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# ASSESSMENT OF QUALITY OF LIFE AMONG POST MENOPAUSAL WOMEN IN A RURAL AREA OF MYSURU

Geriatric Health

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## ABSTRACT

**Background:** Menopause marks a significant transition in the life of women, accompanied by emotional, physical, and social challenges that can impact quality of life (QoL). This study aims to evaluate the QoL of postmenopausal women in a rural area of Mysuru, highlighting the key factors influencing their well-being. **Methodology:** A community based cross-sectional study was conducted among 200 women, who had attained menopause at least one year back residing in rural Mysuru. A structured questionnaire based on MENQUAL questionnaire was administered to collect data. Socio-demographic details, behavioural characteristics, and menopause-related symptoms were also recorded. **Results:** Mean age of the participants were 52.12+ 3.99 years (45-60) and the most common menopausal symptoms reported by participants included avoidance of intimacy in the sexual domain (76.5%). The overall QOL in relation to various dimensions of menopausal symptoms was 2.34 + 0.56 which is suggestive of mild decline in QOL (67%). The overall QOL was significantly associated with socio-economic state ($p =< 0.01$) and alcohol consumption ($p = 0.02$). **Conclusion:** The findings underscore the importance of targeted interventions to enhance the QoL of postmenopausal women in rural settings. Strategies focusing on health education, access to healthcare, and mental health support are crucial to addressing the challenges faced during this phase of life.

## KEYWORDS

Menopause, Postmenopausal women, Quality of life, Rural health

## INTRODUCTION:

"Menopause is defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular function".[1] Globally, women attain natural menopause generally between 45 and 55 years.[2] Menopause brings about physical, psychological, and social changes that impacts their Quality of Life.[3]

By 2025, the elderly population is expected to account for almost 12% of the overall population, a number that is growing annually. "As life expectancy rises, woman spends almost one-third of her life in menopause".[4] Most studies indicate that menopausal symptoms significantly impact women's quality of life. "Commonly reported issues include hot flashes, night sweats, irritability, depression, anxiety, poor sexual desire, vaginal dryness back pain, decreased physical strength fatigue".[5] In India, where the population exceeds 1.3 billion, a significant number of women have undergone menopause.[6] Their quality of life is shaped by factors like economic status, access to healthcare, cultural norms, and differences in health services across regions.

The WHO defines QoL as "an individual's perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards, and concerns".[7] In rural India, where healthcare resources and support systems are often scarce, understanding the QoL of postmenopausal women becomes critical to developing effective interventions. Limited access to healthcare, cultural stigmas surrounding menopause, and lack of awareness about symptom management can exacerbate their struggles. By identifying the factors affecting their QoL, this research aims to inform policy-making and guide targeted interventions to enhance their well-being during this phase of life. This will help in creating awareness among the peri-menopausal women regarding the possible health problems they can have and also reduce the impact it has on the quality of life. Understanding QoL highlights the need to address physical, mental, and social well-being through lifestyle changes, psychosocial support, and health education. These include exercise, diet, counseling, stress management, and awareness programs to improve symptom management and overall health in postmenopausal women.

### Objectives:

1. To explore the quality of life among postmenopausal women of a Rural area of Mysuru using MENQOL questionnaire.
2. To determine the factors influencing their Quality of life.

## MATERIALS AND METHOD:

**Study Design And Setting:** This observational cross-sectional study was conducted among postmenopausal women attending the Primary Health Centre, Hadinaru—Rural Field Practice Area of the Department of Community Medicine, JSS Medical College, Mysuru—over two months (November–December 2024).

**Study Population And Sample Size:** Postmenopausal women attending the PHC during the study period were included. Based on a previous study by Harmeet et al.[8] reporting 93.3% prevalence of sexual domain symptoms, and using the formula $N = 4pq/d^2$ with 4% allowable error, the sample size was calculated as 157 and rounded to 200.

**Eligibility Criteria:** Women aged 45–60 years, who had attained menopause at least 12 months prior and were willing to participate, were included. Women with a history of hysterectomy, hormonal therapy, or systemic illness were excluded.

**Data Collection Tool And Procedure:** Data were collected using a pre-tested, semi-structured questionnaire covering socio-demographic and behavioural factors and the 29-item MENQOL questionnaire [9] assessing quality of life in four domains-(1) vasomotor dimension with 3 questions; (2) the psycho-social dimension with 7 questions; (3), physical dimension with 16 questions; and (4) the sexual dimension with 4 questions respectively. Each woman was enquired about the symptoms in the previous six months and they were asked to indicate them on a 7point scale which ranged from 0-not at all bothered, to 6-extremely bothered.

Convenient sampling was used until the sample size was reached. Informed consent was obtained in the local language.

**Statistical Analysis:**
Data were analysed using SPSS v26. Descriptive and inferential statistics were applied. A p-value <0.05 was considered statistically significant.

**Ethical Consideration:** Ethical approval was obtained (JSSMC/IEC/23122024/02 NCT/2024-25).

## RESULT

Among 200 participants aged 45–60 years, the mean age was 52.1±4 years and mean menopause age was 49.6±3 years. Most were Hindu (89%), illiterate (41.5%), homemakers (64%), from nuclear families

(70%), lower-middle class (72.5%), married (88%) , non-smokers (88%), and non-alcoholic (98%).

Table 1 indicates that the most common menopausal symptoms reported by participants included avoidance of intimacy in the sexual domain (76.5%), anxiety and nervousness in the psychological domain (76%), and hot flushes in the vasomotor domain (61%). The most common physical symptom was muscle and joint pain, affecting 71% of the women.

**Table 1: Menopausal Symptoms And Related Quality Of Life Among Rural Women (n=200)**

| Menopausal Symptoms | n | % |
|---|---|---|
| **Vasomotor** | | |
| Hot flushes or flashes | 122 | 61.0% |
| Night sweats | 104 | 52.0% |
| Sweating | 99 | 49.5% |
| **Psychosocial** | | |
| Being dissatisfied with my personal life | 98 | 49.0% |
| Feeling anxious or nervous | 83 | 41.5% |
| Experiencing Poor memory | 119 | 59.5% |
| Accomplishing less than used to | 49 | 24.5% |
| Feeling depressed down or blue | 91 | 45.5% |
| Being impatient with other people | 69 | 34.5% |
| Feelings of waiting to be alone | 23 | 11.5% |
| **Physical** | | |
| Flatulence | 64 | 32.0% |
| Aching in muscles and joints | 142 | 71.0% |
| Feeling tired or worn out | 130 | 65.0% |
| Difficulty sleep | 78 | 39.0% |
| Aches in back of neck or head | 128 | 64.0% |
| Decrease in physical strength | 31 | 15.5% |
| Decrease in stamina | 91 | 45.5% |
| Feeling a lack of energy | 112 | 56.0% |
| Dry skin | 79 | 39.5% |
| Weight gain | 60 | 30.0% |
| Increase facial hair | 55 | 27.5% |
| Changes in appearance, texture or tone of your skin | 82 | 41.0% |
| Feeling bloated | 52 | 26.0% |
| Low backache | 109 | 54.5% |
| Frequent urination | 59 | 29.5% |
| **Sexual** | | |
| Involuntary urination when laughing or coughing | 94 | 47.0% |
| Change in your sexual desire | 146 | 73.0% |
| Vaginal dryness During intercourse | 130 | 65.0% |
| Avoiding intimacy | 152 | 76.0% |

The study revealed that the overall quality of life (QOL) across various domains of menopausal symptoms was mildly impacted, with a mean total sQOL in the vasomotor, psychosocial, physical, and sexual domains were 2.9 ± 1.6, 2.4 ± 0.6, 3 ± 0.8, and 2.6 ± 1.3, respectively. Quality of life of post Meno-pausal women across the major domains are depicted in Figure No1. Overall, 67% of women had mild decline in Post menopausal quality of life and 33% had no effect on Quality of Life. core of 2.34 ± 0.56. The mean ± standard deviation scores for the MEN

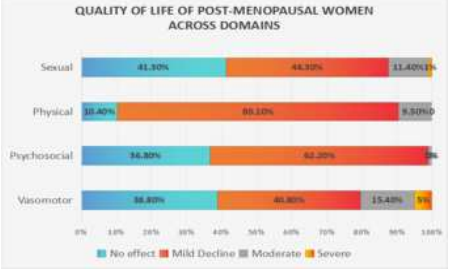


**Figure 1:** Quality of life of post Meno-pausal women across the major domains using MENQUAL Questionnaire

There was a significant association between quality of life (QOL) and socio-economic status ($p \leq 0.01$) and alcohol consumption ($p = 0.02$). Nearly half (49%) belonged to the lower-middle class, reporting a mild decline in QOL, while 1% from the lower class also reported the same. Although only 2% consumed alcohol, all experienced reduced QOL. Many illiterates, homemakers, and those not meeting recommended physical activity levels also reported a mild decline in their QOL. (Table No 3)

**Table No 3: Association between socio-demographic characteristics & Overall Effect on Quality of life in Post-menopausal women (n=200)**

| Variable | Category | Overall Effect on Quality of life in post- menopausal women, n (%) | | $\chi^2$ | *p |
|---|---|---|---|---|---|
| | | No effect | Mild Decline | | |
| Religion | Hindu | 63 (31.5) | 115 (57.5) | 4.802 | 0.091 |
| | Muslim | 2 (1) | 17 (8.5) | | |
| | Christian | 1 (0.5) | 2 (1) | | |
| Education | Illiterate | 24 (12) | 59 (29.5) | 2.676 | 0.613 |
| | Primary | 17 (8.5) | 27 (13.5) | | |
| | Secondary | 4 (2) | 12 (6) | | |
| | High-school | 17 (8.5) | 26 (13) | | |
| | Diploma | 4 (2) | 10 (5) | | |
| Occupation | Housewives | 39 (19.5) | 89 (44.5) | 6.448 | 0.375 |
| | Unskilled | 3 (1.5) | 3 (1.5) | | |
| | Semi-skilled | 7 (3.5) | 10 (5) | | |
| | Clerical or shop or farm | 2 (1) | 10 (5) | | |
| | Skilled | 11 (5.5) | 17 (8.5) | | |
| | Semi Professional and Professionals | 4 (2) | 3 (1.5) | | |
| Type of Family | Nuclear | 47 (23.5) | 93 (46.5) | 0.161 | 0.923 |
| | Joint | 8 (4) | 19 (9.5) | | |
| | Three generation | 11 (5.5) | 22 (11) | | |
| Socio-economic status | Lower | 0 | 2 (1) | 17.917 | **<0.001** |
| | Lower Middle Class | 49 (24.5) | 96 (48) | | |
| | Middle | 16 (8) | 12 (6) | | |
| | Upper Middle Class | 1 (0.5) | 24 (12) | | |
| Marital Status | Married | 59 (28.5) | 117 (58.5) | 2.611 | 0.456 |
| | Unmarried | 0 | 2 (1) | | |
| | Divorcee | 0 | 3 (1.5) | | |
| | Widow | 7 (3.5) | 12 (6) | | |
| Tobacco usage | Yes | 10 (5) | 14 (7) | 0.926 | 0.336 |
| | No | 56 (28) | 120 (60) | | |
| Alcohol | Yes | 0 | 4 (2) | 9.742 | **0.020** |
| | No | 80 (40) | 116 (58) | | |
| Physical Activity | Yes | 40 (20) | 21 (10.5) | 1.277 | 0.258 |
| | No | 19 (9.5) | 120 (60) | | |

## DISCUSSION:

This study highlights behavioural and sociodemographic factors affecting postmenopausal women's quality of life in rural Mysuru, aligning with findings from similar national and international research. The individuals' average menopausal age was 49.55+2.99 years, which is in line with results from earlier research conducted in India. These results are supported by studies by Ahuja[9]and Sharma et al[10] which reveal that Indian women experience menopause between 46 and 50.

Muscle and joint pain (71%), intimacy avoidance (76%), and hot flashes (61%), the most frequently reported symptoms in this study, mirror trends seen in other studies which used MENQOL questionnaire. According to a study by Dhillon et al., bodily symptoms including joint pain and exhaustion were the most common, followed by vasomotor and sexual symptoms.[11] Significant sexual symptoms included vaginal dryness and avoidance of closeness, which is in line with research by Nappi and Kokot-Kierepa, who emphasized the significant impact on sexual health and overall well-being.[12]

Psychosocial symptoms like anxiety and depression were prevalent, consistent with findings by Dutta and Karmakar, and were worsened by low education, poor socioeconomic status, and limited healthcare access.[12,13]

The overall QOL score (mean ± SD: 2.34 ± 0.56) indicates a mild decline in QOL, with the physical domain showing the highest impact

(mean ± SD: 3 ± 0.8). This is in par with the findings of Poomalar et al., who observed that physical symptoms significantly affected QOL in postmenopausal women.[15] The vasomotor and sexual domains also showed considerable impacts, indicating the complex character of menopausal symptoms.

Both alcohol use and socioeconomic position had a substantial impact on overall QOL ($p = 0.02$ and $p < 0.01$ respectively). Alike relationships were noted by Shah et al., who emphasised that a lower socioeconomic position is associated with a lower quality of life because of limited access to healthcare and health literacy.[16] According to Thurston et al., alcohol use may negatively affect quality of life because it exacerbates vasomotor and psychosocial symptoms.[17]

Physical activity, although not significantly associated with overall QOL, has been widely recognized as a beneficial factor in mitigating menopausal symptoms. Studies by Elavsky and McAuley emphasized that regular physical activity enhancess both physical and psychosocial well-being, underscoring the need for targeted interventions to promote active lifestyles in rural populations.[18]

The strength of this study is that it focusses on rural women, a section that is frequently under-represented in studies on menopause. But it has drawbacks, such as its cross-sectional design as well as smaller sample size, which makes it impossible to draw conclusions about causality, and its dependence on self-reported data, which could be skewed by recall bias. Future studies could adopt longitudinal designs and explore interventions tailored to rural contexts.

## CONCLUSION:

This study highlights the challenges faced by postmenopausal women in rural Mysuru, particularly regarding their quality of life (QOL). Menopausal symptoms significantly affect physical, psychological, vasomotor, and sexual health domains, with common issues like muscle and joint pain and avoidance of intimacy. These symptoms collectively result in a mild decline in overall QOL, as indicated by MENQOL scores. The majority of participants were homemakers from nuclear families and lower-middle-class backgrounds, with limited literacy and healthcare access, amplifying the impact of menopause.

Socioeconomic status and alcohol consumption showed significant associations with QOL, while physical activity, though not statistically significant, remains vital for improving well-being. Financial constraints often delay diagnosis and treatment of menopausal symptoms, while cultural taboos further hinder access to care, worsening their impact.

The study underscores the importance of targeted interventions, including awareness programs on menopausal health, mental health support, lifestyle modifications, and access to healthcare. Promoting physical activity, hormone replacement therapy, and social support networks can further aid in symptom management.

Comprehensive treatment that attends to postmenopausal women's physical, mental, and sexual health requirements must be given top priority by healthcare professionals. This covers counselling services, regular screening for menopausal symptoms, and raising awareness of the many treatment options. Integrating menopause care into primary healthcare services could bridge the gap and ensure that women get the support they require in remote regions with limited access to healthcare.

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