

Quality of Life of Peri and Postmenopausal Women attending Outpatient Department of Obstetrics and Gynecology of A Tertiary Care Hospital

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ABSTRACT

Background: Many women experience menopausal symptoms during menopausal transition and postmenopausal years. This natural phenomenon often results in various psychological, somatic and urinary symptoms which impair the overall quality of life of women. This study aimed to access the quality of life of women during perimenopausal and early postmenopausal years attending outpatient department of OBGYN at Kathmandu Medical College Teaching Hospital.

Methods: A descriptive cross-sectional study of 240 perimenopausal women of aged 45-60 years attending gynaecological outpatient clinic was carried out between 15th January to 13th April 2017. Data were collected using Women Health Questionnaire, containing 37 questions by interview technique and analyzed using chi-square test to assess the association between sociodemographic information and the quality of life.

Results: The median age of onset of menopause was 50 years and 50.8% of respondents were having good quality of life. Sociodemographic variables such as age of women, marital status, educational level, last menstrual period and regular menstrual period were statistically significant with the quality of life of peri and postmenopausal women.

Conclusions: Menopausal symptoms are common but due to lack of awareness, they do not seek medical advice. Hence priority lies on generating awareness among women about menopause and menopausal symptoms and establishment of dedicated elderly clinic to help these women live a healthy and comfortable life.

Keywords: Menopause; perimenopause; quality of life; women.

INTRODUCTION

Menopause is a natural part of every woman's life, a transition from reproductive to non-reproductive stage. Natural menopause is recognized to have occurred after 12 consecutive months of amenorrhea, for which there is no other obvious pathological or physiological cause.¹ Menopause normally occurs between 45-55 years. In Nepal, mean age was 47 years in one study.² Many women experience menopausal symptoms during menopausal transition and postmenopausal years often result in various psychological, somatic and urinary symptoms which impair the overall quality of life (QOL) of women.³ Women's non-reproductive health is becoming an increasingly important public health concern in Nepal due to the aging population and lifestyles changes.¹ Quality of life is the main goal of health care and a significant factor for individual health and it is used to plan and evaluate health care programs.⁴

METHODS

A cross-sectional study employing quantitative research method was used to obtain information on the quality of life of perimenopausal and postmenopausal women. Purposive consecutive sampling technique was used to select the sample. Women during peri and postmenopausal age 45-60 years visiting gynaecological outpatient department for different gynaecological complains between 15th January to 13th April 2017 at Kathmandu Medical College Teaching Hospital (KMCTH). Ethical clearance was taken from KMC-Institutional Review Committee, Kathmandu Medical College, Sinamangal. Respondents willing to participate in the study were selected and written consent was obtained from all study participants. Women with cardiovascular diseases, mental disorders, diseases of the kidney and liver, non-residents of Nepal, and those confined to bed because of ill-health were excluded from the study.

Sample size was calculated taking 50% of prevalence

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with 95% confidence interval using formula sample size(n)= Z^2pq/d^2 , resulting to an estimated sample size of 235, however, during the study 240 participants were enrolled. The Women's Health Questionnaire (WHQ),⁵ which was designed to assess symptom perceptions during menopause transition, and for post-menopausal women was used after translating in Nepali language. Pretest was done with 10% of sample in similar setting of final data collection. Nepali version of WHQ was finalized after feedback from pretest and consulting with professional. This is a disease or population-specific instrument developed by Myra Hunter which contains 37 items in 9 dimensions.⁶ Other part of the questionnaire includes questions concerning the women's socio-demographic data and women's basic gynaecological history.

Data were entered into Epi Data version 3.1 then cleaned and analyzed using SPSS version 16.0. The data was analyzed by using frequencies, percentage, measurement of central tendency, standard deviation and chi-square test. Among the 37 items, 6 items were reversed. All item scores were transformed into a dichotomous scale. According to the scaling and scoring of WHQ provided 0= Good QOL and 1= Bad QOL. Questionnaire is four point Likert scale where, if the response is 'Yes, definitely' or 'Yes, sometimes', then the score is 1. If the response is 'No, not much' or 'No, not at all', then the score is 0. The values of dependent variables were dichotomized according to the median value. For each nine scales of WHQ, women showing values over the median value was considered Bad QOL and values under the median value was considered Good QOL.⁶

RESULTS

A total of 240 women aged 45-60 years visiting Gynaecological outpatient department were interviewed about their age, education level, occupation, income, marital status, menopausal status and their experience of symptoms listed in the WHQ.

Among the total respondents (37.9%) were from age group 45-50 years and 37.5% were from 55-60 years. Median age of respondents was 50 years. The majority of respondents (78.3%) were from Hindu religion. Almost one-third (31.3%) of the respondents have completed secondary level education and few (8.3%) have bachelor and above degree.

Regarding occupation majority of respondents (60%) were housemaker. The respondents having total family income between NPR.40,000-50,000 per month was 46.3%. Very few respondents (1.3%) were single and

widow/divorced (3.3%). Among 154 menopausal women who had menopause 51.7% respondents had menopause at the age of 50 years or below. Among 86 menstruating women 84.9% do not have regular menstrual period (Table 1).

Table 1. Respondents' socio-demographic characteristics.

Variables	Number	Percent
n=240		
Age group in years		
≤50	91	37.9
51-55	59	24.6
≥56	90	37.5
Mean age=53.27, S.D=4.48		
Religion		
Hindu	188	78.3
Buddhist	37	15.4
Christian	11	4.6
Islam	4	1.7
Education level		
General literate	22	9.2
Primary education	57	23.8
Secondary education	75	31.3
Higher secondary education	66	21.5
Bachelor and above	20	8.3
Occupation		
Agriculture	48	20
Business	25	10.4
Service	16	6.7
Housemaker	144	60
Others	7	2.9
Family Income per Month (NPR)		
20000-29999	14	5.8
30000-39999	30	12.5
40000-49999	111	46.3
≥50000	85	35.4
Mean income=41000; S.D=8400		
Marital status		
Single	3	1.3
Double	229	95.4
Widow/Divorce	8	3.3
Last menstrual period		
<1year	86	35.8
≥1year	154	64.2

Regular menstrual period (n=86)			
Yes	13	15.1	
No	73	84.9	
Menopausal age (n=154)			
≤50 years	124	51.7	
≥ 51 years	30	12.5	
Median=50.00			

Quality of life regarding each items in 9 dimensions shows that depressed mood and somatic symptoms both contains 7 items where Good QOL is seen in 3 items each. All items in Sexual behaviour, sleep problems and attractiveness had Bad QOL (Table 2).

Table 2. Total number of items showing women’s quality of life.

Dimensions	No. of Items	Items with Good QOL	Items with Bad QOL
Depressed mood	7	3	4
Somatic symptoms	7	3	4
Memory/Concentration	3	2	1
Vasomotor symptoms	2	1	1
Anxiety/ Fears	4	2	2
Sexual behaviour	3	0	3
Sleep problems	3	0	3
Menstrual symptoms	4	3	1
Attractiveness	2	0	2

Among total respondents almost half (50.8%) of the respondents are having good quality of life and 49.2% are having bad quality of life. Out of which 35.8% respondents were perimenopausal women having 58.2% good QOL and 64.2% respondents were menopausal women having 46.7% good QOL (Table 3).

Table 3. Menopausal status showing women’s quality of life.

Menopausal Status	Good QOL (n)%	Bad QOL (n)%	Total (n)%
Perimenopausal	(50)58.2	(36)41.8	(86)35.8
Menopausal	(72)46.7	(82)53.3	(154)64.2
Total	(122)50.8	(118)49.2	(240)100

Age of women, marital status, educational level and menstrual regularity are statistically significant with quality of life of peri and postmenopausal women (Table 4).

Table 4. Association between demographic variables and quality of life.

Variables	Good QOL n(%)	Bad QOL n(%)	x ² value	p value
Age in Years				
≤50	51(41.8)	40(33.9)	5.482	0.045*
51-55	34(27.9)	25(21.2)		
≥56	37(30.3)	53(44.9)		
Marital status				
Single/ widow/ divorce	2(18.2)	9(81.8)	4.918	0.026*
Double	120(52.4)	109(47.6)		
Educational level				
≤Secondary education	73(59.8)	81(68.6)	2.863	0.009*
≥Higher secondary education	49(40.2)	39(31.4)		
Regular menstrual period(n=86)				
Yes	11(84.6)	2(15.4)	4.411	0.032*
No	39(53.4)	34(46.6)		

*Significance at 5%

DISCUSSION

Globally, the natural age at menopause is 45 to 55 years.¹In this study, median age of menopause was 50 years and were mainly secondary level literates with a usual occupation as housemaker. This result is consistent with studies conducted within Nepal that found age ranges of 45-50 years.^{2,7-9}

In this study, 50.8% women had Good QOL. Mostly observed perimenopausal symptoms were poor sleep and memory, palpitations, restlessness, headache, hot flushes, dry vagina and loss of interest in sexual activity. This finding is consistent with the studies done to observe menopausal health status at Kapilvastu district of Nepal, study done at rural terai of Nepal and study done at Guwahati, India shows as common symptoms. Similarly, study done to observe symptoms among perimenopausal and postmenopausal women shows symptoms of physical, psychological and sexual problems like palpitation, sleep disturbance, depressed mood, loss of libido and dry vagina.⁸⁻¹¹

Age of women shows statistically significant with QOL(p=0.045) which states that less the age of women, better the quality of life. Single/widow or divorced women had bad QOL in comparison to women living with

their husbands ($p=0.026$). This result is consistent with the study done at Guwahati, India¹¹ and contrast with the study done to find out quality of life of perimenopausal and postmenopausal Polish women.¹²

Regarding educational level, women having below secondary education are bearing bad QOL with comparison to women who had higher secondary education and above ($p=0.009$). Several studies concluded that those women who had more than high school education experienced less disturbing and fewer symptoms during menopause.¹²⁻¹⁴ One study had reported that educational level had significant effect on all QOL domains.¹⁵

Among the total respondents only 86(35.83%) women were menstruating of which 15.1% women reported that they had regular periods and statistically significant with QOL ($p=0.032$). This indicates that women with regular period had good QOL while the finding is contrast in a study done in Polish women shows that there is no statistical difference in the menstrual symptom of the WHQ.¹²

CONCLUSIONS

The prevalence of menopausal symptoms is high but due to lack of awareness, majority of the women do not seek advice for these symptoms.

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