



Health Related Quality of Life among Menopausal Women

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ABSTRACT

Menopausal period is positively correlated with non-communicable diseases such as diabetes, hypertension, osteoporosis, cervical cancer, and breast cancer. A prospective cross-sectional study for a period of 6 months among 150 participants was conducted. The data were collected from the questionnaire that was analysed using suitable statistics and the result was formulated. Participants aged above 50 and currently living in Raichur were included whereas, Women not willing to participate and who were receiving hormonal treatment were excluded from the study. The study shows that the majority of the participants i.e, 59.03% were around the age group of 50 – 55 years. About 63.33% perform household chores daily and only 2% of them perform exercise > 3 times per week. Almost 35.7% of the participants had sleep problems, 31.4% had hot flashes, 30% had joint & muscular discomfort & 2.9% had heart discomfort. Based on Psychological subscale around 41.4% of participants had physical & mental exhaustion, 25.7% had anxiety & 32.9% had irritability. It is necessary to approach participants and address them regarding life style modification & health promoting behaviour to improve their quality of life.

Keywords: Menopause, Quality of life, Physical activities, Psychological subscale, Urogenital subscale.

INTRODUCTION

World Health Organization (WHO) characterizes the Quality of Life (QoL) as "the perceived position of an individual in life in the context of the cultural system and value systems in which they reside and concerning their goals, expectations, standards, and concerns." Hence, it is a wide-ranging concept affected by an individual's physical health, state of psychology, independence level, relationships within society, and relationship to salient environmental features which indicates that quality of life is subjective and multi-dimensional. Menopause is characterized as the natural biological process marking the end of a woman's menstrual cycles, occurring when the ovaries stop producing eggs and significantly reduce hormone production, particularly estrogen and progesterone. It is diagnosed after 12 consecutive months without a menstrual period, typically happening between ages 45 and 55.¹

Today, with expanding future and life expectancy, women spend one-third of their lifetime after menopause. Menopause is a variation cycle during which women go through a new biological state. This process is accompanied by many biological changes (Hot flashes and night sweat, Sleep disturbances, Vaginal dryness and discomfort, Urinary problems) and Psychosocial changes.²

The change from the reproductive to the non-reproductive stage is the consequence of a decrease in the female hormonal production by the ovaries. This change is typically not unexpected or sudden, it will in general happen over a period of years, and it is a natural consequence of aging.³

Menopausal period is positively correlated with non-communicable diseases like diabetes, hypertension, osteoporosis, cervical cancer, and breast cancer. Moreover, the menopausal women experience complex psychosocial issues - depression, mood swings, sleep problems, loss of social, proficient jobs, and poor ego integrity. Poor compliance to recommended lifestyle modifications and limited knowledge could impede a better overall health related quality of life (QOL).⁴

There is a need to identify the problem and create health care facilities for women. With decreased level of oestrogen, the transition to menopause is quite a challenging phase for life of every women. Some women experiencing hot flashes, tiredness and some are experiencing it as losing their energy. Menopausal period of women's life is very crucial where she needs most emotional support and expert guidance. The women's physiological, biochemical and psychological environment altered due to menopause. Thus



knowledge and perception of its symptomatology is important to adjust to the normal occurrence. Family members also should aware the changes occur in the women during menopausal stage.⁵

Menopause is a significant and unique phase in a woman's reproductive journey. While some women may welcome this stage with optimism, others may approach it with apprehension. Understanding the physical and emotional changes that occur during menopause can make it easier to navigate and adapt to this transition. The severity of menopausal symptoms, along with factors like socioeconomic and educational background, can shape a woman's awareness and attitude toward menopause. Hormone replacement therapy (HRT) has been widely used to manage menopausal symptoms and enhance women's quality of life. However, many women remain unaware of HRT as an option, highlighting the need for better education and support during this time.⁶

Treatment options for menopause can be grouped into hormonal and non-hormonal therapies. Menopause hormone therapy (MHT), also known as hormone replacement therapy (HRT), involves using medications containing sex hormones to address low estrogen levels. When therapy includes only estrogen, it is referred to as estrogen replacement therapy (ET or ERT). If both estrogen and progestogens are included, it's called estrogen-progestogen therapy (EPT). It's important to differentiate between these treatments because their benefits and risks can vary significantly.⁷

The word menopause comes from the Greek words meno (month) and pause (to end). It refers to the permanent end of menstruation caused by the loss of regular ovarian activity. The phase during which ovarian function gradually declines over several years is called the climacteric. This period includes the years leading up to menopause, when hormonal changes begin, and the years after, when symptoms are often most noticeable. Menopause is officially defined as having occurred when a woman has gone 12 months without a menstrual period. Regular ovarian activity is a natural part of a woman's life, and the hormones produced by the ovaries play a key role in maintaining overall health and vitality. With increasing life expectancy, many women now spend about one-third of their lives in a state of ovarian failure. It's essential for healthcare providers to properly assess and manage menopause to support women's health and well-being during this phase of life.⁸

There is a need to assess the health related quality of life (HRQoL) of women after menopause and also to review the treatment options for women for managing post-menopausal syndrome.

MATERIALS AND METHODS:

Study design: Prospective cross-sectional study (Household survey)

Study tool: validated questionnaire

Study site: Urban areas of Raichur district

Study duration: 6 months

Sample size calculation:

Prevalence (p) = 89% = 0.89

Error of margin (e) = 0.05

$z = 1.96^2$

$n = 1.96^2 [(0.89 * 0.11) \div 0.05^2]$

n = 150

Inclusion Criteria:

- Women participants aged above 50.
- Women participants currently living in urban areas.



Exclusion Criteria:

- Women not willing to participate.

Ethical consideration

This study was approved by Institutional Ethics committee of study hospital.

Statistical Analysis:

Descriptive statistics, such as total numbers, mean, frequency, and percentage, were used to analyse the data.

RESULTS:

The present study was conducted on menopausal women and explored factors influencing health related quality of life in Raichur city, Karnataka. Study was conducted for a duration of 6 months. A total of 150 participants were included in the study.

PARTICIPANT'S DEMOGRAPHIC DETAILS:

Among study participants, the majority of them i.e, 59.03% were around the age group of 50 – 55 years, and the mean age for the patients was found to be 55±1.9. Based on educational status, 24% of them had secondary education, both illiterate and non-formal education share the same percentage of 23%, and 19% of them had basic education followed by 11.4% of higher education. We found that, around 43 % of the participants were house wives, 21% of them used to work in agricultural sector, followed by 24% of private job holders, 10% of participants work as labour and wages & only 2% had government job. Almost 61.4% of them were married. When age at marriage was assessed around 66% of them were married after 20yrs.

When the participants were asked about their age at menarche 86.66% of them told within 15 years. Almost 95.7% of them had been pregnant. Participants opined that 81% of them had their first pregnancy after 20yrs. When the participants were asked about their age at menopause around 54.3% attained menopause below 48 years. Almost 73.33% of the participants faced problems during menopause and 28.66% had obstetric & gynaecological problems. Details were depicted in **Table 1,2 & 3 and Fig 1,2 & 3.**

Table 1: Age at Menarche (n=150)

Age of menarche	No. of participants	Percentage
< 15 years	130	86.66
>15 years	20	13.33

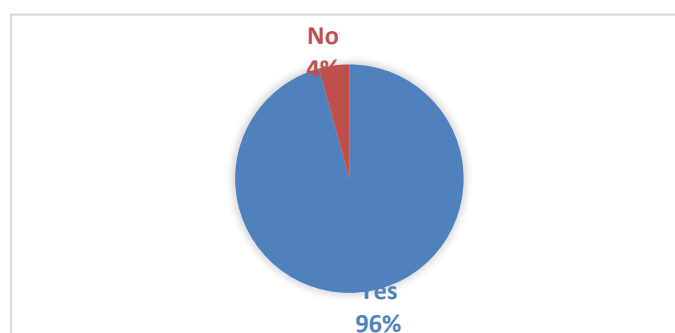


Fig 1: Ever been Pregnant (n=150)

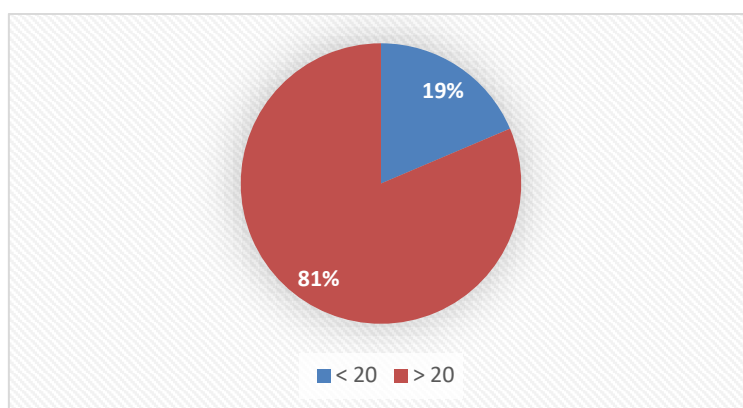


Fig 2: Age at First Pregnancy (n=150)

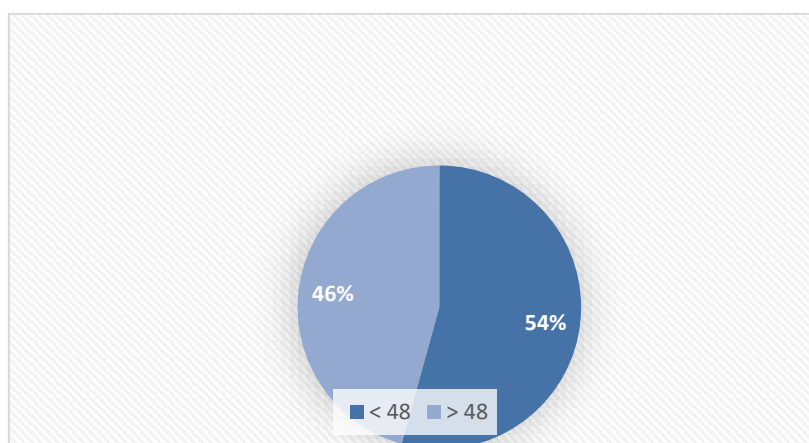


Fig 3: Age at Menopause (n=150)

Table 2: Problems Faced During Menopause (n=150)

Problems faced during menopause	No. of participants	Percentage
Yes	110	73.33
No	40	26.66

Table 3: Obstetric & Gynaecological problems (n=150)

Obstetric & Gynaecological problems	NO. of participants	Percentage
Yes	43	28.66
No	107	71.33

Fig 4 & 5 shows that 99% of participants had never smoked and 98% of participants has no alcohol intake status. Table 4 shows that 63.33% perform household chores daily, 18% of them had no physical activity at all and around 16% of them exercise < 3 times per week and only 2% of them perform exercise > 3 times per week. Table 5 shows that only 31.33% of them perform yoga and meditation. As shown in Table 6 around 70.66% of them currently deal with health relate problems. Fig 6 shows that 35.7% of the participants had sleep problems, 31.4% had hot flashes, 30% had joint and muscular discomfort and 2.9% had heart discomfort. Based on Psychological subscale around 41.4% of participants had physical and mental exhaustion, 25.7% had anxiety and 32.9% had irritability as shown in fig 7. Around 53.33% of participants had vaginal dryness and 46.66% had vaginal irritation and itching which was shown Table 7.

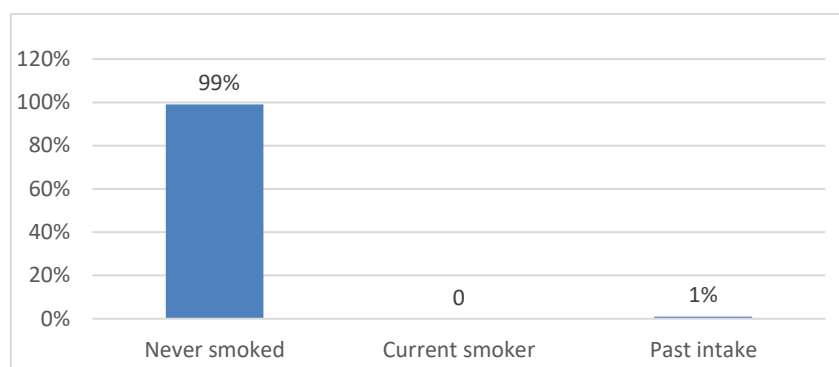


Fig 4: History of Smoking (n=150)

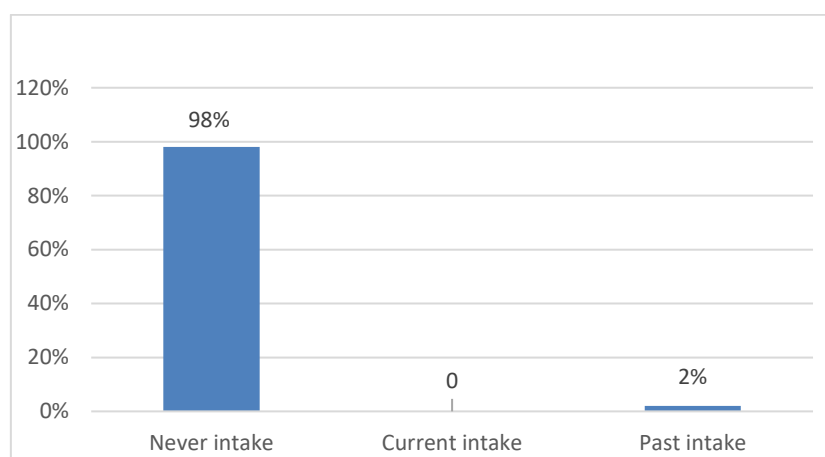


Fig 5: History of Alcohol Intake (n=150)

Table 4: Physical Activity (n=150)

Exercise	No. of participants	Percentage
>3 times per week	3	2
< 3 times per week	25	16.66
Perform household chores daily	95	63.33
No physical activity at all	27	18

Table 5: Based on Participants Opinion on Yoga & Meditation (n=150)

Yoga & Meditation	No. of participants	Percentage
Yes	47	31.33
No	103	68.66

Table 6: Current Health Problems of study participants (heart disease, cancer, diabetes, respiratory, musculoskeletal & gastro-intestinal) (n=150)

Current health problems	No. of participants	Percentage
Yes	106	70.66
No	44	29.33

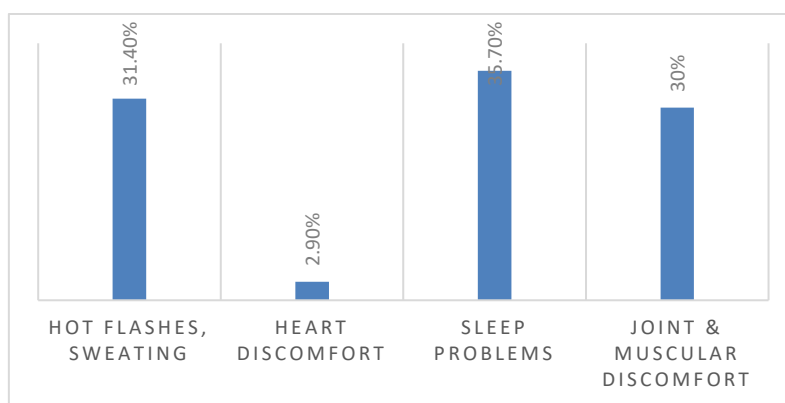


Fig 6: According to Somatic subscale (n=150)

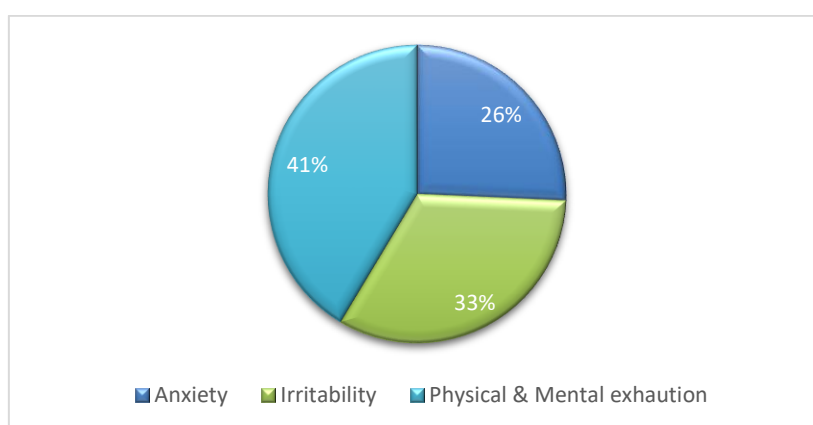


Fig 7: On Psychological subscale (n=150)

Table 7: On Urogenital subscale (n=150)

Urogenital subscale	No. of participants	Percentage
Vaginal dryness	80	53.33
Vaginal irritation & itching	70	46.66

DISCUSSION

We conducted a household survey among the post-menopausal women by using HRQoL questionnaire. In our study majority of the participants were in the age group of 50-55 years with the mean age of 55 ± 1.9 . This indicates that our study investigation targeted the people who were menopausal women in the age categories of 45-55 years. Our results was similar to a study carried out by **Ganapathy T et al.** which reported a mean age of 47.5 years.

We also assessed an educational status of women, in our study majority of participants had secondary education i.e., 24%. This will be useful for the investigators to provide educational intervention to manage the disease or condition associated with menopause. Same results were obtained in a study conducted **Ganapathy et al.**

Majority of the study participants were house wives involved in home management. Other socio-economic status of the study participants were assessed like age at marriage which was reported 66% were married at age of 20 years, this findings were similar to obtained by a study conducted by **Nayak. M et al.**

A study which was done by **G.K Poomalar et al.** showed that adverse socio-economic conditions across the lifespan may be associated with an increased rate of entry of women into peri-menopause. Similarly, in our study half of the women had attained menopause at 48 years. The current study reported that majority of the participants faced problems during menopause, which determines poor quality of life of participants. This can be either due to cultural socio-economic or geographical differences between



the participants. In the present study 99% of participants had never smoked and 98% of participants has no alcohol intake, hence smoking and alcohol intake was least associated with the quality of life among menopausal women.

The study done by **Elazim.H.A et al.** shows that the participants involved in the study had severe level of menopausal symptoms. In the similar way, in our study majority of the women reported hot flushes, joint discomfort and sleep problems. On psychological subscale around 41% reported physical & mental exhaustion followed by irritability and anxiety. This may be due to varying degree and intensity of various emotional problems faced by menopausal women.

According to the study conducted by **Baral. S et al**, revealed the presence of health problems associated with the QoL among menopausal women. Similarly our study revealed that the presence of health related problems was associated with the quality of life among menopausal women. It is also understood that if more time is allocated on a daily basis for physical activity and yoga, the less severity of menopausal symptoms and, ultimately better quality of life.

The occurrence of vaginal dryness in 80 participants and vaginal irritation & itching in 70 participants highlights the significant prevalence of these symptoms among the study group. These findings warrant a deeper investigation into the possible underlying causes and contributing factors. It is also critical to consider the psychological and lifestyle factors that contributing to these symptoms.

CONCLUSION

The health related quality of life of the participants were assessed. The study concluded that the majority of the participants has been facing problems during menopause, which includes anxiety, irritation, joint & muscular discomfort, etc. Hence it is necessary to approach participants and address them regarding life style modification & health promoting behaviour to improve their quality of life.

LIMITATIONS

The study might lack general applicability since women only greater than 50yrs of age were considered in the study.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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Conflict of Interest Statement: All authors have nothing else to disclose.

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