

Women post menopause: assessment of quality of life and socio-demographic correlates

Purnima Raj¹, Namita Deshmukh^{2*}, Avinash Borkar²

¹Department of Pharmacology, Late Shri Lakhiram Agrawal Memorial Government Medical College, Raigarh, Chhattisgarh, India

²Department of Community Medicine, Government Medical College, Nizamabad, Telangana, India

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***Correspondence:**

Dr. Namita Deshmukh,

Email: namitad0712@gmail.com

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ABSTRACT

Background: Menopause can have psychological, physical, and vasomotor symptoms along with sexual dysfunction, Current health care model fail to recognize that these symptoms profoundly affect a woman's personal and social functioning and ultimately her quality of life. Hence, this study aims to assess the Quality of life of post-menopausal women and finding out socio-demographic factors affecting quality of life.

Methods: A cross-sectional study in an urban slum area was undertaken and 105 females between 45-65 years of age were interviewed using menopause-specific quality of life (MENQOL) questionnaire.

Results: The mean age of these study participants was 54.13±4.05 (45-62) years. Out of 105 post-menopausal women included in the study, 20% were illiterate, 26.7% had completed education up to Secondary school level. Total MENQOL scores ranged from 62-148 and total mean score was 101.3±23.44.

Conclusions: Menopause affected not only physical health of a woman but also affects psychosocial aspect of life and this was well evident from the present study where MENQOL scores were higher indicating poor quality of life after menopause. Ageing, lower education, lower socio-economic status, unemployment and no spouse support were contributing to the poor quality of life.

Keywords: Menopause, Quality of life, MENQOL

INTRODUCTION

The World Health Organization has defined menopause as twelve months of amenorrhea after the last menstrual period. This process is the result of complete or partial absence of oestrogen release from ovaries as well as depletion of ovarian follicles.¹ With the increasing life expectancy, a woman spends one third of her life in menopause.² Menopause can have psychological, physical, and vasomotor symptoms along with sexual dysfunction. Nearly, 50 to 80% of women complain of menopausal symptoms such as hot flushing, sweating,

sleep disturbance tiredness, and depression.³ Secondly, osteoporosis and heart disease risk may increase due to age-related increases in weight, blood pressure, and cholesterol levels. Current health care model treats the symptoms but fail to recognize that severe symptoms profoundly affect a woman's personal and social functioning and ultimately the quality of life (QOL). QOL has been defined by the WHO as the "individual's perceptions of their position in life in the context of the cultural and value systems in which they live and in relation to their goals, expectations, standards, and concerns."⁴ The assessment of QOL approach focuses on

holistic well-being of the person and not merely the treatment of the disease.

Though there are many studies describing the symptomatology of menopause, but scanty data is available regarding the symptoms affecting the QOL of the menopausal women. Hence, this study aims to assess the QOL of post-menopausal women and finding out demographic factors affecting QOL.

METHODS

A cross-sectional study was carried out during the September 2018 to February 2019 in an urban slum area which was also the field practising area of Late Shri Lakhiram Agrawal Memorial Government Medical College, Raigarh in State Chhattisgarh. A house to house visit was given and all the females between 45-65 years of age were interrogated. Females who have attained menopause i.e., not had menstruation since last one year was included in the study. Women, who did not give consent, who were on hormone replacement therapy or any medication for menopausal symptoms, or who were known cases of diabetes, hypertension, any mental illness and cancer were excluded from the study. Thus, during the study period, 105 post-menopausal women were interviewed from the study area. Written informed consent was obtained from these women and approval from institutional ethics committee was sought.

The study participants were interviewed for sociodemographic variables like age, duration of menopause, education, occupation, employment status, family income, marital status, number of children. Height and weight were recorded. To assess QOL, the menopause specific quality of life (MENQOL) questionnaire developed by Hilditch was used.⁵ The questionnaire was translated in local language and the study participants were interviewed. Each interview lasted for 30-40 minutes. This questionnaire consists of 29 questions divided into four main domains like vasomotor consisting of three questions, psychosocial consisting of seven questions, physical consisting of 16 and sexual consisting of three questions. This questionnaire has a response of a seven-point Likert scale ranging from '0' to '7' scores, where '0' indicates that the woman has not experienced the symptom at all in last one month. Score '1' indicates the woman suffered from a particular symptom during last month but it was not bothersome to her and later on increasing score indicates increasing distress due to the menopausal symptom. Domain score was calculated by simple average of the scores of the questions in that domain. MENQOL questionnaire has adequate reliability and validity.⁵⁻⁷

Analysis was done using SPSS 10.1 version. Sociodemographic characteristics and the prevalence of menopausal symptoms were presented as means, standard deviations, and percentages. For analysis purpose,

median score of three was considered as cut-off for assessing QOL. Score of three and below per item was considered as normal QOL while score above three was considered as impaired QOL. Z-test was used to assess association between socio-demographic variables and impaired QOL. P value of <0.05 was considered statistically significant.

RESULTS

The current study was undertaken in women who have attained menopause i.e., not had menstruation since last one year. So, 105 post-menopausal women aged 45 years and above who fulfilled this criteria were interviewed.

Table 1 shows the distribution of study subjects according to the socio-demographic characteristics. The mean age of these study participants was 54.13±4.05 (45-62) years. Maximum i.e., 34/105 (32.4%) belonged to the age group of 50-54 and only 18/105 (17.1%) were aged 60 years and above.

Table 1: Distribution of study subjects according to the socio-demographic characteristics.

Sociodemographic characteristics	No.	%
Age group (in years)		
45-49	22	21
50-54	34	32.4
55-59	31	29.5
>60	18	17.1
Education		
Illiterate	21	20.0
Primary	26	24.8
Secondary	28	26.7
Higher secondary	20	19.0
Diploma/graduate	10	9.5
Occupation		
Employed	33	31.4
Unemployed/housewife	72	68.6
Socio-economic status		
I	1	1.0
II	13	12.4
III	25	23.8
IV	37	35.2
V	29	27.6
Marital status		
Currently married	85	81.0
Divorced/widowed	20	19.0
Duration of menopause		
≤5 years	48	45.7
>5 years	57	54.3

Also, 21/105 (20%) post-menopausal women were illiterate. Maximum i.e., 28/105 (26.7%) had completed education up to Secondary school level and only 10/105 (9.5%) had completed their graduation or diploma. None of them was postgraduate. Maximum, i.e., 72/105 (68.6%)

post-menopausal women were housewives. Majority of them, 66/105 (62.8%) belonged to lower socioeconomic class. 85/105 (81%) of these women were currently married and were living with their husband and children. Out of 15/105 (14.3%) women who were divorced/widowed stayed with their children, 3/105 (2.8%) women were staying at their maternal home and 2/105 (1.9%) women were staying all alone.

Maximum number of post-menopausal women in the current study 57/105 (54.3%) had menopause for more than five years.

Table 2: Total and domain-wise mean scores of the MENQOL of the study subjects.

Domains	Mean±S.D.	Range
Vasomotor (3 questions)	9.84±3.92	03-11
Psychosocial (7 questions)	24.5±6.6	17-30
Physical (16 questions)	55.6±18.44	38-90
Sexual (3 questions)	11.36±4.4	04-17
Total	101.3±23.44	62-148

Table 2 shows total and domain-wise mean scores of the MENQOL of the post-menopausal women. Total MENQOL scores ranged from 62-148 and total mean score was 101.3±23.44.

Table 3 shows the distribution of study subjects according to their sociodemographic characteristics and domain-wise normal or impaired QOL. As higher

MENQOL scores indicate poorer QOL, it was seen that postmenopausal women aged more than 55 years were having higher total MENQOL as well as domain-wise scores than those aged less than 55 years. The difference in the scores was statistically significant in vasomotor ($z=4.1$, $p=0.000021$) and psychosocial domains ($z=3.07$, $p=0.00107$) along with total MENQOL scores ($z=3.52$, $p=0.000216$).

The total MENQOL score in postmenopausal women educated up to primary levels was higher (106.4 ± 22.68) as compared to those educated above secondary school level (96.2 ± 24.2), and the difference in mean scores was significant in all domains except physical ($z=0.28$, $p=0.3897$).

Similarly, unemployed women had higher scores in all the domains and total MENQOL as well, but the difference was insignificant except for psychosocial domain ($z=4.53$, $p<0.00001$).

Postmenopausal women belonging to lower class had higher score in all the domains as well as total MENQOL scores as compared to those belonging to middle and upper-class women, though the difference was not significant.

Divorced and widowed women had higher scores of MENQOL in all the domains as compared to currently married women and the difference was significant in all domains except physical domain ($z=5.34$, $p=0.00001$).

MENQOL scores were almost comparable or similar in women having menopause for less than 5 years (total MENQOL score 101.6 ± 23.4) and those having menopause for more than 5 years (101 ± 23.48).

Table 3: Domain-wise total MENQOL mean scores of post-menopausal women across sociodemographic factors.

Sociodemographic characteristics	Domains of MENQOL				Total QOL
	Vasomotor	Psychosocial	Physical	Sexual	
Age in years					
<55 (n=56)	8.24±3.4	22.5±6.1	54.2±18.1	10.6 ±4.5	93.2±24.28
≥55 (n=49)	11.44±4.44	26.5±7.1	57±18.78	12.12±4.3	109.4±22.6
Z, p value	$z=4.1$, $p=0.000021$	$z=3.07$, $p=0.00107$	$z=0.78$, $p=0.217$	$z=1.86$, $p=0.031$	$z=3.52$, $p=0.000216$
Education					
Upto primary (n=47)	11.24±4.64	26.6±7.4	56.1±18.48	13.6±4.2	106.4±22.68
Secondary and higher (n=58)	8.44±3.2	22.4±5.8	55.1±18.4	9.12±4.6	96.2±24.2
Z, p value	$z=3.65$, $p=0.000131$	$z=3.26$, $p=0.000557$	$z=0.28$, $p=0.3897$	$z=5.21$, $p<0.00001$	$z=2.21$, $p=0.013$
Occupation					
Employed (n=33)	9.8±2.8	21.5±5.6	54.8±17.9	11.2±5.1	100.4±23.6
Unemployed (n=72)	9.88±5.04	27.5±7.6	56.4±18.98	11.52±3.7	102.2±23.28
Z, p value	$z=0.1$, $p=0.46$	$z=4.53$, $p<0.00001$	$z=0.42$, $p=0.337$	$z=0.32$, $p=0.3744$	$z=0.36$, $p=0.359$

Continued.

Sociodemographic characteristics	Domains of MENQOL				Total QOL
	Vasomotor	Psychosocial	Physical	Sexual	
Socio-economic status					
Upper and middle class (n=39)	9.4±3.4	22.6±6.6	53.2±18.1	9.4±5.2	95.8±24.28
Lower class (n=66)	10.28±4.44	26.4±6.6	58±18.78	13.32±3.6	106.8 ± 22.6
Z, p value	z=1.28, p=0.1	z=2.85, p=0.0022	z= 1.29, p=0.985	z=4.16, p=0.000016	z=2.34, p=0.009642
Marital status					
Currently married (n=85)	8.6±4.1	20.2±6.8	55.4±17.4	8.2±3.8	95.1±25.58
Divorced/widowed (n=20)	11.08±3.74	28.8±6.4	55.8±19.48	14.52±5.0	107.5±21.2
Z, p value	z=2.62, p=0.004396	z=5.34, p=0.00001	z=0.08, p=0.4681	z=5.3, p=0.00001	z=2, p=0.02275
Duration of menopause in years					
≤5	9.4±3.8	24.2±5.4	52±19.1	11.4±4.8	101.6±23.4
>5	10.28±4.04	24.8±7.8	59.2±17.78	11.32±4.0	101±23.48
Z, p value	z=1.15, p=0.1250	z=0.46, p=0.32275	z=1.99, p=0.0233	z=0.09, p=0.4641	z=0.13, p=0.4482

DISCUSSION

Menopause not only affects a woman's physical domain of life but it also influences the mental and social domains as well. Problems in all these domains can be measured by MENQOL questionnaire and knowing these problems in the beginning can lead to their solutions and treatment and ultimately improve the QOL of a woman in her postmenopausal duration of life. Thus, QOL concept embraces the holistic approach towards treatment of a patient in making lives better.

In the present cross-sectional study, 105 post-menopausal women residing in an urban slum in the age range of 45-62 years were included.

It was observed that postmenopausal women aged more than 55 years were having higher total MENQOL as well as domain-wise scores indicating impaired QOL than those aged less than 55 years. The difference in the scores was statistically significant in vasomotor and psychosocial domains along with total MENQOL scores. This shows that less the age, less were the symptoms and better was the QOL. Similar findings were reported by Ganpathy et al who observed that the mean physical health-related QOL score in 50 years and <50 years of age and >50 years of age of his study participants was 23.01±0.14 vs. 31.01±0.14, psychological health-related QOL score 11.12±10.04 vs. 13.65±0.04; vasomotor health-related QOL score 2.94±1.17 vs. 5.18±0.71; and sexual health-related QOL score 2.42±0.84 vs. 5.29±0.17 and the difference was significant (p<0.05) in all domains.⁶

In the current study it was found that menopausal women educated and employed had lower scores in all the domains than the women educated up to primary or those

who were illiterate unemployed. Education increases knowledge which in turn increases awareness and better understanding of all the health-related issues and the coping abilities leading to a better QOL. Also, working and earning money for oneself increases confidence and women have a social support in the form of friends and co-workers apart from family members which might elevate the QOL. Similar results were reported by Shobeiri et al and Senthilvel et al.^{3,8}

It was observed in the present study that women belonging to higher socioeconomic class had lower scores and better QOL compared to those belonging to lower class. Also, the married women had lower scores and better QOL as compared to divorced or widows and the difference in scores was statistically significant in all the domains. This can be explained by the fact that higher income and good moral and psychological support in the form of a spouse can lead to a fulfilling life and better QOL. Similar results were reported by Senthilvel et al and Poomalar et al.^{8,9}

CONCLUSION

Menopause affects not only physical health of a woman but also affects psychosocial aspect of life. Ageing affected all the domains and overall QOL of post-menopausal women was poor. Education, engagement in occupation and support from family and friends though did not seem to increase or decrease the symptoms occurring from menopause but these three factors definitely had a role in the way the women responded to those symptoms and their ability to cope with the physical symptoms. Lower socio-economic status, lesser support from family and friends worsen the symptoms of menopause and also the QOL in the post-reproductive age. Thus, interventions like increasing awareness of health after menopause, counselling of the family

members to extend understanding and support and lifestyle modification are necessary to equip the women to deal with the inevitable stage of their life, life post menopause.

Recommendations

The health care services today, are much concentrated towards the reproductive age group and children but morbidities due to ageing and especially menopause are increasing and this area, needs a special attention. A menopausal outpatient department with dedicated staff should be established in the hospitals with the alliance of various departments like gynaecology, geriatric medicine, pharmacology, community medicine and psychiatry, which not only shall treat the physical symptoms but deal with the psychosocial problems of the women post menopause. All the health care workers especially nurses and social workers should be trained in menopausal counselling to enhance the QOL of our post-menopausal population.

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