



Original Research Article

A Community Based Study on Perceptions about Menopausal Symptoms and Quality of Life of Post Menopausal Women in Bangalore Rural

Suwarna Madhukumar ^{**@}, Vaishali Gaikwad ^{**}, Sudeepa D ^{*}

^{**} Associate Professor, ^{*} Assistant Professor
Department of Community Medicine, MVJ Medical College, Bangalore, India

[@] Correspondence Email: suwarna.sj@gmail.com

Received: 11/05/2012

Revised: 26/05/2012

Accepted: 28/05/2012

ABSTRACT

Background: Menopause, a universal phenomenon is defined as generally cessation of periods for 12 months or a period equivalent to three previous cycles or as time of cessation of ovarian function resulting in permanent amenorrhoea. Importance is always given to reproductive health from menarche to menopause. Problems related to menopause are given scant attention. Menopause brings psychological and biological changes that effect women's health. Menopausal health demand is a priority in Indian scenario due to growing population of menopausal women.

Objectives: 1. To study the age at onset of menopause and the prevalence of menopausal symptoms. 2. To study and analyse the menopausal symptoms and the treatment seeking behaviour for it.

Materials and methods: The present study is a community based, cross sectional study carried out in the field practice area of Urban Health training centre of the Department of Community Medicine, M V J Medical College and Research Hospital. The study was carried out from January 2012 to March 2012. The study population comprised of all the menopausal women of that area. One hundred and eighty nine postmenopausal women were included in the study. A pretested questionnaire was used in the study. Data were presented as percentages.

Results: The mean age at menopause was 49.7 years. 56.92% of the menopausal women felt firmly that they were affected by menopause in negative manner. Most frequent menopausal symptoms were aching in muscle and joints, feeling tired, poor memory, lower backache and difficulty in sleeping. The vasomotor and sexual domains were less frequently complained when compared to physical and psychological domains.

Conclusion: The age at onset of menopause in southern Karnataka (India) is 48.7 years which is four years more than the mean menopause age for Indian women. This could be attributed to better socioeconomic and health-care facility in this region.

Keywords: Menopause, physical & psychological changes, treatment seeking behaviour

INTRODUCTION

Menopause is defined as generally cessation of periods for 12 months or a period equivalent to three previous cycles or as time of cessation of ovarian function resulting in permanent amenorrhoea. [1] Menopause is a universal phenomenon which can be perceived as unpleasant. The period is generally associated with unavoidable manifestation of aging process in women.

The elderly population is increasing every year and it is projected that it would increase to about 12% of the total population by the year 2025. Roughly half of the population will be women. According to IMS there are about 65 million Indian women over the age of 45 years. Average age of menopause is around 48 years but it strikes Indian women as young as 30-35 years. [2] Due to the increase in the life expectancy women will have to face a longer periods of menopause.

Importance is always given to reproductive health from menarche to menopause. Problems related to menopause were given scant attention till the 1980's. The concept of menopause got its importance only in 1981 when a report of the World Health Organization, Scientific Group, based on its meeting on Research on the Menopause held in Geneva during December 1980 says there are virtually no data on the age distribution of the menopause and no information on its socio-cultural significance in the developing countries. Further the Scientific Group made some specific recommendations as WHO sponsored research should be undertaken to determine the impact on health service needs

of the rapidly increasing numbers of postmenopausal women in developing countries; uniform terminology should be adopted by health care workers with regard to the menopause; uniform endocrine standards should be developed which can be applied to the description of peri and postmenopausal conditions and diseases; and descriptive epidemiological studies of the age at menopause should be performed in a variety of settings. [2]

Menopause is welcomed as a favourable event in some part of rural India unlike in the West. This is attributed to the many perceived benefits of menopause such as freedom from cultural restrictions imposed on younger women and the burden of childbirth as well as the discomforts associated with menstruation. Postmenopausal women in some parts of India are said to enjoy a higher social status assigned to ageing women.

During menopausal transition there is a lot of fluctuation in the hormone levels and thus women may experience many symptoms and conditions. However, the influence of this fluctuation varies from one woman to another. Some of the important and common symptoms women can experience during menopausal transition are changes in periods, hot flushes and night sweats, problems with vagina and bladder, changes in sexual desire, sleep problems, mood changes/swings, changes in the body etc. There are also some serious medical concerns related to menopause as, firstly loss of bone tissue that cause osteoporosis and secondly, heart disease risk may grow due to age-related increases in weight, blood pressure and cholesterol levels.

Thus menopause brings psychological and biological changes that effect women's health. Therefore, in most developed countries hormone replacement therapy (HRT) is often recommended to prevent the distressing symptoms associated with menopause. [3]

There is considerably lack of awareness about the effects and the treatment of the menopausal symptoms in women in India. Studies on issues relating to menopause, especially among rural women, are lacking in India. We aimed to study the perceptions regarding menopause and the prevalence of menopausal symptoms among rural women in India.

MATERIALS AND METHODS

The present study is a community based, cross sectional study carried out in the field practice area of Urban Health training centre of the Department of Community Medicine, M V J Medical College and Research Hospital. The study was carried out from January 2012 to March 2012. The study population comprised of all the menopausal women of

that area. The study was done by interview technique using pre-tested and pre-designed questionnaire by a team of trained social workers, interns and medical officers.

Women with induced menopause, simple hysterectomy, receiving any kind of hormone therapy, presence of medical conditions like Diabetes, Hypertension, Cardiac disease, and thyroid disorders were not included in the study

Data was collected on socio demographic information, awareness and other variables of menopause and about Pap smear. Locked houses or the women who did not give the consent were not included in the study. The data was collected, compiled and analysed using statistical packages.

RESULTS

The study population comprised of 189 menopausal women with 22.8, 31.2 and 46.03% being enrolled in 40-44 years, 45-50 years and >50 years age groups respectively. Mean age at menopause was 49.33 years. Average number of living children is around 3 per woman. The mean length of time since menopause was 10.19 ± 6.0 . [Table no. 1]

Table no. 1- Demographic profile of the respondents

Study Variable	Number
Mean age	57
Mean parity	3
Mean menopausal age	49.33
Mean duration	10.19

The socio demographic characteristics of the study population were as follows. Out of the total study subjects enrolled in the study 52.4% were married and 41.6% were divorced/ widowed, whereas 80.4 % of them were literate and only 19.6 % were illiterates. Only 24.3% women had an active life style and others

had sedentary lifestyle. On inquiry about dietary patterns 69.8% were vegetarian. 3.7 % among study population were alcoholics and 4.8% gave history of smoking and 9.9% had the habits of chewing tobacco.

On interview 56.92% of the menopausal women felt firmly that they were affected by menopause in negative

manner and 20.05% women that it was beneficial to them and 23.03% felt that they were not affected by menopause. All those women who had reached menopause were asked to rate their health. Out of the total menopausal women 21% of them felt that their health was same as it was earlier and they didn't find any impact of menopause on their health. Another 15 % of them opined that their health has improved. Not getting periods was reported as the main reason for improvement in the health. And 45% of them reported that it has deteriorated after attaining menopause. Reasons for deterioration were mainly headache, limbs/joints pain, body ache, heaviness of the body and general fatigue, which they were getting due to stoppage of periods

Mean number of menopausal symptoms in three age groups were as

(mean \pm SD) 12.53 \pm 7.33, 10.70 \pm 6.76 and 14.50 \pm 10.77 in 40-44 years, 45-50 years and >50 years age groups respectively suggesting that at transition of menopause and in postmenopausal period the number of symptoms were more and in-between number of complaints were less.

Fatigue, lack of energy, tiredness (72.93%), headache (55.9%), hot flushes, cold sweats, cold hand and feet (53.86%) and weight gain (43.13%) were most frequent complained menopausal symptoms in the present study. Only 34% of the study population were aware of the symptoms is because of menopause. Factors like education, marital status, occupation and type of family had statistically significant impact on the health of post menopausal women. [Table no. 2]

Table no. 2- Menopausal symptoms and variables

Study Variable			p Value
	Number (%)	Total	
Age group (yrs)			P<0.001
40-44	12(27.9)	43	
45-50	45(76.2)	59	
>50	69(79.3)	87	
Education			p<0.05
Illiterate	12(32)	37	
Literate	114(75)	152	
Socio economic status			p>0.05
Middle	88(69.2)	127	
Lower	38(61.2)	62	
Employment status			p<0.05
Employed	08(24.2)	33	
Unemployed	118(75.6)	156	
Marital status			p>0.05
Unmarried	02(16.6)	12	
Married	73(73.7)	99	
Widowed	51(65.3)	78	
Type of family			p<0.05
Nuclear	35(49.2)	71	
Joint	91(77.1)	118	

Out of the study population only (21.7%) took treatment for menopausal symptoms. Some women took calcium or some ayurvedic treatment or over the counter drugs to treat menopausal symptoms. Majority of females took treatment without doctors' advice. In the study population women had the opinion that all these problems are very common at this age, they are self limiting, they had not taken these symptoms very seriously and some were not aware that treatment is available. About one-third of them just took

some pain killers over the counter. Some women did not seek medical help due to family or financial problems. About 9 % of them felt they don't like to go to any hospitals or don't like to take any tablets. None of them got HRT treatment.

Out of the study subjects only 32 women (16.93%) were aware of PAP smear and had the correct knowledge about it and knew why should it be done. PAP smear was done only in 8 (4.2%) women. [Table no. 3]

Table no. 3- Knowledge & awareness of the study population

Study Variable		
	Number	%
Awareness about menopause		
Yes	183	96.8
No	6	3.17
Is menopause harmful		
Yes	108	56.9
No	81	42.9
*Reasons for menopause harmful		
Fatigue/lethargy	138	72.9
Vaginal irritation	106	56.1
Hot flushes	102	53.8
Weight gain	82	43.1
Weak bones	61	32.3
Cold extremities	42	22.2
Treatment taken against menopause		
Yes	41	21.7
No	148	78.3
Awareness about PAP smear		
Yes	32	16.8
No	157	83.1
PAP smear done		
Yes	8	4.2
No	181	95.8

*multiple responses

DISCUSSION

In India currently there is no current health programme that caters the specific

reproductive health needs of aging women. Moreover, RCH-II and NRHM programmes, only addresses women in the reproductive

age group, ignoring those who have passed their reproductive stage.

In this present study it is clearly seen that there is lack of awareness about menopause and related problems. The range of menopausal age seen in Indian women varies from 40.3 to 44.8 years and in developed countries range is from 48-51 years. The mean menopausal age in the present study is 49.3 years. This was almost similar to the study done in Chandigarh (44.1 yrs). [4, 5]

Another study in African women also showed the mean menopausal age to be 49.5 yrs. [6] Diversity in attainment of menopause may be due to regional, community and either variation. Genetic, environmental and nutritional factors also play role. More than half of study subjects considered menopause to be harmful because of the physical and psychological impact on health. Whereas it was welcomed by 20.2% of women because of getting freedom from menstruation despite the prevalence of physical problems associated with menopause. Kaur found a high proportion (94%) of rural women happily accepted menopause. [5]

The study reveals varying nature of menopausal symptoms. The most common being weakness/fatigue and vaginal irritation/ discharge. The findings were similar to that of Damodaran [7] and Shah [8] who also found that generalized malaise and vaginal irritation to be common symptoms in contrary to Kaur [5] and Singh [9] who found diminished vision to be the common symptom.

Other studies done had similar findings like loss of interest in life and joint pains in majority of females. The other common symptoms were irritable behaviour and loss of sexual drive etc was evident in other studies. [10, 11, 12, 13] Research done in developed countries too that showed mood swings, vaginal irritation, weight gain and

fatigue to be predominant symptoms. Majority of women are not aware of therapy of menopause and fewer have heard of hormonal therapy. These findings were similar in the present study also.

There was a significant prevalence of sexual dysfunction among postmenopausal women that they attributed to ageing, culture, presence of adolescent children at home and lack of privacy in traditional rural homes. In a study where factors associated with sexual dysfunction were examined, it was found that dysfunction increased substantially with age, associated depression and with poor marital relationship. [13] A study reported that women described their sexual experience as boring especially when they were overburdened by family responsibilities and were physically exhausted. [12, 13] It is evident from these studies that the aetiology of sexual dysfunction among women >40 years of age is multifactorial, menopause being just one of the factors. It was seen in the present study various socio-demographic factors did play a significant role in the attitude of these women towards the symptoms

In our study the awareness about PAP smear was also very less and only 8 women underwent this test. This was similar to the findings in the study by Puri et al. [4]

Thus our study shows that a significant number of postmenopausal women suffer from vasomotor symptoms, urge incontinence and other somatic symptoms such as backache, aches and pains, lack of concentration and dizziness. Sexual life was also affected by menopause. But majority of them do not link these symptoms with menopause. These vast majorities of women go though our health system unnoticed.

CONCLUSION

Average age at menopause varies from one culture to another. Differences in the age at menopause have also been found between women in developed and developing countries.

Age at menopause is found to be very low among Indian rural women. Women were aware only about irregularity of menstruation as a symptom of menopause. Though they experienced other symptoms they could not relate them to menopause. Most of the women experienced menstruation at the larger intervals and with heavy bleeding. Irregularity of menstruation during middle age is not at all considered as a problem and many preferred not to seek any treatment for it. Some women were having the opinion that their health was remained same or improved compared to that of earlier. Women and their husbands have to be educated and counselled about the changes that occur. They can thus be a moral and mutual support. Other family members, relatives and friends can provide important support during this crucial stage of menopause. More than anything else, preparing oneself for perimenopause and menopause psychologically and emotionally works out more effectively. Regular general check-up including blood pressure and blood sugar, checking cholesterol is very much essential. Regular pelvic and breast examinations are to be done

In the next 20 years, more women will experience perimenopause and menopause than ever before since they comprise the baby boomer generation. They are unique in that many women have delayed child bearing into their thirties or forties and many have chosen to have no children at all. ^[14] This uniqueness and the very large number of women who are entering or are currently in the perimenopausal period make it particularly

essential for health care providers to completely understand the variability, effects, and treatment regimens during decreasing ovarian function. Health care providers must also assess and manage correctly the risk factors for common health problems among perimenopausal and/or menopausal women, including osteoporosis, heart disease, and cancers. They should offer screening tests and dietary and exercise recommendations. Earlier life expectancy was shorter. Reaching menopause often meant that their life was nearing an end. With the increasing life expectancy today's women will live a third of her life after menopause. Health education and planning ahead for challenges can make this period as one of the most rewarding and enriching time of her life.

ACKNOWLEDGEMENT

I sincerely acknowledge our Management and the Principal of MVJ Medical College & RH Bangalore, for their support for this work.

REFERENCES

1. Shaw's Textbook of Gynaecology Menopause 2002:56-67
2. World Health Organization. Research on the menopause in the 1990s: Report of a WHO Scientific Group. World Health Organ Tech Rep Ser 1996; 866: 1-107.
3. Making menopause easier, Accessed from <http://www.indiatogether.org/2006>
4. S. Puri, V. Bhatia & C. Mangat: perceptions of Menopause and Postmenopausal Bleeding in Women of Chandigarh, India. The Internet Journal of Family practice.2008 Volume 6 Number 2.

5. Kaur S, Walia I, Singh A. How Menopause effects the lives of Women in Sub-urban Chandigarh, Climacteric, 2005; 8(2):177-84.
6. Mashiloane CD, Bagratee J , Moodley J. Awareness of an attitude toward menopause and hormone replacement therapy in an African community, International Journal of Gynaecology and Obsterics, 2001; 76; 91-93.
7. Damondaran P, Subramaniam R, Omar SZ, Nadkarni P, Paramosthy M. Profile of a Menopause Clinic in an Urban Population in Malaysia. Singapore Med J 2000;41(9):431-35
8. Shah R, Kalgutkar S, Savardekar L, Chitlang S, Iddya U, Balaih D. Menopausal symptoms in urban women. Obst and Gynae Today 2004;11(10):667-70
9. Singh A, Arora A K. Profile of menopausal women in Rural North India. Ind J of Community Medicine PGIMER 2005
10. Malacara JM, Cantode Cetina T. Symptoms at pre and post menopause in rural and urban women from three states of Mexico. Maturitas 2002;43(1):11-19
11. Sudhaa S, Tondon Vishal R. Menopausal symptoms in Urban Women. Indian J of Gynae and Obst.2007;9(1);13-17
12. Bagga A. age and symptomatology of menopause a case study. Obst and Gynae Today 2004;11(10):660- 666.
13. Rita Aaron, Jayaprakash Muliyl, Sulochana Abraham. Medico-Social dimensions of menopause: A cross sectional study from rural south India. The National Medical Journal of India volume 15 ,no 1 2002
14. HRT and older women in India, Accessed from <http://www.haiweb.org>
