



COMPARISON OF QUALITY OF LIFE AMONG POSTMENOPAUSAL WOMEN IN SELECTED RURAL AND URBAN COMMUNITIES OF AMRITSAR, PUNJAB

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ABSTRACT

The present study compared the quality of life among postmenopausal women in selected rural and urban communities of Amritsar, Punjab. Samples consisted of 200 postmenopausal women, 100 from rural and 100 from urban community of Amritsar. Purposive sampling was used to select the sample. Quality of life was assessed by modified quality of life scale. Results revealed that majority of postmenopausal women in rural community had poor quality of life as compared to postmenopausal women in urban community. ANOVA and t test was applied to assess the association of quality of life among postmenopausal women with socio-demographic variables such as age, religion, educational status, occupation, monthly family income and type of family.

KEYWORDS : Quality of life, Postmenopausal women, Rural area, Urban area.

Menopause is defined as the permanent cessation of menses resulting from reduced ovarian hormone secretion that occurs naturally or is induced by surgery, chemotherapy, or radiation (Rahman et al. 2010). Natural menopause is recognized after 12 months of amenorrhea that is not associated with a pathologic cause. Menopause means the "end of monthly cycles". Every woman, when she reaches the age where fertility ends, goes through menopause (Burger, 2000). It is a natural physiological change in a woman's body where hormonal mechanism undergoes numerous changes that finally lead to the cessation of menses. The mean age of menopause in India is 47.5 years old. The menopausal symptoms like hot flashes, vaginal dryness, irritability, sleep disorder etc affect the quality of life of postmenopausal women.

Schnatz et al. (2005) studied on menopause symptoms in 80 Hispanic women. The findings showed that in prevalence of hot flashes was 63.8% and night sweat was 51% mood swings (77.9%), decrease in energy (75.9%), sleeping problems (73.4%) and memory problems (67.1%) were the four most common symptoms. Yang et al. (2004) studied on menopausal symptoms among 9939 midlife women of age group 40-65 yrs in southern China. The findings showed that the most prevalent symptoms were insomnia (37.2%), joint and muscle pain (35.7%) and dizziness (31.5%). Hot flashes were experienced by 17.5% women. Keeping above findings in mind, this paper focused on comparison of quality of life of rural and urban communities among postmenopausal women.

MATERIALS AND METHODS

The non-experimental research approach was considered so as to assess the quality of life among postmenopausal women in selected rural and urban communities of Amritsar, Punjab. Purposive sampling technique was used to select the sample. A total sample of 200 postmenopausal women, 100 from rural and 100 from urban communities of Amritsar, Punjab was selected for the present study. Content validity of the demographic profile, quality of life scale was determined by expert's opinion. Reliability refers to the accuracy and consistency of the measuring tool. Reliability of the tool was computed by split half technique & was calculated by Spearman Brown's Prophecy Formula. The reliability of the 3 point likert scale was calculated to be $r=0.85$. Thus, the tool was highly reliable.

Data collection procedure & description

Socio-demographic Profile: This part consists of items for obtaining personal information about such as Age, religion, educational status, occupation, monthly family income & type of family.

Modified quality of life scale regarding quality of life among postmenopausal women: This part consists of 34 items divided into four domains namely physical, psychological, social and sexual health. It was developed with 3 point scale (not at all, a moderate, an extreme amount) containing positive and negative statements. So the maximum score was 3 and minimum 1 to positive statement and for negative statements the scores were reversed. Quality of life score was divided into two categories i.e. good quality (≥ 71) and poor quality (< 71). Written consent was taken from postmenopausal women. Researcher assisted approach was used in which researcher asked the

questions from subjects and help to fill the tool. The time taken to fill the tool was approximately 15-20 mins. At the end guidelines were provided to postmenopausal women regarding the improving of quality of life.

RESULTS AND DISCUSSION

Table 1 & Figure 4 depict the frequency & percentage distribution of postmenopausal women in rural and urban communities according to quality of life. It shows that majority (90%) of postmenopausal women in rural community had poor quality of life followed by 10% had good quality of life whereas majority (78%) of postmenopausal women in urban community had good quality of life followed by 22% had poor quality of life. Similar study reported by William et al. (2004) showed women live in rural area had worse quality of life than urban area.

The data of present study revealed that association of quality of life among postmenopausal women in rural and urban communities with age, educational status; occupation & monthly family income were significant. The findings are similar to Abedzadeh et al. (2011) concluded that the age, working status, educational level, income satisfaction, marriage satisfaction had influence on quality of life in menopausal women.

CONCLUSION

Majority of subjects i.e. 90% had poor quality of life in rural community as compared to urban community i.e. 10%. There is association of age, educational status, occupation, monthly family income and type of family with quality of life among postmenopausal women in rural community and religion has no association where as all variables are associated with quality of life among postmenopausal women in urban community and type of family has no association with quality of life. So student nurse must conduct more research studies on quality of life among postmenopausal women so that measures to improve quality of life.

Figure 1: Quality of life of postmenopausal women in rural and urban communities.

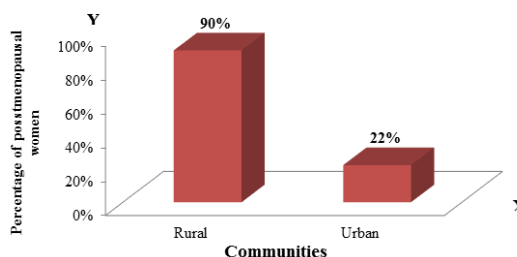


Table 2: Frequency and percentage distribution of postmenopausal women in rural and urban communities according to quality of life

N= 200

Quality of life	Community	
	Rural	Urban
	n (%)	n (%)
Good ($\geq 70\%$)	10 (10)	78 (78)
Poor ($< 70\%$)	90 (90)	22 (22)

Maximum score= 102

Minimum score= 34

REFERENCES

1. Rahman, Sasa., Zainudin, S.R., and Kar, Mun, V.L. (2010). Assessment of menopausal symptoms using modified rating scale (MRS) among middle age women in Kuching, Sarawak, Malaysia. *Asia Pac. Fam. Med.* 9: 5:5-10
2. Burger, H.G. (2000). Cycle and hormone changes during perimenopause: The key role of ovarian function. *Menop.* 15(1): 603-607
3. Schnatz, Peter, F. D.O., Banever, Abegail, E. B.A., Greene, Jack, F. M.D, and O'Sullivan. (2005). Pilot study of menopause symptoms in a clinic population. *The J North Am. Menop. Soc.* 22(5): 623-629.
4. Yang, Dongi, Haines, C.J., Pan, P., Zhang, Q., Sun, Y and Hong S. (2004). Menopausal symptoms in midlife women in southern china. *Climact.* 11(4): 329-336.
5. Eman, Elsayed., Mohammed, Elsabagh. and Eman, Shokry, Abd, Allah. (2012). Menopausal symptoms and quality of life among pre-post menopausal women from rural area in Ziegzag city. *Life Sci. J.* 9(2): 283-291.
6. D'souza and Melba. (2009). Health promoting quality of life of postmenopausal women. *J. Adv. Nur. Sci.* 66(2): 142-146.
7. Williams, B., Lewis, E., Kazis, Yujing, Shen., Zhongxia, Cong., Xinsua S. Ren, Donald Miller, Austin, Lee. And Jonathan, B. (2004). Disparities in HRQOL between rural and urban. *Am. J Pub. Health.* 94(10): 1762-1767.
8. Abedzadeh, M., Kalarhoudi, M., Taebi, Z., and Saberi, F. (2011). Assessment of quality of quality of life in Menopausal periods: a population study in Kashan Iran. *Iran Red. Ceccent. Med. J.* 13(11): 811-817.