



## Empowering Post-Menopausal Women: An In-Depth Exploration of Quality of Life, Menopause Awareness, and Attitudes

Monika Garhwal<sup>1</sup>, Raksha H. S<sup>1\*</sup>, Sakshi Sharma<sup>1</sup>, Pooja Choudhary<sup>1</sup>

<sup>1</sup>PG Student, Department of Obstetrics and Gynaecology, SMS Medical College, JawaharLal Nehru Marg, Gangawal Park, Adarsh Nagar, Jaipur, Rajasthan 302004, India

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**\*Corresponding Author**  
**Raksha H. S**

PG Student, Department of Obstetrics and Gynaecology, SMS Medical College, JawaharLal Nehru Marg, Gangawal Park, Adarsh Nagar, Jaipur, Rajasthan 302004, India

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### ABSTRACT

**Introduction:** Menopause, defined as 12 consecutive months without menstruation, is a major milestone for women. With increasing life expectancy in India, focusing on menopause health, developing resources, and educating women about symptoms and treatments is essential. The Menopause-Specific Quality of Life Questionnaire (MEN-QOL) assesses the impact of menopause on quality of life, highlighting the need for better knowledge and a positive attitude for improved health outcomes. **Methodology:** This cross-sectional descriptive study, conducted at SMS Medical College, Jaipur, used the MEN-QOL questionnaire to evaluate menopausal women. **Results:** The average age of menopause was found to be  $48.5 \pm 4.4$  years. Rural women reported physical symptoms (76%) as most bothersome, while urban women experienced vasomotor symptoms (66%) more prominently. The study revealed a significant knowledge gap among postmenopausal women. **Conclusion:** The research indicated that inadequate knowledge and mindset regarding menopause adversely affected women's quality of life. Thus, improving education and attitudes about menopause is crucial.

**Keywords:** MEN-QOL (Menopause-Specific Quality of Life) Questionnaire.

### INTRODUCTION

Menopause marks the end of reproductive life of women and is a great period of transition [1]. A woman is said to have achieved menopause when she had 1 year without menstruation [2]. India is witnessing an enhanced life expectancy coupled with a growing population which puts menopausal health at the core of health sector and necessitates prioritisation in developing resources and educating women about menopausal symptoms and associated physical and psychological problems. This will not only aid in the early identification of symptoms, alleviation of discomfort, and related concerns but also empower individuals to seek suitable medical care [3]. As Menopause is accompanied by numerous biological and physical changes, women may experience an array of symptoms including hot flashes, night sweats, sleep and mood disorders, impaired memory, lack of concentration, nervousness, depression, insomnia, bone and joint complaints, and reduction of bone mass [4]. Certain women experience severe symptoms that significantly impact their personal and social functioning, as well as their quality of life related to menopause [5]. For the assessment of the same, a questionnaire was developed in 1996 named as Menopause-Specific Quality of Life Questionnaire (MEN-QOL). It is a 29-item questionnaire MENQOL which aims to capture Menopause specific quality of life in domains of vasomotor, physical, psychosocial, and sexual functioning [6].

Having knowledge and a positive attitude toward this transition is crucial for leading a healthy life. Identifying these characteristics associated with poor physical functioning could contribute to prevention and management strategies that help older women to maintain their quality of life. This study was aimed at assessing knowledge and attitude towards

menopause and effect of this transition on their quality of life so that strategies could be formulated to upgrade their quality of life.

### Objectives

- To assess the post-menopausal symptoms and their impact on quality of life.
- To assess the knowledge and attitudes of post-menopausal women towards Menopause.

### Methodology

**Study Design:** Cross sectional descriptive study.

**Study Duration:** July 2022 to April 2023

**Setting:** The study was conducted in the Department of Obstetrics and Gynaecology of SMS Hospital, Jaipur

**Sample size:** 210 post-menopausal women attending the gynaecology OPD.

### Inclusion Criteria:

1. Women aged greater than or equal to 45 years.
2. Women who have attained menopause by natural means.
3. Women who are able to communicate.
4. Women who have given written informed consent.

### Exclusion Criteria:

1. Women who were using hormone replacement therapy.
2. Women who were not willing to participate.

**Ethical consideration:** Permission will be taken from the ethical considerations committee of the college before carrying out the study.

### Tool used

A pre designed questionnaire was used. It consisted of following sections:

- **Section 1:** Demographic profile and menstrual history of the patients.
- **Section 2:** MENQOL (Menopause-Specific Quality of Life) questionnaire.
- **Section 3:** Questions evaluating their knowledge and attitude of post-menopausal women about menopause.

It consists of 29 items divided into four domains: vasomotor (three items), psychosocial (seven items), and physical (sixteen items), and sexual domain (three items). The systematic scoring for each of the four MENQOL domains is identical. For each of 29 items of the questionnaire the standard 7-point scale was used for scoring and data analysis. A “Zero” is equivalent to a woman responding “no”, indicating she has not experienced the particular symptom in the past month. A “One” indicates that the women experienced this symptom, but it was not at all bothersome. Scores “Two” to “Six” indicate increasing levels of bothersome experienced from the symptom. Severities of menopause scoring symptoms as the following: score range from 1-2 consider mild, score range from 3-4 moderate, and scores from 5-6 severe symptoms.

## RESULTS AND DISCUSSION

Menopause is a natural transitional phase that every woman experiences if she lives beyond the age of 52 years. However, the way each individual responds to menopause and the effects of Estrogen deficiency can vary significantly, influenced by genetic factors, cultural background, lifestyle choices, socioeconomic status, level of education, and dietary habits. In today's world, where life expectancy has increased, women may find themselves encountering lengthy menopausal periods, accounting for approximately one-third of their lives.

For some women, the menopausal transition is relatively smooth and uneventful, while others may experience significant stress and challenges during this phase. The presence and severity of menopausal symptoms differ greatly from one woman to another and can persist for months to several years during this transitional period.

In our study, the mean age of natural menopause was  $48.5 \pm 4.4$  years. It's noteworthy that the mean age of menopause in Indian women is comparatively lower than that in developed countries. These differences may be attributed to regional, community, and ethnic variations. Genetic, environmental, and nutritional factors may also play a significant role in these variations [7].

Among the 210 participants, over half (55.0%) fell within the age group of 45 to 55 years. Additionally, 70% of the total female participants were identified as illiterate, and a striking 90% of all participants were housewives. The majority of participants were from urban areas (64%) and belonged to the middle-class category according to the modified Kupuswamy scale. 80% females enrolled in study had experienced menopause within the last 10 years with 38% within the first 5 years and 42% within the subsequent 6 to 10 years. Furthermore, about 55% of the female participants had 3 to 5 children, while roughly 30% had more than 7 to 8 children.

**Table 1: Distribution of post-menopausal females as per their Demo- graphic profile and menstrual history**

S. No	Variables		Number (n=210)	Percentage (%)
1.	Age (in years)	45-50	47	22.3
		51-55	68	32.3
		56-60	41	19.5
		61-65	28	27.6
		66-70	17	0.08
		71-75	9	0.04
2.	Education	Illiterate	146	69.5
		Primary School	52	24.7
		Middle School	10	4.7
		Graduate	2	0.009
3.	Occupation	Housewife	190	90.4
		Employed	20	9.6
4.	Residence	Rural	74	35.3
		Urban	136	64.7
5.	Scio-Economic Status	Upper	21	0.1
		Upper middle	79	37.6
		Lower middle	95	45.2
		Upper Lower	15	7.1
		Lower	0	0
6.	Menopausal Years	1-5	79	37.6
		6-10	88	41.9
		11-15	38	18
		16-20	3	0.014
		21-25	2	0.009
7.	Number of living Children	0-2	24	11.4
		3-5	116	55.2
		7-8	59	28
		>8	11	5.4

Further, Table 2 details the severity of menopausal symptoms among the surveyed participants. The most severe symptoms identified in the vasomotor, psychosocial, physical, and sexual domains were hot flushes (21%), feelings of depression (11%), memory issues (3%), lack of energy (5%), sleep difficulties (15%), low backache (25%), dry skin (24%), and vaginal dryness (7%). On the other hand, milder symptoms included night sweats (54%), sweating (56%), feelings of anxiety or nervousness (44%), flatulence or gas pains (72%), changes in skin appearance and tone (74%), frequent urination (59%), and muscle and joint aches (77%). In Asian countries, including India, physical symptoms are more commonly reported, followed by psychosocial symptoms [8-10]. Italian survey identified the most common menopausal symptoms as vasomotor symptoms (38%), sleep disorders (38%), weight gain (36%), mood disturbances (33%), and joint pain (32%) [11]. In the international Vaginal Health Survey, which included 3,520 postmenopausal women, the most prevalent symptoms were vasomotor symptoms (72%), night sweats (66%), disrupted sleep (54%), and weight gain (52%) [12].

Difficulty in sleeping was reported as one of the most bothersome symptoms among European populations, a finding that was consistent with results from the USA in the global survey and the Study of Women's Health Across the Nation, where it was most prevalent among Caucasian women [13, 14]. In contrast, in Japan, difficulty in sleeping was regarded as only moderately bothersome according to the global survey [15].

**Table 2: Distribution of post-menopausal women on the basis MENQOL Questionnaire**

S. No	Symptoms		Mild (%)	Moderate (%)	Severe (%)		
1.	Vasomotor	Hot flushes	11	42	21		
		Night sweats	54	28	2		
		Sweating	56	14	1		
2.	Psychological	Dissatisfaction with my personal life	12	27	1		
		Feeling anxious or nervous	44	23	3		
		Poor memory	30	56	7		
		Accomplishing less than I used to	27	29	3		
		Feeling depressed, down or blue	40	28	11		
		Being impatient with other people	39	13	3		
		Feelings of wanting to be alone	27	30	1		
3.	Physical	Flatulence or gas pains	72	24	2		
		Aching in muscles and joints	77	28	3		
		Feeling tired or worn out	29	20	1		
		Difficulty sleeping	9	66	15		
		Aches in back of neck or head	11	29	1		
		Decrease in physical strength	21	49	3		
		Decrease in stamina	28	43	3		
		Lack of energy	33	61	5		
		Dry skin	19	60	24		
		Weight gain	52	28	1		
		Increased facial hair	82	17	1		
		Changes in appearance, texture or tine of my skin	74	25	1		
		Feeling bloated	75	23	2		
		Low backache	40	25	25		
		Frequent urination	59	60	1		
		Involuntary urination when laughing or coughing	13	34	2		
		Breast pain or tenderness	12	13	0		
		Vaginal bleeding or spotting	11	6	2		
		Leg pains or cramps	21	28	1		
		4.	Sexual	Decrease in my sexual desire	62	37	1
				Vaginal dryness	36	57	7
Avoiding intimacy	40			56	1		

In a similar fashion Table 3 highlights a significant gap of knowledge in understanding the increased risk of heart disease and diabetes among post-menopausal females. Furthermore, the lack of knowledge regarding breast cancer and cervical cancer screening is a major cause for concern.

**Table 3: Questions evaluating their knowledge regarding menopause**

S. No	Question	Yes	No	I Don't know
1	Do you think menopause is a natural phenomenon?	210	0	0
2	Is average age of menopause 45 to 55 years?	210	0	0
3	Do you think problems like hot flushes are common in menopausal women?	146	8	56
4	Are problems like heart disease, diabetes common in post-menopausal women?	62	15	133
5	Do you think it is important to get regular pap smear and breast examination done in post-menopausal women?	128	18	110

Table 4 illustrated that the majority of females perceive menopause as the conclusion of menstrual issues and the cessation of the need for contraception. They also associate it with potential effects on women's physical appearance and beauty. Additionally, menopause's influence on the sexual aspect of females' lives and its impact on their partners' interest is a noteworthy concern. Moreover, a significant number of females believe that women have the ability to adapt and cope with menopause through training or education.

**Table 4: Questions evaluating their attitude regarding menopause**

S. No	Question	Yes	No	I Don't know
1	Do you think menopause is the end period for menstrual problems and contraception use?	210	0	0
2	Do you feel that menopause reduces the beauty of the women?	210	0	0
3	Do you feel menopause reduces the interest of women in her husband?	159	29	22
4	Do you think menopause is beginning of a new life and maturation for women?	137	19	54
5	Do you feel every woman can train herself to cope with the period of menopause?	189	0	21

Table 5 reveals a higher prevalence of physical symptoms in rural women (76.3%) in comparison to their urban counterparts. These physical symptoms encompass sensations of fatigue, bodily aches and pains, joint discomfort, and abdominal bloating. These differences may be attributed to variations in lifestyle and the socioeconomic status of women within their domestic settings. Despite experiencing suboptimal health, these women persist in fulfilling their familial responsibilities. Conversely, psychological symptoms such as memory loss, anxiety, feelings of loneliness, and sadness, as well as vasomotor symptoms like hot flashes and night sweats, were more frequently reported among urban women at rates of 59.8% and 66.6%, respectively. In the realm of sexual health, the disparity in quality-of-life scores is minimal between rural and urban women.

**Table 5: Domain wise percentage of quality-of-life score of women residing in urban and rural areas (n = 210)**

S. No.	Area	Rural (%) (74) 35%	Urban (%) (136) 65%	Difference (%)
1.	Vasomotor	49.7%	66.6%	16.9%
2.	Psychological	55.7%	59.8%	4.1%
3.	Physical	76.3%	66.2%	10.1%
4.	Sexual	51.4%	52.5%	1.1%

## CONCLUSION

Menopause is a normal phase in every woman's life, and with longer life expectancy, it encompasses roughly one-third of a woman's life. This stage comes with its own set of symptoms, which can be better controlled if women are aware of the health risks associated with menopause. Unfortunately, our research showed that women's quality of life (QOL) was negatively impacted by their lack of knowledge about the health problems related to menopause and their lack of the necessary mindset to deal with these obstacles. Therefore, it is imperative that actions be taken to improve their knowledge about and attitudes toward menopause.

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