

Exploring The Prevalence Of Menopausal Symptoms And Medico-Social Dimensions Of Menopause– A Cross Sectional Study

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ABSTRACT

Background of the study: Menopause is a specific physical and mental transitional time for every woman, throughout which they experience a sequence of menopausal signs and symptoms. Worldwide, the well-being of women has been a significant focus for healthcare professionals for several years. However, this focus mainly pertains to maternal and adolescent health, while the life course perspective has not progressed adequately. Therefore, there is a necessity to examine the transformations that occur during & after menopause and the various influencing factors by assessing the prevalence of menopausal symptoms along with the medico-socio-cultural aspects of menopause among women in the perimenopausal and early postmenopausal stages.

Methods: This cross-sectional study was conducted to assess the prevalence of menopausal symptoms among women. The data were collected from 295 women aged between 40 and 60 using convenience sampling technique. Data was collected from all the participants after fulfilling inclusion criteria through semi-structured questionnaire. The collected data were processed using SPSS software and analyzed using descriptive statistics and inferential statistics. Prevalence was expressed as frequency with percentage and prevalence of menopausal symptoms represented in bar diagrams.

Results: The peak menopausal symptoms were hot flashes, insomnia, fatigue and joint pain, anxiety and emotional instability. The study showed that most of the perimenopausal woman had hot flashes 212 (72%) in vasomotor symptoms. Majority of the perimenopausal woman felt anxious 216 (73%) in psychosocial symptoms. Most of the perimenopausal woman felt fatigue 247 (84%) and joint pain 207 (70%) in physical symptoms. Most of the perimenopausal woman had reduce sexual desire 112 (49%) in sexual symptoms.

Conclusion: The occurrence of menopausal symptoms is higher in women aged 40–60 years, which is related to women's mentality, exercise, and sexual intercourse frequency. In addition, the results of this study indicate that women's knowledge of menopause is insufficient, which suggests that we need to strengthen women's knowledge by conducting educational interventions and improve the cope up strategies by conducting community outreach programmes.

Keywords: Premenopause, Perimenopause, Menopause, Post Menopause

1. INTRODUCTION

Internationally, the health of women has been of great concern for healthcare providers for the beyond several years [1]. Firstly, the concern regarding women's health in India was focused mainly on maternal health and contraception; however, in recent years, adolescent health has also gained importance due to the initiation of the Adolescent Reproductive and Sexual Health (ARSH) programme. However, issues over women's health beyond the reproductive age have remained ignored till now, hence the life course approach is lagging [2]. Menopause is the period in the life of women during which the capacity to reproduce ceases or, in other words, a woman enters into a non-reproductive phase from the reproductive phase. Simply, it is defined as permanent cessation of menstruation. These physiological changes turn out to be pathological changes resulting in decreased bone mineral density (osteoporosis), vaginal dryness (dyspareunia), mood disorders, etc. [3]. Next, there is no typical data related to postmenopausal women in India, especially from rural areas, which is the place where most of the women of this age group are probable to reside and it is the place where there is a lack of services to these women [4].

As the current elderly healthcare services are in essence towards the overall health problems of the elderly, no special direction has been headed for the women in the post-reproductive stage. According to the current estimates, life expectancy for women is 72.7 years as against 68.1 years for females [5]. With this increase in life expectancy, a woman spends about one-third or two and a half decades of her life after menopause. It makes postmenopausal life as significant as before the menopause [6]. Postmenopausal women are the most vulnerable group affected due to physiological changes. Researchers have determined that the oestrogen level that decreases for the duration of menopause is the motive for menopausal signs and symptoms, which affect the bodily and psychological well-being of menopausal women, which they are unaware of [7]. Thus a need become felt to have a look at the changes taking place in ladies after menopause and additionally the influential factors of menopause. This observes targets to decide the prevalence of menopausal signs and symptoms amongst perimenopausal and early postmenopausal ladies and additionally to evaluate the medico-social dimensions of menopause among them.

2. MATERIALS & METHODS

A cross-sectional study was conducted in rural area among menopausal-transition women. The study was started after obtaining ethical clearance from the Institutional Human Ethics Committee. The study was included all perimenopausal women between 40 to 60 years of age who had lived in the selected rural area for more than a year. Women, who had undergone hysterectomy, received hormonal therapy, were seriously ill, physically and mentally challenged, women who were not in their house for three consecutive visits were excluded from this study. The Stages of Reproductive Aging Workshop (STRAW) staging system for reproductive ageing in women (2012) was used to classify the women [8]. Oral consent was received from all samples before starting the study. Complete details of perimenopausal and early postmenopausal women were done by house-to-house survey using a semi-structured interview questionnaire, which was in the local Tamil language.

The questionnaire consists of two sections. Section I consists of socio-demographic data such as age, religion, parity, marital status, occupational status, type of family, and socio-economic status. Section II includes questionnaire on menopausal symptoms. The menopausal symptom questionnaire consists of four domains (vasomotor, psychosocial, physical, and sexual) as per the menopause quality of life questionnaire [9]. For medical dimensions, abortion, menopausal symptoms, menstrual irregularities, and history of diabetes or hypertension were considered.

Information (Data) was entered in a Microsoft Excel sheet and SPSS software for analysis. Prevalence of menopausal symptoms was expressed as the frequency with percentage. The prevalence of menopausal symptoms represented in bar diagrams.

3. RESULTS

This study was conducted at selected villages, with an aim to assess the prevalence of menopausal symptoms among menopause-transitional women. Around 1200 houses were visited, total of 295 women who were fulfilling the study criteria were interviewed.

Table 1: Frequency and percentage distribution of samples according to the demographic variables (n=295)

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE (%)
1	Age		
	41-45 yrs	61	21
	46-50 yrs	57	19
	51-55 yrs	99	34
	56-60 yrs	78	26
2	Age at Menarche		
	Early	94	32
	Ideal	134	45
	Late	67	23
3	Socio-Economic Status		
	Upper Class	12	04

	Middle Class	89	30
	Lower Class	194	66
4	Menstrual Cycle		
	Regular	187	63
	Irregular	108	37
5	Marital Status		
	Unmarried	19	06
	Married	228	78
	Widow	48	16
6	Parity		
	Nulliparous	24	08
	Primi Para	76	26
	Multi Para	112	38
	Grand Multi Para	83	28
7	Abortion		
	Yes	42	14
	No	253	86

Table 1 represents frequency and percentage distribution of samples according to the demographic variables. From this most of them belongs to the age group of 51-55 yrs 99 (34%). Majority of them attained menarche during ideal age 134 (45%). Most of them belong to lower socioeconomic status 194 (66%). Majority of them had regular menstrual cycle 187 (63%). Most of them married 228 (78%). Majority of them belongs to Multi-Para 112 (38%). 42 (14%) had the history of abortion and 253 (86%) don't have the history of abortion.

Table 2: Frequency and percentage distribution of samples according to Menopausal symptoms (n=295)

Domains	Menopausal symptoms	Present (n), Percentage (%)	Absent (n), Percentage (%)
Vasomotor	Hot flushes	212 (72%)	83 (28%)
	Night sweats	184 (62%)	111 (38%)
	Waking up at night	196 (66%)	99 (34%)
Psychosocial	Sadness	206 (70%)	89 (30%)
	Forgetfulness	117 (40%)	178 (60%)
	Anxiousness	216 (73%)	79 (27%)
	Lack of concentration	154 (52%)	141 (48%)
	Irritability	179 (61%)	116 (39%)
Physical	Fatigue	247 (84%)	48 (16%)
	Body pain	146 (49%)	149 (51%)
	Joint pain	207 (70%)	88 (30%)
	Backache	102 (35%)	193 (65%)
	Sleeplessness	196 (66%)	99 (34%)

	Headache	116 (39%)	179 (61%)
	Urinary frequency	185 (63%)	110 (37%)
	Urinary urgency	196 (66%)	99 (34%)
	Burning micturition	88 (30%)	207 (70%)
	Urinary incontinence	184 (62%)	111 (38%)
	Dysuria	76 (26%)	219 (74%)
	Fainting	64 (22%)	231 (78%)
	Feeling bloated	96 (33%)	199 (67%)
Sexual (N=228)	Reduced sexual desire	112 (49%)	116 (51%)
	Dyspareunia	85 (38%)	143 (62%)
	Avoiding intimacy	68 (30%)	160 (70%)

Table 2 represents frequency and percentage distribution of samples according to the menopausal symptoms. The menopausal symptoms divided into four domains namely Vasomotor symptoms, Psychosocial symptoms, Physical symptoms and sexual symptoms. From this most of the perimenopausal woman had hot flashes 212 (72%) in vasomotor symptoms. Majority of the perimenopausal woman felt anxious 216 (73%) in psychosocial symptoms. Most of the perimenopausal woman felt anxious 247 (84%) and joint pain 207 (70%) in physical symptoms. Most of the perimenopausal woman had reduce sexual desire 112 (49%) in physical symptoms.

Prevalence of Menopausal symptoms among Menopause Transitional Woman

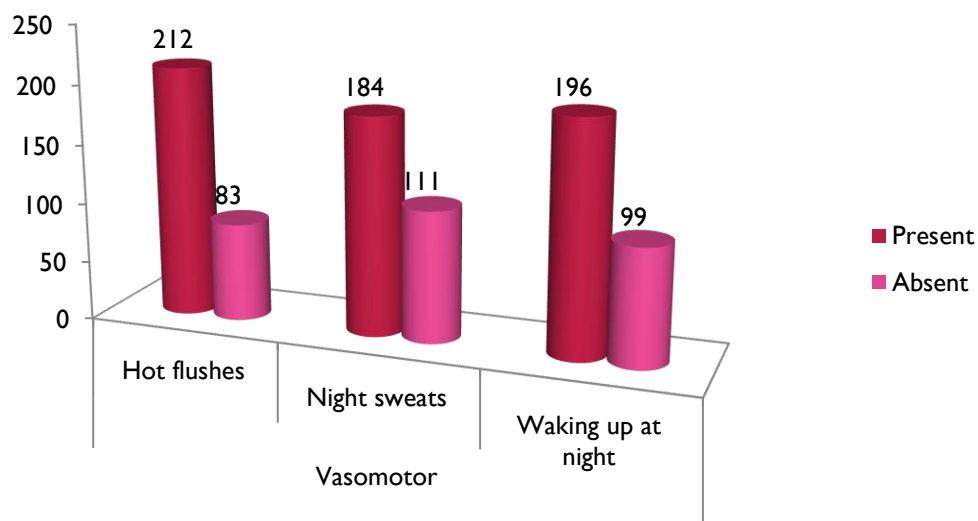


Fig.1: Prevalence of Vasomotor Menopausal symptoms among Menopause Transitional Woman

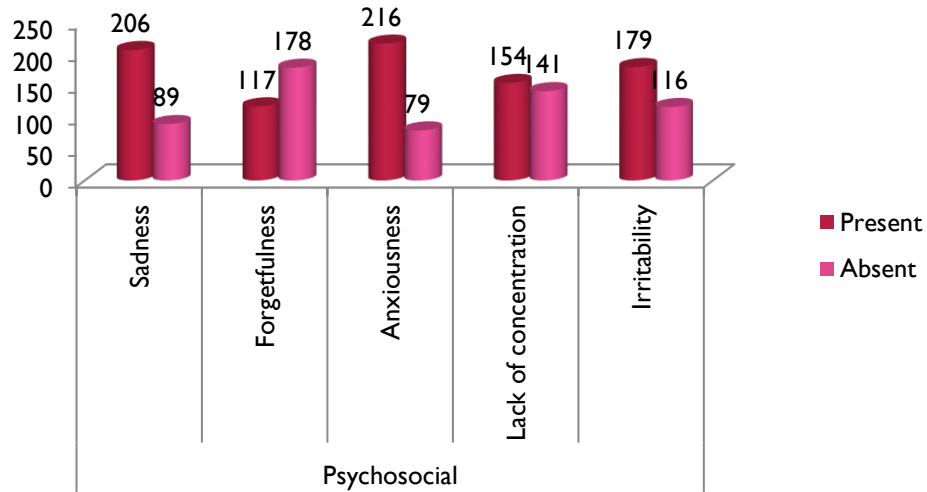


Fig.2: Prevalence of Psychosocial Menopausal symptoms among Menopause Transitional Woman

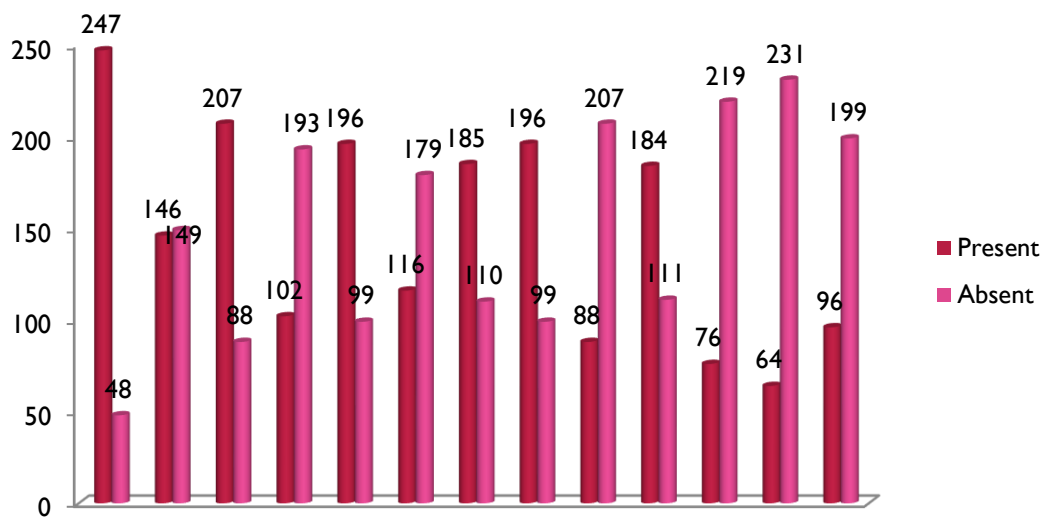


Fig.3: Prevalence of Physical Menopausal symptoms among Menopause Transitional Woman

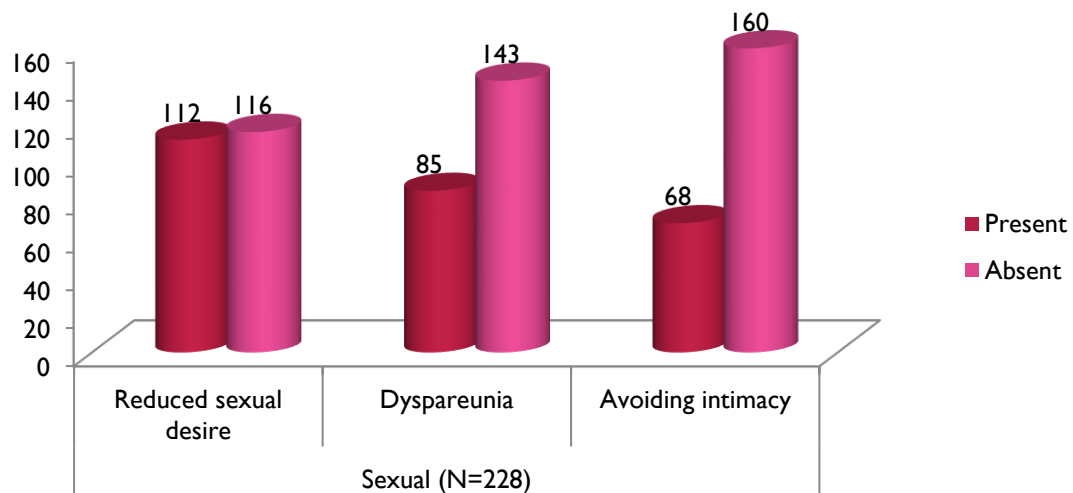


Fig.4: Prevalence of Sexual related Menopausal symptoms among Menopause Transitional Woman

4. DISCUSSION

In the present study, the mean age of attaining menopause was 47.6 ± 3.5 years, which was closer to the age of menopause given by the Indian Menopause Society (47.9 years) [11]. In the existing study, married women were 79%, widows were 16%, and a 6% of woman was unmarried. A similar distribution was seen in a study conducted in Vadodara district with 147 peri-menopausal women, of which 80.3% were married and 18.4% were unmarried [4].

Tom et al. carried out a cross-sectional study in the United States among 2397 peri-menopausal women and showed that the mean age of menopause was 49 years [12]. Dratva et al. stated data from a European cohort study showing that the mean age of menopause was 54 years [13]. Thus a wide range of difference in the mean menopausal age was perceived, which seems to be due to different nation, race, ethnicity, and environmental factors.

In this study, most of the perimenopausal woman had hot flashes 212 (72%) in vasomotor symptoms. Majority of the perimenopausal woman felt anxious 216 (73%) in psychosocial symptoms. Most of the perimenopausal woman felt anxious 247 (84%) and joint pain 207 (70%) in physical symptoms. Most of the perimenopausal woman had reduce sexual desire 112 (49%) in physical symptoms [14]. In the present study, muscles and joint pain (49% to 70%) were the common menopausal symptoms experienced by the study subjects, which were similar to the symptoms experienced by peri-menopausal women. A parallel study finding was seen in a cross-sectional study conducted by Amrita et al. and Poomalar et al., where muscles and joint pain preponderated but the percentage was less than 60% [15,16]. Sagdeo et al., in their study among rural women in Nagpur, showed muscle and joint pain had a higher prevalence [17]. Same findings were also observed in a study conducted in Pondicherry by Poomalar et al. but the percentage was less than 40% [16].

Among all four domains, physical symptoms (95%) were found to be greater in prevalence when compared to those of other symptoms. Generally, vasomotor symptoms are more prevalent among Western countries but Asian women experience physical symptoms more for multiple reasons, as shown in various studies. Loutfy et al. found that 90.7% of women were complaining of hot flushes, because of hot climate in their study area [18]. The increased intake of phytoestrogens by Asian women, which maintains their oestrogen level, helps to cope with menopausal syndrome. Nisar et al. had a different finding of Pakistani women experiencing physical symptoms (89%) at a higher rate than the other symptoms in the prevalence of psychological symptoms (86%), vasomotor symptoms (71%), and sexual symptoms (66%) [19]. Nayak et al., in their study conducted in a coastal area among 209 peri-menopausal women, found significant differences in all the symptoms, except for sexual symptoms among the perimenopausal and postmenopausal women [20]. Punyahotra et al. also showed that a significant association was seen in muscle and joint pain with postmenopausal women [21].

5. CONCLUSION

Thus, menopause and its symptoms had variability among nation, race, and individual perceptions. It was inclined by multiple factors like age, socioeconomic status, psychological factors, socio-cultural factors, diet, and lifestyle. Reproductive and child health programme can be further extended towards menopausal problems and help for the betterment of menopausal women. It is advised to form peer groups to discuss and share their issues on menopause and menopausal clinics to dispense advice on how to navigate this period of life with lifestyle changes, professional help, and guidance. To reduce the occurrence of menopausal symptoms, forthcoming research could investigate effective interventions by implementing randomized controlled trials. Additionally, to achieve a deeper insight into women's perspectives on menopausal MHT, future research might focus on carrying out qualitative studies.

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