



**ORIGINAL RESEARCH PAPER**

**Community Medicine**

**A STUDY TO ASSESS THE SEVERITY OF SIGN & OF SYMPTOMS OF MENOPAUSE AND THEIR EFFECT ON QUALITY OF LIFE AMONG MENOPAUSAL WOMEN”**

**KEY WORDS:** Menopause; Menopausal Symptoms; Quality of Life ; rural area:

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**ABSTRACT**

**Introduction:** Since the baby boom generation started to enter midlife, midlife women account for a rapidly growing proportion of the world's population. Nevertheless, health of midlife women is less understood when compared to health of women during other periods of the lifespan, except the old age (Sowers, 2000)<sup>60</sup>. Like another developmental phase of a women's life, the midlife period is accompanied by several bio-psycho-social changes. One of the unique aspects of the midlife period for women, which has been a center of scientific study for decades, is menopause. Menopausal transition has been identified as a critical period of midlife partly because several health concerns and problems have been recognized and understood in relation to menopause. Menopause is defined as the permanent cessation of menstruation, normally between the ages of 45 and 55, or the period during which this occurs; female climacteric, or change of life (Webster's New World Dictionary, 1966)<sup>4</sup>. At an early period of research on menopause, menopause was purely viewed as a physiological event involving an aging process of the reproductive organs, especially ovaries. As a consequence of this aging process, the functional ovarian hormone production declines. The decline in ovarian function has been used as a primary explanation for multiple health risks and for symptoms experienced during this period of life. It is estimated that about 70% of women experience vasomotor symptoms (Kendig, 2007) 41. These symptoms are hot flushes, night sweats, palpitations, and headaches. It is unclear why psychological symptoms occur at menopause, and they may well have little to do with hormonal fluctuations. Life stresses at this age, as well as past problems, are an obvious causative factor (Kendig, 2007) 41. Falling estrogen levels in post-menopausal women lead to a marked drop in vaginal and vulval capillary blood supply. The vaginal mucosa appears red and dries (atrophic vaginitis). Additionally there is a loss of collagen from the underlying tissues. These two factors cause the vaginal epithelium to become thinner and less elastic and the vagina narrower and shorter. As secretions lessen, the vagina becomes more susceptible to infection (atrophic vaginitis). Other major menopausal symptoms are urinary symptoms and other physical changes.

**Objective were :**

To assess the severity of menopausal symptoms among perimenopausal women.; assess QOL of perimenopausal women :find out the association between the selected sociodemographic variables with severity of menopausal symptoms among perimenopausal women and the correlation of severity of menopausal symptom with quality of life among perimenopausal women

**Methodology :** The research approach adopted for the study was mixed method research design .The study was conducted in Chirayu adopted community Bhouri and population comprised of menopausal women residing in bhouri and purposive sampling technique was used to select 100 menopausal women which met the sampling criteria . The questionnaire used as study tool had two parts - Part 1: Sociodemographic characteristics. Part 2: About QOL due to menopausal symptoms based on four domains (vasomotor, psychosocial, physical, and sexual) using the 29-item Menopause-Specific Quality of Life Questionnaire. The MENQOL is self-administered and consists of a total of 29 items. Each item assesses the impact of one of four domains of menopausal symptoms, as experienced over the last month: Vasomotor (items 1-3), psychosocial (items 4-10), physical (items 11-26), and sexual (items 27-29). Items pertaining to a specific symptom are rated as present or not present, and if present, how bothersome on a zero (not bothersome) to six (extremely bothersome) point scale. The responses to the questions were adapted to a 2 point scale consisting of Yes and No options from a 6 point severity scoring pattern in the original version considering the difficulty to answer on a 6 point scale due to low level of education of the respondents. Means are computed for each subscale by dividing the sum of the domain's items by the number of items within that domain.

**Result: Demographic data** In the present study, 39% of the women to the age group of 46-50 years which was the maximum. The mean age was 49.55 ± 4.69 years with a minimum age of 40 years and maximum age of 60 years. Eighty-four percent of the study population were Hindu, and the majority of them were illiterate (67%). Ninety-four

percent were housewives and were currently married, and 62% of them belonged to joint families. Forty-six percent of them belonged to lower socioeconomic status. Forty-six percent of them had an abortion, 33% had > three children and 80% had attained menopause while 20% were in menopause transition.

**Regarding percentages of severity of sign and symptoms and Assessment of quality of life by Menopause Specific Quality of Life Questionnaire:**The occurrence of vasomotor symptoms in the study population was average with 60% of them reporting hot flushes, 47% reporting sweating, and 41% complaining of night sweats. Most prevalent psychosocial symptoms reported were feeling of anxiety and nervousness (94%) and feeling depressed (88%). Among other psychological symptoms such as “accomplishing less than I used to do” was 79%, experiencing poor memory was 57%, dissatisfaction with personal life was 55%.

**CONCLUSION:**

The results support the popular belief that menopause causes both physical and psychiatric problems. Almost all areas or domains evaluated were impaired in menopausal women. A large number of women all over the world suffer from menopausal symptoms, and the problem cannot thus be ignored. Education, creating awareness and providing suitable intervention to improve the QOL are important social and medical issues which need to be addressed.

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