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Original Research Article

A study to assess the prevalence of menopausal symptoms and its impact on quality of life in the menopausal women in a selected Urban community, Kolkata, West Bengal

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ABSTRACT

Background: Menopause is the end of menstruation. Menopause is cessation of menstruation for 12 months or a period that equivalent to three previous cycles or as time of cessation of ovarian function resulting in permanent amenorrhea. Menopause is a part of a women's natural ageing process when lower level of estrogen & progesterone is produced by ovaries.

Materials and Method: This cross-sectional study was conducted on a total of 400 women in the age group of 45-50 years in a selected urban community, Kolkata, West Bengal in 2020. Menopause Specific Quality of Life scale was used to assess the prevalence of menopausal symptoms and its impact. Data analysis was performed calculating mean, frequency and percentage and chisquare.

Results: Among the vasomotor symptoms prevalence of sweating was maximum (98%), among psychological symptoms anxiety and nervousness was the maximum prevalent symptoms(98%), most prevalent physical symptom was lack of energy (89.25%). Vasomotor symptoms had mild moderate and severe impact on quality of life where the other symptoms had mild and moderate impact on quality of life. Menopausal symptoms had significant association with socio demographic variables.

Conclusion: The results support the popular belief that menopause causes vasomotor, physical and psychological problems. From the findings of the present study it can be concluded that almost all areas or domains evaluated were impaired in menopausal women but the vasomotor and psychological symptoms affects women's quality of life more than the physical and sexual symptoms of menopause

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1. Introduction

Midlife is the period between younger and older adulthood that is described as a period of transition in women's lives. Most women experience various health problems after the age of 45. At this age, women suffer from social, psychological & biological challenges, which mostly are the symptoms of the menopause.

Menopause is the end of menstruation. Menopause is cessation of menstruation for 12 months or a period

equivalent to three previous cycles.¹ Menopause is a part of a women's natural ageing process when her ovaries produce lower level of the estrogen & progesterone.

In India menopause starts about age of 47 year where in western country it is 51 year.²

Quality of life (QOL) has been defined by the WHO as "the individual perception of their position in life in the context of the cultural and value systems in which they live and in relation to their goals, expectation, standards and concerns."³

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A study done in rural Bengaluru showed that physical & psychosocial symptoms were reported 56.92% of the menopausal women felt firmly that menopause affects those women in negative manner.⁴

Nowadays, it is very nicely understandable that socio cultural factors can alter women's attitude and that can change the experience of menopausal symptoms. These symptoms are found to be less common in societies nowadays and where the menopause is viewed as positive rather than negative event.⁵

2. Materials and Methods

2.1. Design

The methodology enables the researcher to project a blue print of details about the approach, data collection, analysis and findings of the research taken. In this study, Quantitative approach was used to find out the prevalence of menopausal symptoms and association between socio demographic and impact of menopausal symptoms on quality of life of the menopausal women. Community based descriptive cross-sectional research design was used.

The inclusion criteria included Women within the age group of 45-50 years, women who had stopped menstruation at least from 6-12 months, women who had given the consent. Participant with history of induced menopause, hysterectomy, receiving any kind of hormonal therapy, medical condition such as, hypertension, cardiac disease and thyroid disorders previously were excluded.

2.2. Sample size

Sample size was estimated taking prevalence of menopausal symptoms of 61.3% of any symptoms with relative precision of 5% at 95% confidence interval. Calculated sample size is 383. Total 400 menopausal women were chosen from the selected urban community, Kolkata, West Bengal, India, as study sample through purposive sampling technique.

2.3. Data collection and measurement

Data were collected from study sample by structured interview method. Menopause Specific Quality of Life scale was used to assess the prevalence of menopausal symptoms and its impact on quality of life.

Socio demographic variables were age, education, occupation, socioeconomic status, marital status, number of children.

2.4. Data collection

The present study was conducted in a selected urban community, Kolkata, West Bengal. Before the formal survey, pilot study was done with a sample of 40 participants; their answers were not included in data analysis. In the month of July, 2020, potential participants

who met the inclusion criteria were recruited to collect data. They were asked to complete the survey through the structured interview method. Interview completion lasted 10-15 minutes.

3. Data analysis

Data from the survey were analyzed using the descriptive and analytical statistics. Descriptive statistics included the mean, and range values for continuous data; percentages and frequency tables for categorical data were also used. According to the scores of MENQOL scale data was analyzed to assess the prevalence of menopausal symptoms and its impact using frequency and percentage table, mean. Inferential statistics included Chi square test to find the association of socio demographic variables with menopausal symptoms.

4. Results

In terms of socio demographic characteristics participants are categorized in age group 45-46, 47-48, 49-50; educational status primary school, high school, higher secondary, graduate; occupational status govt. employee, private employee, home maker; socioeconomic status upper class, upper middle class, lower middle class, upper lower class, lower class; marital status married, unmarried, widow; and number of children one two more than two. (Table 1)

5. Discussion

The current study contributes to the literature on prevalence of menopausal symptoms and its impact on quality of life. The present study findings of prevalence of menopausal symptoms are similar with a previous community based cross sectional study done during August to September 2018 among menopausal women residing in two urban wards of Siliguri municipal corporation (SMC) area to assess the Quality of life among menopausal women in an urban area of Siliguri.⁶

In the present study findings prevalence of vasomotor symptoms are higher than a previously conducted community based study among 100 peri and postmenopausal women (40–60 years) in Dearah village of West Bengal to assess the quality of life among menopausal women.⁷

The impact of menopausal symptoms on quality of life in the present study shows that vasomotor symptoms had mild moderate and severe impact but physical psychological and sexual symptoms only had mild and moderate impact on quality of life. The findings are similar

These findings were similar with a previous descriptive study was carried out in Obstetrics and Gynecological department at maternity and children hospital in Makkah Saudi Arab. Convenient sample composed of 90 women at

Table 2: Frequency and percentage distribution of study sample according to various menopausal symptoms N=400

Symptoms	Frequency	Percentage
Vasomotor symptoms		
Hot flushes	391	97.75
Night sweats	381	95.25
Sweating	392	98
Psychological symptoms		
Dissatisfaction with my personal life	368	92
Feeling anxious or nervous	392	98
Poor memory	376	94
Accomplishing less than i used to	353	88.25
Feeling depressed, down or blue	356	89
Being impatient with other people	248	62
Feeling of wanting to be alone	72	18
Physical symptoms		
Flatulence(wind) or gas pain	327	81.75
Aching in muscles and joints	310	77.5
Feeling tired or worn out	314	78.5
Difficulty sleeping	273	68.25
Aches in back of neck or head	296	74
Decrease in physical strength	322	80.5
Decrease in stamina	342	85.5
Lack of energy	357	89.25
Dry skin	248	62
Weight gain	296	74
Increased facial hair	16	4
Changes in appearance,texture or tone of my skin	198	49.5
Feeling bloated	311	77.75
Low backache	297	74.25
Frequent urination	136	34
Involuntary urination when laughing or coughing	64	16
Leg pains or cramps	200	50
Sexual		
Decrease in my sexual desire	174	43.5
Vaginal dryness	181	45.25
Avoiding intimacy	175	43.75
Breast pain or tenderness	144	36
Vaginal bleeding or spotting	0	0

Table 3: Distribution of impact of various menopausal symptoms on quality of life,frequency and percentage N=400

Symptoms	Mild impact		Moderate impact		Severe impact	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Vasomotor symptoms	72	18	292	73	36	9
Psychological symptoms	143	35.75	257	64.25	-	-
Physical symptoms	245	61.25	155	38.75	-	-
Sexual symptoms	397	99.25	3	0.75	-	-

Table 4: Association of socio demographic variables with menopausal symptoms

Socio demographic characteristics	Vasomotor symptoms			Psychological symptoms			Physical symptoms			Sexual symptoms	
	Mild	Moderate	Severe	Mild	Moderate	Severe	Severe	Mild	Moderate	Mild	Moderate
Age group											
45-46	42	150	0	79	113	0	0	111	81	190	2
47-48	13	84	15	30	82	0	0	71	41	111	1
49-50	17	55	24	40	48	8	8	63	33	96	0
Chi square	51.3			34.71				1.95		0.96	
P value	0.000			0.000				0.378		0.06	
Educa-tional status											
Primary school											
High school											
Higher secondary											
Graduate											
Chi square											
P value											
Occupa-tional status											
Govt. employee											
Pvt. employee											
Home maker											
Chi square											
P value											
Socio economic status											
Lower middle class											
Upper middle class											
Chi square											
P value											
No. of children											
One											
Two											
Chi square											
P value											

Table 1: Frequency and percentage distribution of study sample according to socio demographic characteristics N=400

Socio demographic variables	Frequency	Percentage(%)
Age in years		
45-46	192	48
47-48	112	28
49-50	96	24
Educational status		
Primary School	24	6
High School	176	44
Higher Secondary	96	24
Graduates	104	26
Occupational status		
Government employee	64	16
Private Employee	72	18
Home Maker	264	66
Socioeconomic status		
Upper Class	0	0
Upper middle class	0	0
Lower middle class	192	48
Upper lower class	208	52
Lower class	0	0
Marital status		
Married	400	100
Unmarried	0	0
Widow	0	0
Number of children		
1	208	52
2	192	48
More than 2	0	0

range of from 40-60 years were recruited in the study.⁸

Age of the study sample had association with vasomotor and psychological symptoms where educational status had association with all menopausal symptoms; occupational status had association with vasomotor physical and sexual symptoms; socioeconomic status of study sample had association with vasomotor psychological and physical symptoms and number of children of women had association with only psychological symptoms.

These findings of the study is similar with previous cross sectional study was conducted in 2019 in rural field to assess the Quality of life among post - menopausal women in rural area Puducherry. Totally 133 willing women who gave consent were interviewed. The mean age was 51 ± 2 years ranges from 45- 68 years.⁹

5.1. Implication of the study

The findings of the study have several implications for nursing education, nursing practice, nursing research and nursing administration. The implications which have made in the present study are of vital concern to the professional nurse practitioners, nursing instructors, nursing administration and nursing researcher. As the

first and major step in the nursing process is assessment which involves collection, organization and analysis of information related to health. This study will help nurses, students, in assessment of the impact of various menopausal symptoms in menopausal women. This study will help to know about the various symptoms of menopause reported by menopausal women. Nursing research is an essential component of today's nursing education. The research is the only possible method to generate evidence for nursing care. A similar study can be conducted on a large sample for generalization. A similar research study can be conducted in rural area to know the occurrence of menopausal symptoms in rural women.

6. Conclusion

The results support the popular belief that menopause causes vasomotor, physical and psychological problems. From the findings of the present study it can be concluded that almost all areas or domains evaluated were impaired in menopausal women but the vasomotor and psychological symptoms affects women's quality of life more than the physical and sexual symptoms of menopause. 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.

7. Source of Funding

None.

8. Conflict of Interest

None.

References

- Dutta D. Textbook of gynecology. and others, editor. Jaypee Brothers Medical Publishers(p)Ltd. New Delhi; 2013. p. 57–65.
- Maninder A. Age of menopause and determinants of menopause age : A PAN Indian survey by IMS. *J Mid-life Health*. 2016;p. 126–57.
- Mousavi SA, Masoumi SZ, Keramat A, Pooralajal J, Shobeiri F. Assessment of questionnaires measuring quality of life in infertile couples: A systematic review. *J Reprod Infertil*. 2013;14(3):109–10.
- Madhukumar S, Gaikwad V, Sudupa D. A community based study on perceptions about menopausal symptoms and quality of life of post menopausal women in Bengaluru rural. *Int J Health Sci Res*. 2012;2:49–56.
- Ganapathy T, Furaikh A. Health related quality of life among menopausal women. *Arch Med Health Sci*. 2018;6:16–23.
- Nivedita S, Subha R. Menopause-specific quality of life of urban women in West Bengal. *Menopause Int*. 2012;18(3):99–105. doi:10.1258/mi.2012.011107.
- Nabarun K, Somak M, Aparajita D, Sulagna D. Quality of life among menopausal women : A community based study in a rural area of WB. *J Midlife Health*. 2017;8(1):21–7.
- Whiteley J, Dibonaventura JMD, Wagner J, Alvir S. *J Womens Health (Larchmt)*. 2013;22(11):983–90.


9. Sharma S, Mahajan N. Menopausal symptoms and its effect on quality of life in urban versus rural women: A cross-sectional study. *J Midlife Health*. 2015;6(1):4389379.

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