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THE IMPACT OF MENOPAUSAL SYMPTOMS ON QUALITY OF LIFE OF MENOPAUSAL WOMEN: A COMMUNITY-BASED STUDY IN A RURAL AREA OF IN CHUMOUKEDIMA, NAGALAND.

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Abstract
Many researchers and clinicians have been interested in the idea of Quality of Life (QoL) since the mid-1900s for various physiological and health-related issues. Due to rising life expectancy, the value placed on women's health, and the perception that this stage of life is just as significant as the reproductive one, menopause has not been an exception to this rule. In Chumoukedima District, Nagaland, 110 premenopausal and postmenopausal women (40-60 years old) participated in the study between 2021 and 2022. Part 1 of the study tool comprised sociodemographic parameters of the questionnaire. Part 2: Using the 47-item Menopause-Specific Quality of Life Questionnaire, this section discusses QoL resulting from menopausal symptoms based on four domains (vasomotor, psychosocial, physical, and sexual). In this study, the majority of women (40.0%) have reached menopause between the ages of 46 and 50, and no one falls into the 56-60 age range. Menopause women's marital statuses make up the greatest number of married women-110 out of 110, or 91.7%. 64 women (53.3%) have completed middle school education, compared to thirty-seven (30.8%) who have only completed elementary school. Only 2 individuals (1,7%) and 7 individuals (5.8%) possess degrees or diplomas, respectively.
Key Words: Menopause, Quality of Life, MRS Score, Vasomotor

Introduction
Menopause is defined by the World Health Organization (1996) as the termination of menstruation that is brought on by the permanent loss of ovarian activity. A decline in likely fertility, a reduction in ovarian activity, the appearance of a number of symptoms, and irregular menstrual cycle are the hallmarks of the climacteric phase. The time span includes premenopausal, peri-menopausal phases, up until the ancient era. Women's health may be impacted by several physical and psychological changes associated with the menopause transition(Karmakar*et al.,* 2017). Research indicates that women's QoL is negatively impacted by the physical, psychological, social, and sexual changes that accompany menopause. 90% of women report having menopausal symptoms, which have been shown to negatively impact their quality of life on a social, psychological, and physical level. According to reports, women's quality of life is particularly negatively impacted throughout the perimenopausal and early postmenopausal stages(Mohamed *et al.,* 2014).

Menopause's Impact on Quality of Life

QoL was considered a supplement to health and function status. Thus, an ideal health evaluation includes a physical health assessment, psychological, social, and physical functioning assessment, and QoL assessment. This evaluation would cover the physical, psychological, social, and spiritual dimensions. A person's QoL is their view of their goals, norms, expectations, fears, culture, and value systems. Independence, physical and mental well-being, social connections, and environmental circumstances are only a few of the many variables that affect it. Menopausal symptoms are troublesome for many women, according to Whiteley et al., (2013). While a range of populations have used different methods to report the effects of these symptoms on health-related QoL, it is unclear how much of a burden these symptoms are on society in items of increased healthcare utilization, lot productivity, and wages.

Review of Literature

According to the study Baral et al., (2023), a large number of variables were shown to be substantially correlated with life quality. At the time of the study, these variables included age at first pregnancy, marital status, education level, occupation, personal economic situation, family support, monthly family income, smoking and alcohol intake, physical activity, yoga, meditation, and health issues. The findings indicate that menopause leads to physical, psychological, and urogenital issues, and is linked to educational level, medication use, alcohol consumption, and physical activity. Awareness and intervention are crucial for enhancing the health-related quality of life in menopausal women.The study of Mohamed*et al.,*(2014),suggested that the most intense symptoms in several areas were hot flushes (29%), memory loss (48.3%), and dissatisfaction with personal life (44.8%), low backache (41.9%), and changes in sexual drive (36.8%). According to the average scores in each domain, menopausal symptoms were linked to a decline in women's QoL. The menopausal QoL scores for each domain reveal that the psychosocial domain had the lowest mean score of 2.94 ± 1.45, and the sexual domain had the highest mean score of 3.19 ± 1.99.

According to Karmakar, N., *et al.,*(2017), the study found 60% hot flushes, 88% depression, 57% poor memory, and 55% personal life unhappiness. Physical complaints included decreased strength and energy (93%), stamina 88%, neck or headaches 76%, mild backache 69%, frequent urination 63%, drying skin, and skin look, texture, and tone 40%. Participants reported avoiding intimacy (49%), sexual desire (40%), and vaginal dryness (26%) as a result the study reveals that menopause produces both psychological and physical issues. Most areas or areas were impaired in menopausal women. The issue of menopausal symptoms cannot be disregarded because many women worldwide suffer from them. Education, awareness, and QOL-improving interventions are essential social and medical issues.Dotlic*et al.,* (2021) study on women in pre and post-menopause yielded comparable findings to ours. They found that high BMI, increased menopause symptoms, and sedentary behavior negatively affected quality of life, while moderate alcohol use and higher levels of physical activity had a beneficial influence. A link was shown by Barkoot et al., (2022) between menopausal women's reduced QoL and an increase in the prevalence of menopausal symptoms.

Objectives of Study

1. To identify the sociodemographic traits of the females
2. To examine menopausal women's issues and symptoms in the study area
3. To investigate the menopausal women's quality of life

Statement of the problem

Many women experience physiological changes during menopause, including vasomotor symptoms, sleep difficulties, mental disorders, genitourinary symptoms, and decreased bone mineral density. Four to five women experience physical and psychological symptoms around menopause, varying in severity and quality of life. Clinicians and women usually recognize menopause by menstrual abnormalities. Perimenopause can last 5–10 years before menopause.Menstruation ceases for 12 months without a cause called natural menopause. The average age of menopause is 51.4 years, but it varies by race, socioeconomic level, smoking, etc.Women experience irregular menses, vasomotor symptoms, variable fertility, sleep difficulties, depression, anxiety, genitourinary symptoms (including vaginal dryness), and sexual dysfunction throughout menopause.Some studies reveal that 87% of women with hot flashes have daily symptoms and a third have more than 10 days. It is 40% in the early menopausal transition and 60–80% in the first 2 years after.

Research method

A descriptive study with a cross-sectional methodology was conducted in 2022-23 among menopausal women living in Chumoukedima District, Nagaland.

Sampling

Since the prevalence of poor-QoL ranges from 20% to 90% in different regions of India, a 50% prevalence was selected to yield the biggest sample size. The formula for estimating sample size in n = z 2 (1 -/2) P(1- P) /d2 is defined as follows: taking 50% as the percentage of people with low QoL, Z (1-α/2) =1.96 at 95% confidence interval, and an absolute precision of 10, P=50. The formula is used to get the sample size of 96. 96+9.6 is the total sample size, rounded to 110, assuming a 10% non-response rate. There was just one adult participant who qualified, selected at random from the household.

Tools and technique

A pre-tested, pre-designed questionnaire with three sections was employed; the first portion asked about demographic information, the second covered menopausal symptoms, and the final part focused on QoL. There are nine questions in the first section of the questionnaire, twenty-one in the second, and twenty-six in the third. Each item in the second section evaluates a menopausal woman's experience with one of the three categories of menopausal symptoms. Items 1-11 are psychological issues; items 12-18 are calculated by dividing the total number of items in the domain by the total number of items in that domain.After getting the informed consent of the menopausal women aged 40 to 55, it was translated into the local language of Hindi and then back translated to confirm the content. The questionnaire's content validity as well as the five-point scoring methodology has been approved. Each question in these five point Likert scoring methods was assigned a score (1 point for no problem, 2 points for problem-occurring problems, 3 points for problem-occurring problems, 4 points for problem-occurring relatively severe distress frequently, and 5 points for problem-occurring problems).The background characteristics included things like education, marital status, menopausal age, occupation, per capita income, age, and type of family. To evaluate one's own QoL there were eleven surveys connected to psychology, seven related to physical health, and three related to vasomotor function. Following the necessary authorization from authorities, data was collected at the residences of selected participants with their previous informed consent, respecting their privacy, confidentially, and anonymity. A Microsoft Excel datasheet from 2007 contained the data analysis that followed data collecting. The descriptive statistics principles were applied during the data analysis process. IBM statistical Package for Social Sciences edition 25, or SPSS 25, was used to analyze the data. 110 women, all between the ages of 40 and 60, who resided in Nagaland's Chumoukedima district, were

questioned. The mean age of the participating female participants was 34.0±31.24 years. The mean age at menopause was 31.02±27.74 years.

Data Analysis and Interpretation

Demographic Profile

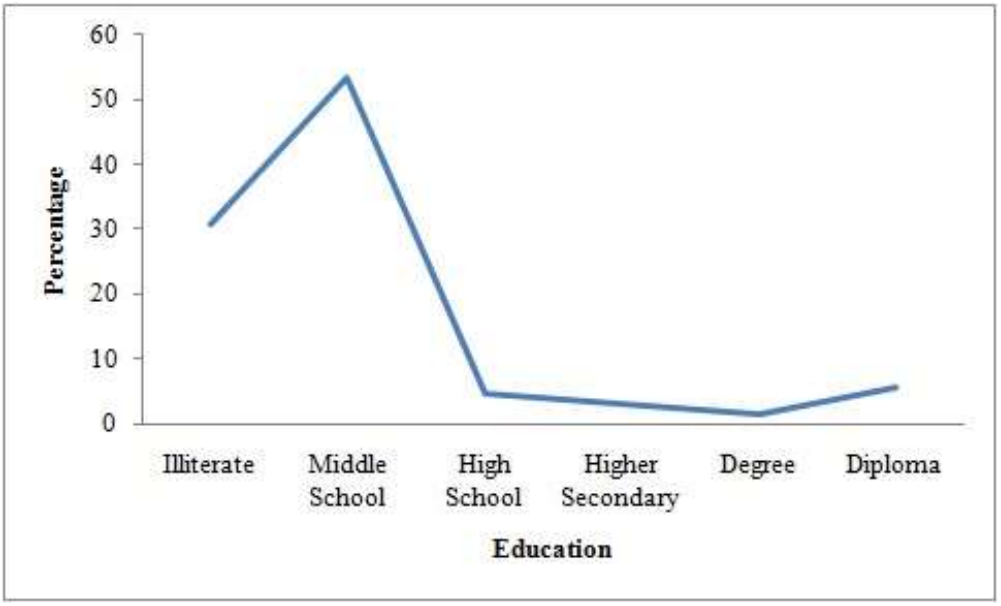
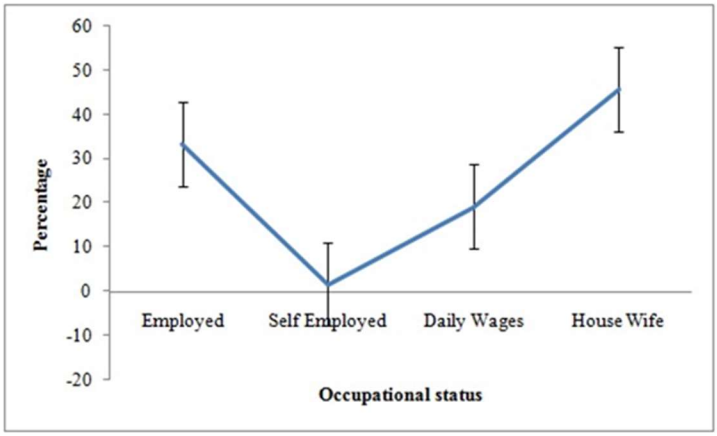
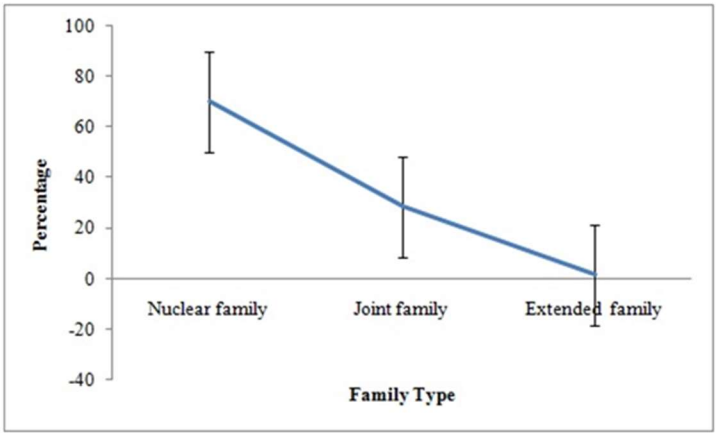


Figure: 1

In this study, the majority of women (40%) have reached menopause between the ages of 46 and 50, and no one falls into the 56-60 age range. Menopause women's marital statuses make up the greatest number of married women-116 out of 116, or 100%. 37 (30.8%) women have completed primary education, while 65 (53.3%) women have completed middle school education. There are very few respondents with degrees or diplomas; only 2respondents (1.7%) have degrees, and 8 respondents (5.8%) have diplomas (Fig. 1).





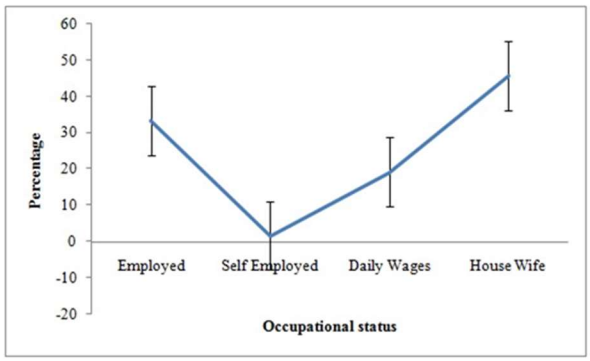


Figure: 2

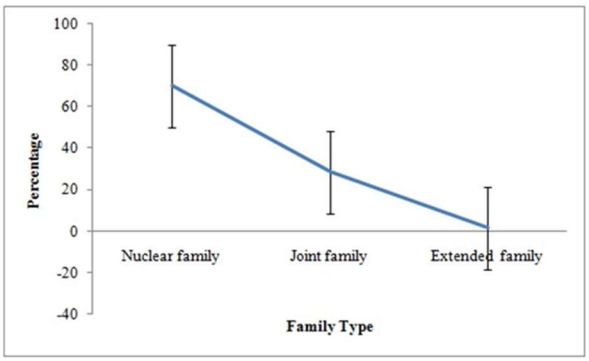


Figure: 3

Notably, 40 (33.3%) of the respondents are employed, although the majority of respondents-55 (45.8%)-are housewives. Of them, 84 (70.0%) choose the nuclear family model. Nearly 111 respondents, or 92.5%, reported monthly incomes of less than Rs.10, 000(Fig. 2&3).

Problems faced by Menopause Women

Symptoms as per MENPRB domains

The psychosocial domain under age group has the following means and standard deviations: 27.69±4.24 for the means, 31.00±4.22 for the married status, 21.00±4.61 for the educational level, 25.00±0.00 for the occupation, 30.44±4.47 for the family type, and 29.11±1.76 for the monthly income (Fig. 4).

In the physical domain, the age group's means and standard deviation are 9.00±0.00, married status is 16.3±6.28, educational level is 16.70±3.30, occupation is 17.00±4.19, family type is 17.00±0.00, and monthly income is 17.66±2.64 (Fig. 5).

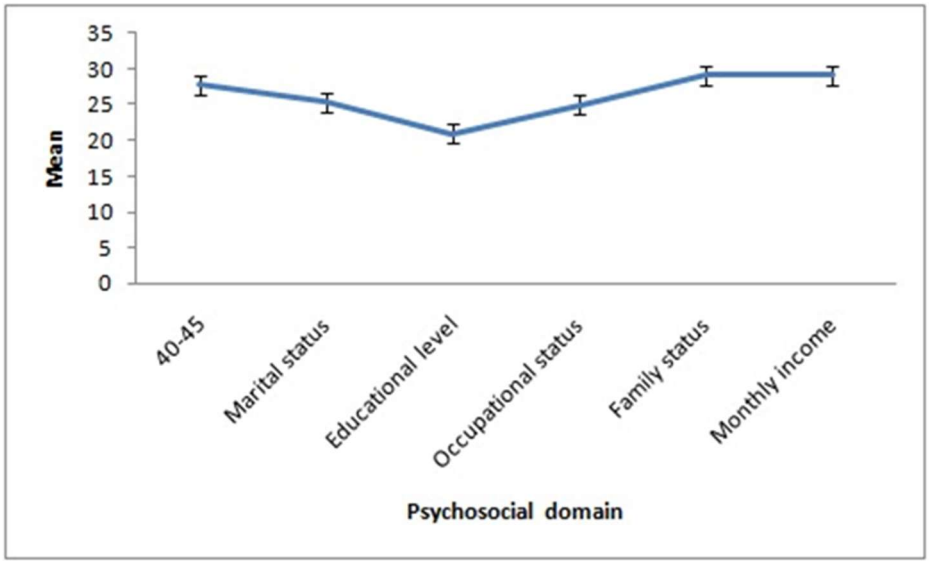


Figure: 4

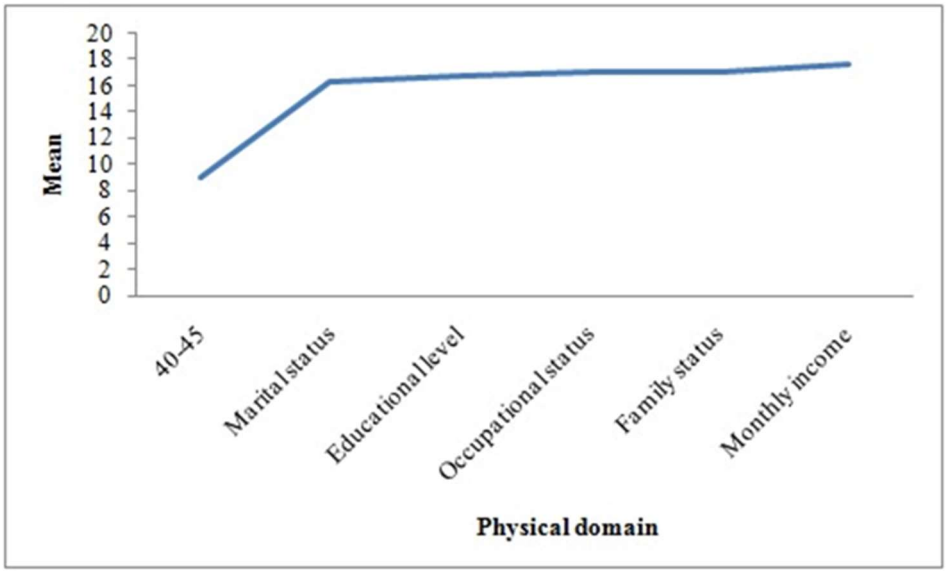


Figure: 5

In the Vasomotor domain, the age group's means and standard deviations are 7.63±1.95, married status is 7.00±1.78, educational level is 7.00±1.78, occupation is 5.00±0.00, family type is 5.00±0.00, and monthly income is 7.00±0.00(Fig. 6).

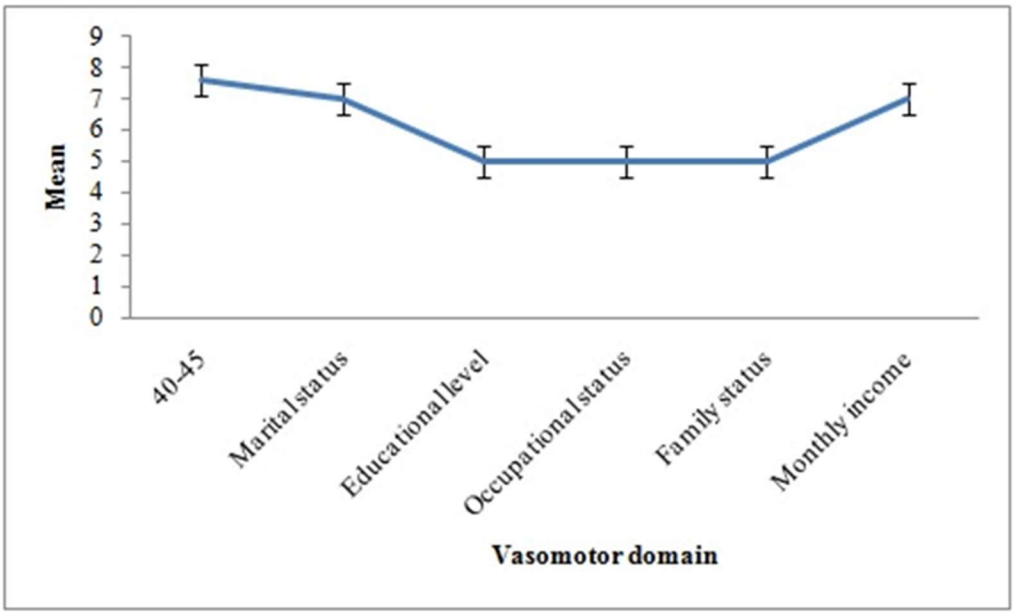


Figure: 6

One way ANOVA for Psychological and Physical QoL of Menopause Women.

One parametric test that is used to compare the means of two or more independent groups is called a One-Way Analysis of Variance, or "ANOVA". It's other name is the One-Factor ANOVA. The goal of an ANOVA is to ascertain if there is statistical evidence for a significant difference in the related population means (Table 1).

Table: 1. The group means of two or more independent groups differ in a way

Independent Variable	Frequency	Mean	df	F Value	Sig.
Age					
40-45	54	3.5938	3	5.509	.001
46-50	41	3.6098			
51-55	23	3.4928			
56-60	2	2.8667			
Age of Menopause					
40-45	45	3.5822	2	.109	.896
46-50	48	3.5542			
51-55	27	3.5679			
55-60	0	0			
Marital Status					
Married	110	3.5576	3	.919	.434
Unmarried	2	3.5333			
Widow	6	3.7556			
Divorced	2	3.6000			
Educational Level					
Illiterate	37	3.4685	5	11.292	.000*
Middle School	64	3.5417			
High School	6	3.4667			
Higher Secondary	4	3.9333			
Degree	2	4.0667			
Diploma	7	4.0667			
Employment					
Employed/Govt/Private	40	3.6483	3	4.726	.004
Self Employed	2	4.0667			
Daily Wages	23	3.4638			
House Wife	55	3.5345			
Monthly Income					
High Income (Above Rs.10000pm)	9	3.9630	1	21.666	.000*
Low Income (Below Rs.10000)	111	3.5357			

Source: Primary Data

It is clear that the independent age group has a significant value less than 0.05, at 0.001 (p=0.021).

As a result, the mean length of psychologically associated QoL varies statistically significantly throughout age groups.Menopause age has an independent variable with a significance value of 0.896 (i.e., p =.896), which is higher than 0.05. The average duration of psychologically related QoL does not statistically significantly vary

throughout menopausal ages.The independent variable for marital status has a significance value of 0.434 (i.e., p =.434), which is greater than 0.05. The mean duration of psychologically related QoL does not, therefore, statistically substantially differ depending on marital status. Less than 0.01, or 0.000 (p =.000), is the significance value for the independent variable of education. The mean length of psychologically associated quality of life varies statistically more significantly between educational levels as a result.

With a significant value of 0.004 (p = .004), the independent variable for job status is less significant than 0.05. Consequently, the mean duration of psychologically associated QoL varies statistically significantly across employments. Monthly income has an independent variable with a significance value of 0.000 (p=0.000), which is less than 0.01. Consequently, the mean duration of psychologically associated QoL varies statistically more significantly throughout monthly income groups. This table displays the results of the ANOVA analysis and indicates if the group means of two or more independent groups differ in a way that is statistically significant. It is evident that the independent age group has a significant value of 0.005 (p = .005), which is less than 0.05. Consequently, there is statistically significant variation in the average duration of physical QoL among the various age groups. Age at Menopause has an independent variable with a significance value of 0.084 (i.e., p = .084), which is higher than 0.05. Consequently, the average duration of physical QoL throughout menopausal ages does not differ statistically significantly. With a significance value of 0.017 (i.e., p = .017), the independent variable for marital status is less significant than 0.05. As a result, the mean duration of physical related QoL varies statistically significantly throughout marital statuses. Education's independent variable has a significance value of 0.023 (p = .023), which is less than 0.05 (Table 2).

Table 2: The mean length of physical QoL varies statistically significantly according to educational degree

Independent Variable	Frequency	Mean	df	F Value	Sig.
Age					
40-45	54	3.8292	3	4.560	.005
46-50	41	3.7995			
51-55	23	3.6473			
56-60	2	3.3333			
Age of Menopause					
40-45	45	3.7630	2	2.525	.084
46-50	48	3.8356			
51-55	27	3.6914			
55-60	0	0			
Marital Status					
Married	110	3.7778	3	3.513	.017
Unmarried	2	3.2222			
Widow	6	3.8519			
Divorced	2	4.0000			
Educational Level					
Illiterate	37	3.6607	5	2.728	.023
Middle School	64	3.8368			

High School	6	3.9259			
Higher Secondary	4	3.8333			
Degree	2	3.7778			
Diploma	7	3.6667			
Employment					
Employed/Govt/Private	40	3.7306	3	4.176	.008
Self Employed	2	3.7778			
Daily Wages	23	3.6473			
House Wife	55	3.8626			
Monthly Income					
High Income (Above Rs.10000pm)	9	3.6667	1	1.545	.216
Low Income (Below Rs.10000)	111	3.7848			

The significance value for independent variable for age of Menopause is 0.084(i.e., $p = .084$), which is above 0.05. Consequently, there is no statistically significant variation in the average duration of physical QoL throughout menopausal ages.The significance value for independent variable for marital status is 0.017(i.e., $p = .017$), which is below 0.05. Consequently, the mean duration of physical QoL varies statistically significantly throughout marital statuses.The significance value for independent variable for Education is 0.023(i.e., $p = .023$), which is below 0.05. And, therefore, there is statistically significant difference in the mean length of physical related QoL between levels of education.Theimpendentvariable for employment status has a significance value of 0.008 ($p = .008$), which is less than 0.05. The mean length of physical related QoL varies statistically amongst employments as a result. Monthly income's independent variable has a significance value of 0.216 ($p = .216$), which is higher than 0.05. The mean duration of psychologically related QoL does not statistically differ considerably across monthly income categories, for this reason.

Major Findings

- Of the women in this study, the majority (40.0%) had entered menopause between the ages of 46 and 50. No one falls into the 56 to 60 age group.
- Menopause women's marital statuses make up the greatest number of married women-110 out of 110, or 91.7%.
- Of the women, 37 (30.8%) have only completed primary school, while 64 (53.3%) have completed middle school.
- Only a small percentage of women hold degrees or diplomas-2 (1.7%) and 7 (5.8%) respectively.
- Forty-three (33.3%) of the respondents are employed, although the majority of respondents-55 (45.6%)-are housewives.
- Of them, 84 (70.0%) choose the nuclear family model. Nearly 111 respondents, or 92.5%, reported monthly incomes of less than Rs.10, 000.
- The age group between 56 and 60 (34.0) reported more psychological issues than the age group between 46 and 50 (18.46), whereas the group between 51 and 55 (9.47) had more physical issues.

- Married women (31.00) reported more psychological issues than unmarried women (23-0.0), while divorced women (11.0) reported more physical problems.
- Housewives reported more psychological issues (32.0), self-employed people reported physical problems (23.0), and employed people reported vasomotor problems (9.10).

Suggestion

Encouraging positive approaches towards managing the stress of the postmenopausal stage requires regular IEC (Information, Education, and Communication) events and health education about living a healthy lifestyle. A variety of social difficulties, such as living apart from children, getting help from them, and witnessing a reduction in the quality of the marriage during menopause, require more research. It is important to treat depression resulting from postmenopausal symptoms with extreme caution. Menopausal women need to expand on their self-care routines and support positive behaviours in order to effectively manage their symptoms.

Conclusion

Women going through menopause most frequently had hot flashes, memory loss, low back pain, and changes in their sexual drive. These were the most severe symptoms in the vasomotor, psychological, physical, and sexual domains. Perimenopausal depression can be caused by a variety of causes, including low socioeconomic level, low educational success, a sense of worthlessness, abuse, physical torture, spousal violence, no social support, and surgical menopause.Given the extensive study on menopausal depression, a considerable segment of the populace is oblivious to this inadequacy and influences the Quality life of women in menopause stages.

Reference

1. Baral, S., &Kaphle, H. P. (2023). Health-related quality of life among menopausal women: A cross-sectional study from Pokhara, Nepal. *Plos one*, *18*(1), e0280632.
2. Karmakar, N., Majumdar, S., Dasgupta, A., & Das, S. (2017). Quality of life among menopausal women: A community-based study in a rural area of West Bengal. Journal of mid-life health, 8(1), 21.
3. Mohamed, H. A., Lamadah, S. M., &Zamil, L. G. A. (2014). Quality of life among menopausal women. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 3(3), 552-61.
4. World Health Organization. Research on the menopause in the 1990s: report of a WHO scientific group. Geneva: World Health Organization, 1996.
5. BarkootSr, S., Saeed, A., AlMetrek, M., AlShahrani, S., AlHomedi, H., AlShahrani, A. ...&AlShehri, S. (2022). The Quality of Life of and Social Determinants Affecting Menopausal Women in Aseer's Healthy Cities in Saudi Arabia: A Cross-Sectional Study. *Cureus*, *14*(11).
6. Dotlic, J., Radovanovic, S., Rancic, B., Milosevic, B., Nicevic, S., Kurtagic, I. ...&Gazibara, T. (2021). Mental health aspect of quality of life in the menopausal transition. *Journal of Psychosomatic Obstetrics & Gynecology*, *42*(1), 40-49.
7. Whiteley, J., DiBonaventura, M. D., Wagner, J. S., Alvir, J., & Shah, S. (2013). The impact of menopausal symptoms on quality of life, productivity, and economic outcomes. *Journal of women's health*, *22*(11), 983-990.