

Research Article

Quality of Life in Postmenopausal Women Working at SKIMS, Soura, Srinagar

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A B S T R A C T

Background: Menopause is a natural physiological event marked by the permanent cessation of menstruation due to ovarian aging. It affects various aspects of a woman's life, with symptoms impacting overall quality of life. The most affected domain was the physical domain (46.14%), while the least affected was the sexual domain (38%).

Methodology: A non-experimental descriptive design was used to assess the quality of life in 100 postmenopausal women working at SKIMS, Soura, Srinagar, using purposive sampling. Data was collected through a self-structured proforma and MENQOL questionnaire, followed by distribution of informational materials on symptom management.

Results: The study found varying degrees of menopausal symptoms, with the most common complaints being aches in the back of the neck/head (100%), decreased physical strength (93%), low backache (92%), and fatigue (91%). The least reported symptoms were avoiding intimacy (17%) and wanting to be alone (12%). The most affected domains were physical (70.31%) and vasomotor (65.33%), while psychological symptoms were less prevalent.

Conclusion: Postmenopausal women experience varying degrees of menopausal symptoms, with the physical and vasomotor domains being most impacted. Psychological and sexual symptoms were less frequently reported, possibly due to the physical strain faced by working women. Hormonal changes lead to symptoms across vasomotor (hot flushes, sweating, insomnia), urogenital (urgency, stress incontinence, vaginal dryness), physical (headache, backache, muscle aches), and psychological (anxiety, forgetfulness) domains, affecting overall well-being.

Keywords: Menopause, Menopausal Symptoms, Quality of Life

Introduction

Menopause is a physiological and natural event in life of a woman. It is characterized by permanent cessation of menstruation. Menopause is defined as cessation of ovarian function resulting in permanent amenorrhoea due to aging of ovaries which is normal physiological event experienced by all middle aged women. It takes 12 months of amenorrhoea to confirm that menopause has set in and therefore it is retrospective diagnosis¹. Production of Ovarian sex hormones- oestrogens and progesterone is decreased during menopause which naturally occurs between the ages of 45-55 years². Deficiency of these sex hormones affects the women presenting different symptoms like vasomotor (hot flushes, insomnia), urogenital (urgency, vaginal dryness, dyspareunia), Physical (backache, fatigue, aches in muscles and joints) and psychological (forgetfulness, lack of concentration) that disrupt the overall quality of life in postmenopausal women. Thus menopause is multidimensional having its impact not only on physiological but also physical, psychological and mental health of women. Extent of the various symptoms during postmenopausal women differs from women to women. Studies show that many women are not able to correlate these symptoms with menopause. Experience and understanding of phenomenon of menopause vary widely. Various factors determine women's experience towards menopause like culture, ethnicity, social background, menopausal status, attitude towards menopause, education, genetics, diet, occupation and overall health³.

In 1990, there were about 467 postmenopausal women worldwide and this figure is expected to rise to 1200 million by 2030. Out of these 76% will be living in developed countries. There is a great variation reported in intensity and rates of postmenopausal symptoms among different women belonging to different populations. Emphasis is laid on role of biological and cultural factors in influencing perception and experience related to menopause. It is well established that postmenopausal symptoms and socio demographic variables have a great effect on Quality of Life of menopausal women⁴.

Quality of life is an important outcome measure of healthcare and women's life expectancies are rise in India. Maintaining good physical functioning with advanced age is an important component of independence in later life. Few empirical studies however have examined the interrelated nature of symptoms associated with menopausal transition and effects of those symptoms on quality of life⁵. This study is thus conducted to assess the extent of postmenopausal

symptoms and their impact on the quality of life of postmenopausal women.

Need for the Study

Menopause is a normal physiological process and not a disease. It is an adaptation phase in every woman's life during which she goes through new biological state. Postmenopausal symptoms negatively impact the quality of life. This process is accompanied by many biological, psychological and other changes. The symptoms of menopause not only affect the female genital tract but are reflected in skeletal, cardiovascular and psychological system also. With increasing life expectancy women are likely to face long periods of menopause accounting approximately one-third of their age, thus resulting in increasing burden of morbidities.⁶

The transition of a woman through menopause is a life event that can profoundly affect Quality of Life. 80% of women report varying degrees of severity in physical and psychological symptoms that commonly accompany menopause and disrupt the life of a women. Quality of life is an important outcome measure of healthcare and women's life expectancies are rise in India. Few empirical studies however have examined the interrelated nature of symptoms associated with menopausal transition and effects of those symptoms on quality of life⁵. Maintaining good physical functioning with advanced age is an important component of independence in later life.

Multiple studies from foreign countries have indicated that menopause is negatively related to quality of life due to postmenopausal symptoms based on their intensity and severity⁷⁻⁹. In various studies, it was found that the individual response to menopause shows a great variation due to genetic, cultural, socio economical, educational, behavioural and dietary factors. The study of quality of life has become an important component in clinical practice today. A very little information exists about this aspect in developing countries like India. Investigator had observed at home and community that menopausal women experience joint pain, hot flushes, mood swings, night sweats and irritability. Some of these symptoms go unnoticed and at most of the times women are not able to correlate these symptoms with menopause. This study will lead to generation of empirical data which will help to take evidence-based actions on helping postmenopausal women to cope with these health problems. Based on the studies it has been found that postmenopausal women suffer a lot due to aggravating symptoms. Thus, investigator decided to take up this study in order to assess the quality of life

of postmenopausal women and develop an information booklet for creating awareness regarding menopausal symptoms and their care.

Methodology

A quantitative research approach with descriptive design was selected to carry out this study. Permission was obtained from the concerned authorities of SKIMS, Soura, Srinagar to conduct the final study. Ethical clearance was obtained from Institutional Ethical Committee (IEC). The study was done on purposively selected 100 postmenopausal women working at SKIMS, Soura, Srinagar. Permission was also obtained by taking informed consent individually from each postmenopausal woman prior to their inclusion as sample in the study. Privacy, confidentiality, and anonymity were being guarded.

Data was collected through self-structured proforma for demographic and clinical variables and MENQOL (standardized tool) for assessment of menopausal symptoms from 100 postmenopausal women working at SKIMS, Soura from 17-04-2024 to 15-05-2024.

Assessment of menopausal symptoms was carried out by MENQOL. The MENQOL has 29 items that are categorised into four domains, which are vasomotor, psychological, physical and sexual. Subjects were asked whether they have experienced any of the symptoms within past month and to rate how bothersome each symptom was on 7 point likert scale (0- not at all bothered, 6 extremely bothered). For analysis, Questionnaire score becomes 1 for no, 2 for yes not bothered through 8 for yes extremely bothered as shown in table 1.

Table 1. Criteria for scoring of MENQOL questionnaire responses

Subject response		Analysis score
NO		1
YES	0	2
	1	3
	2	4
	3	5
	4	6
	5	7
	6	8

Results and Discussion

More than 50% of study subjects belonged to age group 47-55 years (59%) and were graduate and above (56%) whereas

41% of study subjects belonged to the age group of 56-62 years and 44% had educational status of higher secondary level. There were almost equal number of Nursing officers (22%) and paramedical staff (20%), followed by almost equal number of ward in-charges (15%) and nursing supervisors (17%). The study participants also included 11% of clerks, 6% of Medical Records technicians and almost equal number of Data entry operators (3%), Nursing tutors (2%), Dieticians (2%), Principal (1%) and Assistant Professors (1%). Almost equal number of study subjects had sedentary (52%) and tedious (48%) type of work. Majority of the study subjects belonged to nuclear family (83%), were married (93%), experienced menopause at 45-49 years of age (80%) and experienced menopause naturally (87%). Almost equal number of study subjects had menopausal duration of more than 5 years (53%) and less than 5 years (47%). Majority of study subjects (74%) didn't report any co-morbidity whereas only 26% had co-morbidities i.e. 1% suffered from asthma, 3% from diabetes and hypertension, 2% from hypothyroidism, 2% from anaemia, 5% suffered from arthritis, 1% from cardiovascular disease, 3% from disc prolapse, 1% from disc prolapse and migraine, 1% from heart disease and 7% from osteoporosis as depicted in Table 2. Similar study was conducted by Bavda, Patel, Tiwari (2022)⁶ on 168 postmenopausal women who assessed their quality of life and revealed that 33% of study subjects belonged to age group of 56-60 years. 50.6% had primary level of education. Majority of the study subjects (84.5%) were unemployed. Maximum of the study subjects (65.5%) lived in joint families. Majority of the study subjects (91.1%) were married. 40% of study subjects had menopausal duration of 7-10 years. Another similar study was conducted by Assaf, Gharaibeh, Abuhammad, AbuRuz (2024)¹⁰ on 200 Jordanian menopausal working and retired women who assessed their quality of life. The results revealed that more than 50% of the study subjects were employed (58.5%) and were health professionals (57.5%). Majority of the study subjects (87%) were married. More than 50% of the study subjects (58.5%) were graduate and above in qualification. 35.3% of study subjects did not have any co-morbidities or chronic diseases.

Findings related to the quality of life in postmenopausal Study subjects had varying grade of MENQOL symptoms. The most common complaints of study subjects included aches in back of neck or head (100%), decrease in physical strength (93%), low backache (92%), feeling a lack of energy (91%), aching in muscles in joints (89%) and least experienced symptoms were avoiding intimacy (17%) and feeling of wanting to be alone (12%) (Table 3).

The most affected domain as reported by study subjects was physical domain(70.31%), Vasomotor domain(65.33), psychological domain(46.14) and least affected domain was reported to be sexual domain(38%) as depicted in figure 1. Similar results were conveyed from a study conducted by Ganapathy and furaikh(2018)¹¹ on 140 postmenopausal women at Karnataka India who assessed their quality of life in which the results revealed that most frequent reported symptoms were back pain in lumbar region(96%), decrease in physical strength(92%) and the least experienced symptom reported was desire to be left alone(8%). The most affected domain among study subjects was Physical domain (74.56%) and least affected domain reported was sexual domain (26.4%). Similar results were also reported in descriptive study conducted by Koirala, Thapa, Shrestha(2020)¹² on 50 postmenopausal women aged between 40-60 years residing in Lekhnath municipality of Kaski district in Nepal and assessed their quality of life. The results revealed that most common reported symptom was decrease in physical strength(82.7%) and least reported symptom was increase of facial hair(7.3%). Physical domain was found to be most affected domain among postmenopausal women than other domains.

Findings related to association between Quality of Life in postmenopausal women with their selected demographic and clinical variables.

There was statistically significant association between MENQOL and age in years, occupation, type of work, type of menopause and any co-morbidity ($p < 0.05$), while non significant association was found between educational status, type of family, marital status and age at menopause and duration of menopause (Table 4). Similar descriptive study was conducted by Thomas and Kamth(2018)¹³ who assessed the quality of life among 100 menopausal women residing in Pajeer village in Mangaluru Karnataka, India. Results revealed that there was statistically non significant association between MENQOL symptoms and demographic variables like age, level of education, marital status, type of family, occupation and age at menopause at 0.05 level of significance.

Table 2. Frequency and percentage distribution of study subjects according to demographic variables and clinical variables N=100

Variables	Categories	Frequency	Percentage
Demographic Variables			
Age in years	47-55 Years	59	59 %
	56-62 Years	41	41 %
Educational Status	Higher secondary	44	44 %
	Graduate and above	56	56%

Occupation	AP College of Nursing	1	1%
	Clerk	11	11%
	Data entry operator	3	3%
	Dietician	2	2%
	Medical Records Technician	6	6%
	Nursing Officer	22	22%
	Paramedical staff	20	20%
	Principal College of Nursing	1	1%
	Supervisor	17	17%
	Tutor College of Nursing	2	2%
	Ward incharge	15	15%
Type of work	Sedentary	52	52%
	Tedious	48	48%
Type of family	Nuclear family	83	83%
	Joint family	17	17%
Marital Status	Married	93	93%
	Divorced	3	3%
	Widowed	4	4%
Clinical Variables			
Age at Menopause	45-49 years	80	80%
	50-53 years	20	20%
Duration of menopause	< 5 years	47	47%
	> 5 years	53	53%
Type of menopause	Natural	87	87%
	Surgical	13	13%
Any co-morbidity	Asthma	1	1%
	Diabetes and hypertension	3	3%
	Hypothyroidism	2	2%
	Anemia	2	2%
	Arthritis	5	5%
	Cardiovascular disease	1	1%
	Disc prolapse	3	3%
	Disc prolapse and migraine	1	1%
	Heart disease	1	1%
	Osteoporosis	7	7%
	NO	74	74%

Table 3. Frequency and percentage distribution of menopausal symptoms among study subjects N=100

Subscale	Menopausal Symptoms	Frequency	Percentage
Vaso-motor	Flushes or flashes	86	86%
	Night sweats	35	35%
	Sweating	75	75%
Psycho-logical	Being dissatisfied with my personal life	46	46%
	Feeling anxious or nervous	62	62%
	Experiencing poor memory	42	42%
	Accomplishing less than I used to	79	79%
	Feeling depressed, down ore blue	59	59%
	Being impatient with other people	23	23%
	Feeling of wanting to be alone	12	12%
Physical	Flatulence (Wind) or gas pains	57	57%
	Aching in muscles and joints	89	89%
	Feeling tired or worn out	85	85%
	Difficulty sleeping	68	68%
	Aches in back of neck or head	100	100%
	Decrease in physical strength	93	93%
	Decrease in stamina	83	83%
	Feeling a lack of energy	91	91%
	Drying skin	50	50%
	Weight gain	71	71%
	Increased facial hair	39	39%
	Changes in appearance, texture or tone of skin	80	80%
	Feeling bloated	42	42%
	Low backache	92	92%
	Frequent urination	56	56%
	Involuntary urination when laughing or coughing	29	29%
Sexual	Changes in your sexual desire	33	33%
	Vaginal Dryness	64	64%
	Avoiding Intimacy	17	17%

Table 4. Ssocation between Quality of life (MENQOL) of study subjects and their selected demographic variables and clinical variables

N=100

Parameters	Category	MENQOL				Chi-square	df	p-value
		19(≤Median)		19(>Median)				
		n	Percentage	n	Percentage			
Age in years	47-55	47	88.70%	12	25.50%	41.06	1	0.001** S
	56-62	6	11.30%	35	74.50%			
Educational status	higher secondary	22	41.50%	22	46.80%	0.284	1	0.594 NS
	Graduate and above	31	58.50%	25	53.20%			

Occupation	AP college of nursing	0	0.00%	1	2.10%	25.71	10	0.004* S
	Clerk	6	11.30%	5	10.60%			
	Data Entry Operator	2	3.80%	1	2.10%			
	Dietician	2	3.80%	0	0.00%			
	Medical records tech.	5	9.40%	1	2.10%			
	Nursing Officer	16	30.20%	6	12.80%			
	Paramedical staff	13	24.50%	7	14.90%			
	principal College of Nursing	1	1.90%	0	0.00%			
	Supervisor	2	3.80%	15	31.90%			
	tutor college of Nursing	0	0.00%	2	4.30%			
	Ward Incharge	6	11.30%	9	19.10%			
Type of work	Sedentary	21	39.60%	31	66.00%	6.92	1	0.009* S
	Tedious	32	60.40%	16	34.00%			
Type of family	Nuclear	43	81.10%	40	85.10%	0.279	1	0.597 NS
	Joint	10	18.90%	7	14.90%			
Marital status	Married	49	92.50%	44	93.60%	1.24	2	0.536 NS
	Divorced	1	1.90%	2	4.30%			
	Widowed	3	5.70%	1	2.10%			
Age at menopause(in years)	45-49	40	75.50%	40	85.10%	1.44	1	0.229 NS
	50-53	13	24.50%	7	14.90%			
Duration of Menopause	< 5 years	20	40%	27	54 %	1.96	1	0.315 NS
	> 5 years	30	60%	23	46 %			
Type of Menopause	Natural	49	98 %	38	76 %	10.69	1	0.001** S
	Surgical	1	2.0%	12	24 %			
Any co-morbidity	Asthma	0	0.00%	1	2.0%	35.13	10	0.001** S
	Diabetes and hypertension	0	0.00%	3	6.0%			
	Hypothyroidism	0	0.00%	2	4.00%			
	Anemia	0	0.00 %	2	4.00%			
	Arthritis	0	0.00%	5	10.0%			
	cardiovascular disease	0	0.00%	1	2.0%			
	disc prolapse	0	0.00 %	3	6.0%			
	disc prolapse and migraine	0	0.00 %	1	2.0%			
	heart disease	0	0.00 %	1	2.0%			
	Osteoporosis	0	0.00 %	7	14.0%			
	No	50	100 %	24	48.00%			

*= significant at 0.05 level, ** = significant at 0.01 level

S= significant, NS= Non significant

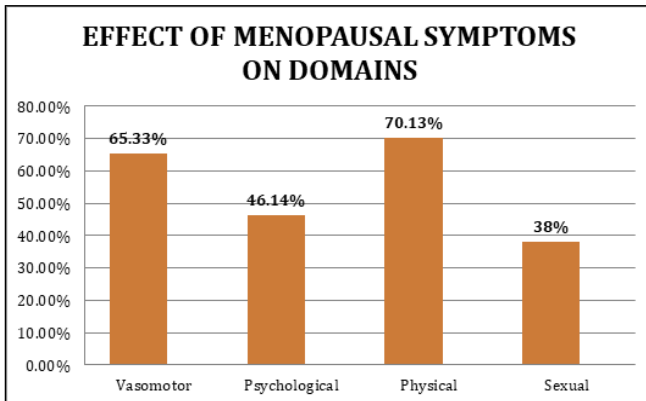


Figure 1. Bar graph showing the effect of menopausal symptoms on various domains of study subjects.

Conclusion

The study concluded that the quality of life of postmenopausal women was found to be affected with different grades of menopausal symptoms. The most affected domain among study subjects was reported to be physical domain and vasomotor domain. Psychological and Sexual domains were less frequently complained as compared to Physical and vasomotor domain which indicates that probably the physical exertion caused in working women showed its maximum impact on physical domain than other domains. Age in years, occupation, type of work, type of menopause and any co-morbidity was statistically associated with quality of life in postmenopausal women. A large number of women suffer from menopausal symptoms worldwide. I herein highlight the importance of educating women about menopause, its symptoms and its long term risks. Health care providers should consider quality of life of menopausal women a major public health issue and postmenopausal women should be sensitized for availing the health facilities for these problems.

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