu b) Muslim c) Christian d) Others	1.09	9	P>0.05 Non-Significant
8	Family income a) Below Rs5000	12.59	6	P<0.05 Significant

	b) Rs5001-10000 c) Rs10001-15000 above			
9	Number of children a) 0 b) 1 c) 2 d) More than 2	7.22	9	P>0.05 Non-Significant

The findings regarding association of the menopausal symptoms of menopausal women with their selected socio-demographic variables shows that, significant association was found between the menopausal symptoms and age of menopausal women ($\chi^2=22.76$; $P=<0.05$), Education status ($\chi^2=25.16$; $P=<0.05$), Occupation ($\chi^2=20.78$; $P=<0.05$), diet pattern ($\chi^2=2.99$; $P=>0.05$), Marital status ($\chi^2=0$; $P=>0.05$), Type of family ($\chi^2=3.16$; $P=>0.05$), Religion ($\chi^2=1.09$; $P=>0.05$), Family income ($\chi^2=12.59$; $P=<0.05$), Number of children ($\chi^2=7.22$; $P=>0.05$).

DISCUSSION

The present study was designed to assessment of menopausal symptoms and quality of life among menopausal women in Akkanabalaga Bagalkot.

Assessment of level of quality of life among menopausal women reveals that most of menopausal women 85% had good QOL, 0% of them have poor QOL, 0.83% have fair QOL and remaining of 14.16% them have excellent QOL.

The result of the study explained as per the objectives of the study. The study mainly explained the menopausal symptoms and quality of life among menopausal women .The discussion of the study shows that there was effect of menopausal symptoms on quality of life and it was discussed based on the result which was obtained by statistical analysis of collected data .Current study was supported by a descriptive study to assess menopausal symptoms and quality of life among menopausal women live in Akkanabalaga Bagalkot in 2025 . In this study more than 70 women were selected age group of 45-60 year. Women were divided into three categories of i.e., Premenopausal, perimenopause and Post menopause. The result of study shows that menopausal women experienced mild menopausal symptoms like joint and muscle pain (80.7%), hot flashes and sweating (47%) and physical, mental exhaustion (60.7%). The study concluded that menopausal women experienced mild menopausal symptoms and perimenopausal had better quality of life than others.

Menopause is changing the women's whole life from reproductive phase to non-reproductive phase. It is naturally occurred biological events in every woman's life starting from 40 years to 50 years. Menopause is reduction in estrogen and progesterone level. It is phase when menstrual cycle is completely stopped for longer.

According to recent survey conducted by the "Institute for social and economic change (ISEC) in 2019 there are 4 % of Indian women experiences menopausal signs between age of 29 to 34 years and 8 % of women experiences menopausal symptoms at the age of 35 -39 years. According to various studies, the rate of Indian women undergone hysterectomy is 6 in every 100 in the age group of 30-49 years and 11 in 100 women at the age of 45-49 years. Natural menopause means the women's menstrual cycle stopped naturally and surgical menopause means there is removal of one or both ovaries or removal of uterus. Menopausal symptoms experienced by the women immediately after the surgery is mainly occur in surgical menopause. In menopause, women experience various menopausal symptoms like hot flashes, vaginal dryness, sleep problems, urinary problems etc and they also have effect on their physical health, mental health, sexual health. etc Every Individual experience different Menopausal symptom and their severity. The effect of symptoms is seen due to change in life style, social status, psychological status of women etc. QOL defined by WHO is "Individual's insight about of their place in life in the background of the cultural and value system in which they live and in relationship with their goals, beliefs, values and concern.[4]

SUMMARY

This chapter dealt with the analysis and interpretation of the findings of the study. The data gathered were summarized in the master sheet and both descriptive and inferential statistics were used for analysis. The mean, SD, and mean percentage of menopausal symptoms and quality life Among menopausal women. reveal that, the total mean percentage score.... of menopausal women with mean 82.1 and SD 0.839169

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