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Health Related Quality of Life among Post-Menopausal Women, who are Experiencing and Not Experiencing Menopausal Symptoms. A Cross-Sectional Survey at Selected Menopausal Clinics of Bagalkot

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Abstract **Original Research Article**

Background: Menopause is a physiological event in the women's life that can strongly affect the quality of life (QOL). More than 80% of women state that physical and physiological symptoms commonly accompany menopause and affect women health and wellbeing. Post menopause is the permanent cessation of menstruation. Quality of life is a broad concept affected by an individual's physical health, psychological state, level of independence, societal relationship, and environment features. During the menopausal periods, women can experience various symptoms affecting their QOL. This study assesses the factors associated with health related QOL among post-menopausal women. Post-menopausal women have many physical, emotional, and mental symptoms. Hence the investigator felt the need to compare the QOL among post-menopausal women's who are experiencing and not experiencing symptoms. This study examines post-menopausal women's among post-menopausal women's who are experiencing and not experiencing symptoms by using standard scale [MRS] and [WHOQOL]. ***Methods:*** The study is based on Non experimental descriptive approach; QOL among post-menopausal women's, one group is under experiencing symptoms and another one is not experiencing symptoms this group design was used for the study. The population of post-menopausal women attending menopause clinics at selected hospitals at Bagalkot. The sample of 100 subjects were selected by using standard scales [WHOQOL] and [MRS]. The independent variable refers to the postmenopausal women who are expressing and not expressing menopausal and dependent variable refers to the QOL among postmenopausal women. The data was collected by a using standard scales. The collected data was analysed by using descriptive and inferential statistics. ***Results:*** The significant positive correlation was found between QOL among post-menopausal women's who are experiencing and not experiencing symptoms (r=0.75). H1: there will be a no significant association of the post-menopausal women's who are experiencing symptoms with selected socio demographic variables.H2: there will be a significant association of the post-menopausal women's who are not experiencing symptoms with selected socio demographic variables.H3: there will be a significant association of the QOL of post-menopausal women's who are experiencing symptoms with selected socio demographic variables.H4: there will be a significant association of the QOL of post-menopausal women's who are not experiencing symptoms with selected socio demographic variables. ***Interretation and Conclusion:*** The findings of the study showed that the Co-relation is significant at the 0.01 level. the findings reveal that there is moderate positive correlation between the QOL among post-menopausal women's who are experiencing and not experiencing symptoms.

Keywords: Quality of life, post-menopausal women, experiencing and not experiencing symptoms, Socio demographic variables.

INTRODUCTION

The status of women in India has been subject to many great changes over the past few millennia. Women play an integral role in the society. They are the backbone of families and are crucial to the growth and development of communities. Yet, for centuries, women have been relegated to the side-lines, subjected to discrimination and marginalization. In recent years, however, there has been a growing awareness of the

importance of women in society. This article will explore the role of women in society and highlight the importance of empowering women to create a better future for all. [1] Reproductive health is a state of complete physical, mental, and social well-being, and not merely the absence of reproductive disease or infirmity. It is the state of physical, emotional, behavioural and social fitness for leading a reproductive life. According to WHO a total wellbeing all aspects of reproduction. To achieve family planning initiated in 1951. In India culture discussing about knowledge of sex and reproductive health is wrong thing reproductive health deals with the reproductive processes, functions and system at all stages of life.[2] Menarche is defined as the first menstrual period in a female adolescent. Menarche typically occurs between the ages of 10 and 16, with the average age of onset being 12.4 years.[1] The determinants of menarche age are continuously being researched; socioeconomic conditions, genetics, general health, nutritional status, exercise, seasonality, and family size are thought to play a role. Menarche tends to be painless and occurs without warning. The first cycles are usually an ovulatory with varied lengths and flow. Menarche signals the beginning of reproductive abilities and is closely associated with the ongoing development of secondary sexual characteristics. During menopausal transition, there is a lot of fluctuation in the hormone levels making the peri and postmenopausal women susceptible to various mental and physical disorders. There is considerably lack of awareness about the effects of the menopausal symptoms in women in India. Studies on issues relating to menopause, especially among rural women, are also lacking. With this background, the current study was carried out in a rural area of West Bengal with the objective to assess the quality of life (QOL) of peri-menopausal women. [3] The menstrual cycle is complex and controlled by many different glands and the hormones that these glands produce. The four phases of the menstrual cycle are menstruation, the follicular phase, ovulation and the luteal phase. Common menstrual problems include heavy or painful periods and premenstrual syndrome (PMS). Knowing when in the menstrual cycle a woman is most likely to conceive can increase the chance of pregnancy [4] Phases of the menstrual cycle 1. Menstruation,2 The follicular phase,3 Ovulation,4 The luteal phase. Menopause is a point in time when you've gone 12 consecutive months without a menstrual cycle. The time leading up to menopause is called perimenopause. This is when a lot of women or people assigned female at birth (AFAB) start to transition to menopause. [5] They may notice changes in their menstrual cycles or have symptoms like hot flashes. Menopause is a point in time when a person has gone 12 consecutive months without a menstrual period. Menopause is a natural part of aging and marks the end of your reproductive years. On average, menopause happens at age 51.[6] Menopausal symptoms: In the months or years leading up to menopause (perimenopause), you might experience these signs and symptoms.[7] Irregular periods, Vaginal dryness, Hot flashes, Chills, Night sweats, Sleep problems, Mood changes, Weight gain and slowed metabolism, Thinning hair and dry skin, Loss of breast fullness

METHODS AND METHODS

The study is based on Non experimental descriptive approach; QOL among post-menopausal women's, one group is under experiencing symptoms and another one is not experiencing symptoms this group design was used for the study. The population of post-menopausal women attending menopause clinics at selected hospitals at Bagalkot. With sample size of study was 100, out of which 50 who are experiencing symptoms and 50 who are not experiencing symptoms.

Study Participants

There were 100 members attending menopausal clinics of Hanagal Shri Kumareshwar Hospital and research center Bagalkot.

Sample size-

Sample size of the study was 100, out of which 50 who are experiencing post-menopausal symptoms and another 50 who are not experiencing post-menopausal symptoms.

Settings of study

A study was conducted in menopausal clinics of Hanagal Shree Kumareshwar Hospital and Research Center Bagalkot.

Data collection instrument:

A questionnaire was used to collect the demographic variables. WHOQOL and Menopausal rating scale used to assess their quality of life and experiencing post-menopausal symptom.

Content validity and reliability of data collection instruments:

The content validity of the tool was as certained by the four experts in nursing. The socio- demographic questioner was corrected as per the suggestions. Standardized tool such as WHOQOL and Menopausal rating scale.

Data collection procedure

Written permission was obtained from the college principal and nursing Superintendent of the Hanagal Shree Kumareshwar Hospital and Research Centre Bagalkot. There searcher proceeded with the data collection obtaining the written consent. The exact time and data was planned with hospital authority and was communicated to the respondents. Prior to the data collection, the investigator familiarized her with the subjects and explained the purpose of the study to them. We requested consent and full co-operation from participate and assured them of the confidentiality of their response. We had provided standard scale (MRS &WHOQOL) and socio demographic questionnaire to

post-menopausal women's they all had co-operated well with us during the data collection period. The data collection process was terminated after thanking the respondents for their co-operation and patience. The data collected was then complied for data analysis.

Statistical Analysis

The data obtained was analyzed in terms of achieving the objectives of the study using descriptive and inferential statistics. Organization of data in master sheet. Frequency and percentage distribution was used for analysis of socio demographic characteristics. Calculation of mean standard deviation. Application of paired 't' test to ascertain significance of difference between symptoms experience and not experiencing of post-menopausal women's. Application of unpaired 't' test ascertain significance of quality of life among the symptoms experience and not experiencing of post-menopausal women's. Application of chi-square test to find the association between socio demographic variables.

Ethical consideration:

The present study was accepted from institutional ethical committee of B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot.

RESULT

Finding related to demographic variables: Majority of post-menopausal women's (56%) were belonging to 54-55 years of age. Most of post-menopausal women's (78%) were belonging to Hindu religion. Majority of post-menopausal women's (55%) had no formal education. Most of post-menopausal women's (59%) were house wife's. Most of post-menopausal women's (55%) family monthly income was 10,000 -20,000. Majority of post-menopausal women's (86%) were belonging to married. Majority of post-menopausal women's (43%) had 2 children. Majority of post-menopausal women's (40%) respondents time period after attainment of menopause are 2 years. Majority of post-menopausal women's (56%) were belonging to 54-55 years of age. Majority of post-menopausal women (65%) were use of menopausal hormonal therapy. Majority of post-menopausal women's (46%) were belonging to vegetarian. Majority of post-menopausal women's (55%) were belonging to 13 years. Chi square test was done to find out association between QOL among post-menopausal women's who are experiencing by using MRS scale and selected socio demographic variables and its Finding reveals that there is no significant association between post-menopausal women's who are not experiencing symptoms and selected socio demographic variables such as age, religion, education, occupation, income, marital status, no of children, age at menarche, and there is significant association are attainment of menopause, hormone therapy and dietary lifestyle . Chi square test was done to find out association between QOL among post-menopausal women's who are not experiencing symptoms by using WHOQOL scale and selected socio demographic variables and its Finding reveals that there is no significant association between QOL post-menopausal women's who are experiencing symptoms and selected socio demographic variables such as age, sex, marital status, religion, occupation, no of children, educational status etc. and there is significant association are hormone therapy and dietary lifestyle.

TABLE 1: Frequency and percentage distribution of socio demographic characteristics of sample.

Variables	Frequency	Percentage
1. AGE		
A.48 – 50 Years	22	22%
B.51-53 Years	22	22%
C.54 – 55 Years	56	56%
2. Religion		
A. Hindu	78	78%
B. Muslim	16	16%
C. Christian	6	6%
D. Others	0	0%
3.Education		
A. No Formal	55	55%
B. Primary Education	30	30%
C. Secondary Education	14	14%
D. P.U.C. And Diploma	1	1%
E. Graduation and Above	0	0%
4. Occupation		
A. Housewife	59	59%
B. Labour Wife	9	9%
C. Agriculture	27	27%
D. Employed	3	35%
E. Self employed	2	2%

5.Income		
A.<10000	32	32%
B.10000-20000	55	55%
C.20000 And Above	13	13%
6.Marital Status		
A. Married	86	86%
B. Unmarried	13	13%
C. Widow/ Diverse	1	1%
7. Children		
A. One	21	21%
B. Two	43	43%
C. Three	18	18
D. Four and Above	18	18%
8.Time Period of Attainment of Menopause		
A.1 Year	13	13%
B.2 Year	40	40%
C.3 Year	14	14%
D. 3 Year and Above	33	33%
9.Use Of Menopausal Hormonal Therapy		
A. Yes	65	65%
B. No	35	35%
10.Deitary Life Style		
A. Vegetarian	46	46%
B. non-vegetarian	34	34%
C. Smoking	20	20%
11.Age At Menarche		
A.<13	28	28%
B.13	55	55%
C.>13	17	17%

Table 2: Mean, SD and mean% of QOL of postmenopausal women's who are experiencing symptoms and domains

Variables	Maximum Score	Mean	S. D	Mean Percentage
Overall score	10	6.4	1.26168	12.8%
Physical Domain	30	18.56	2.564	37.12%
Psychological Domain	35	16.7	2.052	33.4%
Social Domain	15	9.08	1.509	18.16%
Environment Domain	40	22.26	2.827	44.52%
Total QOL	130	71	14.887	54.61%

Table 3: Mean, SD and mean% of QOL of postmenopausal women's who are not experiencing symptoms.

Variables	Maximum Score	Mean	S. D	Mean Percentage
Overall score	10	6.54	1.5545	13.08%
Physical Domain	30	21.46	3.786	42.92%
Psychological Domain	35	17.82	3.014	35.64%
Social Domain	15	9.78	1.887	19.56%
Environment Domain	40	26	4.157	52%
Total QOL	130	59	11.147	45.38%

The table 2 shows that to mean, SD and mean percentage of total quality of life score illustrate that, the highest mean percentage of post-menopausal women's (12.8%) was found for overall domain with mean (6.4) and SD (1.26168), following by (37.12%) was found for physical domain with mean (18.56) and SD (2.564), psychological domain (33.4%) with mean (16.7) and SD (2.052), social domain (18.16%) with mean (9.08) and SD (1.509), environment domain (44.52%) with mean (22.26) and SD (2.827) and total QOL (71%) with mean (71) and SD (14.887).

The table3 Shows that to mean, SD and mean percentage of total quality of life score illustrate that, the

highest mean percentage of post-menopausal women's (13.08%) was found for overall domain with mean (6.54) and SD (1.5545),following by (42.92%) was found for physical domain with mean (21.46) and SD (3.786), psychological domain (35.64%) with mean (17.82) and SD (3.014), social domain (19.56%) with mean (9.78) and SD (1.887), environment domain (52%) with mean (59) and SD (4.157) and total QOL (59%) with mean (59) and SD (11.147).

DISCUSSION

The mean, SD and mean percentage of total quality of life score illustrate that, the highest mean percentage of post-menopausal women's (12.8%) was found for overall domain with mean (6.4) and SD (1.26168),following by (37.12%) was found for physical domain with mean (18.56) and SD (2.564), psychological domain (33.4%) with mean (16.7) and SD (2.052), social domain (18.16%) with mean (9.08) and SD (1.509), environment domain (44.52%) with mean (22.26) and SD (2.827) and total QOL (71%) with mean (71) and SD (14.887). The mean, SD and mean percentage of total quality of life score illustrate that, the highest mean percentage of post-menopausal women's (13.08%) was found for overall domain with mean (6.54) and SD (1.5545),following by (42.92%) was found for physical domain with mean (21.46) and SD (3.786), psychological domain (35.64%) with mean (17.82) and SD (3.014), social domain (19.56%) with mean (9.78) and SD (1.887), environment domain (52%) with mean (59) and SD (4.157) and total QOL (59%) with mean (59) and SD (11.147).

CONCLUSION

The findings of the study showed that the Co-relation is significant at the 0.01 level. the findings reveal that there is moderate positive correlation between the QOL among post-menopausal women's who are experiencing and not experiencing symptoms.

CONTRIBUTION OF AUTHORS-

Add authors name in below, who is related to which heading.

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Data collection: students
Data analysis and interpretation: students
Literature search: Ms Anjana C
Critical review: Ms Anjana C
Article: Ms Anjana C
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