

## A STUDY TO ASSESS THE MENOPAUSAL SYMPTOMS AND QUALITY OF LIFE AMONG POSTMENOPAUSAL WOMEN IN SELECTED COMMUNITY AREAS AT CHENNAI.

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### ABSTRACT:

**Background:** Menopause is a universal and natural biological process that marks the transition from a woman's reproductive phase to a non-reproductive stage. Due to increased life expectancy and changing trends in the age of menopause, women today spend nearly one-third of their lives in the postmenopausal stage. **Objectives:** 1. To assess the menopausal symptoms and quality of life among post- menopausal women. 2. To find the correlation between menopausal symptoms and quality of life among postmenopausal women. 3. To find the association between menopausal symptoms and quality of life among postmenopausal women with selected demographic variables. **Methodology:** A descriptive, quantitative study was conducted in selected community areas of Chennai with 150 postmenopausal women recruited using non-probability convenience sampling. Data were collected using the Menopause Rating Scale (MRS) and Menopause-Specific Quality of Life (MENQOL) questionnaire. Statistical analysis included descriptive statistics, Pearson's correlation, and Chi-square tests. **Results:** The study results revealed that among 150 women, 125 (83.3%) reported mild to moderate menopausal symptoms, with 78% experiencing psychological symptoms, 66% somatic symptoms, and 49.3% urogenital symptoms. Only 14% reported moderate to severe symptoms, while 2.7% were asymptomatic. Regarding quality of life, 88.6% were mildly affected across vasomotor (47.3%), physical (80.7%), psychological (70%), and sexual (56%) domains. Overall, 8.7% were moderately affected, and 2.7% were unaffected. A moderate positive correlation ( $r = 0.675$ ,  $p < 0.001$ ) was found between menopausal symptoms and quality of life. The Somatic, Psychological, and Urogenital symptoms have a moderate

positive correlation with overall quality of life. Specifically, high in somatic domain. Socioeconomic status ( $\chi^2 = 40.621$ ,  $p = 0.0001$ ) was significantly associated with menopausal symptoms, while no demographic variables were linked to quality of life. **Conclusion:** Most postmenopausal women experience mild to moderate menopausal symptoms, significantly affecting their quality of life. Effective interventions, education, early symptom management, and community-based support programs are essential for improving well-being of postmenopausal women.

**Key words :** Postmenopausal women, quality of life, menopausal symptoms.

## INTRODUCTION

Menopause is a universal and natural biological process that marks the transition from a woman's reproductive phase to a non-reproductive stage. Due to increased life expectancy and changing trends in the age of menopause, women today spend nearly one-third of their lives in the postmenopausal stage. The World Health Organization (WHO) defines menopause as "the permanent cessation of menstruation as a result of the loss of ovarian activity."

Menopause occurs due to the atresia of nearly all oocytes in the ovaries, leading to a decline in estrogen levels and an increase in follicle-stimulating hormone (FSH) and luteinizing hormone (LH) levels. This hormonal shift causes a variety of symptoms that vary in intensity and duration among women, significantly affecting their quality of life. One of the most common and distressing symptoms of menopause is vasomotor instability, which includes hot flashes, night sweats, and chills. These symptoms result from hormonal fluctuations that affect the hypothalamus—the body's temperature regulation center—leading to sudden sensations of heat, excessive sweating, and sleep disturbances.

Psychological and cognitive symptoms are also prevalent, with many women experiencing mood swings, anxiety, depression, memory loss, and insomnia. These symptoms are linked to changes in neurotransmitter activity due to estrogen deficiency, impacting emotional stability and cognitive function. Additionally, estrogen plays a crucial role in maintaining urogenital and sexual health. Its decline leads to vaginal dryness, pain during intercourse (dyspareunia), frequent urinary tract infections (UTIs), and urinary incontinence, all of which can affect intimacy, personal comfort, and overall well-being.

Menopause also affects the musculoskeletal system, leading to joint pain, osteoporosis, and muscle weakness. Reduced estrogen levels accelerate bone loss, increasing the risk of fractures, particularly in the hips, spine, and wrists. Muscle mass reduction (sarcopenia) further impacts mobility and physical strength. In addition, menopause is associated with metabolic and cardiovascular changes. Many women experience weight gain, insulin resistance, and an increased risk of heart disease. Estrogen has a protective role in cardiovascular health, and its decline can lead to higher cholesterol levels, hypertension, and a greater risk of diabetes. Other noticeable changes include skin, hair, and nail alterations, such as dry and thinning skin, hair loss, and brittle nails. These physical changes can affect a woman's self-image and confidence, contributing to emotional distress.

Each woman experiences menopause differently, and symptom severity is influenced by lifestyle, social status, and psychological well-being. According to the WHO, quality of life is defined as “an individual’s perception of their place in life within the context of their culture, values, goals, beliefs, and concerns.” Ensuring a good quality of life during post menopause requires a collaborative approach between women and healthcare professionals.

#### **METHODS AND MATERIAL:**

A Descriptive study was conducted to assess the menopausal symptoms and quality of life among postmenopausal women in selected community areas at Chennai. The study was conducted from the selected community area’s at Paparampakkam, Koppur, Mevalurkupam, Vellarithangal, Ilupur. These locations were selected based on their suitability for obtaining an adequate sample size and the willingness of postmenopausal women within 10 years duration of menopause aged between 40 to 60 years. Data collection period was from 13-9-2024 to 13-10-2024. The study participants were selected and the purpose of the study was explained to them. Informed consent was obtained. The participants who fulfilled the inclusion criteria were selected using non probability Purposive sampling technique. After selecting the participants for the study, the data were collected from postmenopausal women within 10 years duration of menopause aged between 40 to 60 years. Data was collected regarding demographic variables, menopausal symptoms by Structured Menopause rating scale, 11 item instrument and quality of life by Menopause specific quality of life (MENQOL) questionnaire, 29 items in a Likert-scale among post-menopausal woman. After finishing data collection, the investigator issued pamphlets regarding home care management of menopausal symptoms. The investigator thanked the participants after the data were collected.

#### **RESULT AND DISCUSSION**

Section A: Frequency and percentage distribution of demographic variable of postmenopausal women.

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The postmenopausal women, 54(36%) were aged between 51 – 55 year, 82(54.7%) were illiterates, 77(51.3%) belonged to joint family, 138(92%) belonged to middle class, 72(48%) were homemaker, 122(81.3%) had mixed diet pattern, 65(43.3%) were aged between 12 to 13 years at the age of menarche, 105(70%) were married, 72(48%) had 2 children, 106(70.6%) were aged between 45 – 50 years at the age of menopause, 75(50%) had attained menopause for more than 5 years.

**Section B:** Frequency and percentage distribution of level of menopause symptoms among postmenopausal women.

**Table 1:** Frequency and percentage distribution of level of menopause symptoms among postmenopausal women

N = 150

Level of Menopausal Symptoms	Asymptomatic		Mild to Moderate		Moderate to Severe	
	F	%	F	%	F	%
Somatic	28	18.7	99	66.0	23	15.3
Psychological	25	16.7	117	78.0	8	5.3
Urogenital	7	4.7	74	49.3	69	46.0
<b>Overall</b>	<b>4</b>	<b>2.7</b>	<b>125</b>	<b>83.3</b>	<b>21</b>	<b>14.0</b>

**Section C: Frequency and percentage distribution of level of menopause specific quality of life among the postmenopausal women.**

**Table 2:** Frequency and percentage distribution of level of menopause specific quality of life among the postmenopausal women

N = 150

Level of Quality of Life	Not at all Bothered		Mildly Bothered		Moderately Bothered		Extremely Bothered	
	F	%	F	%	F	%	F	%
Vasomotor	23	15.3	44	29.3	71	47.3	12	8.0
Psychological	37	24.7	105	70.0	8	5.3	0	0
Physical	3	2.0	121	80.7	26	17.3	0	0
Sexual	24	16.0	84	56.0	40	26.7	2	1.3
<b>Overall QoL</b>	<b>4</b>	<b>2.7</b>	<b>133</b>	<b>88.6</b>	<b>13</b>	<b>8.7</b>	<b>0</b>	<b>0</b>

**Section D: Correlation between menopausal symptoms and quality of life among the postmenopausal women.**

**Table 3:** Correlation between menopausal symptoms and quality of life among the postmenopausal women.

N = 150

Variables	Mean	S.D	Karl Pearson's Correlation "r" & p-value
Menopausal symptoms	24.22	5.60	r= 0.675 p=0.0001, S***
Quality of life	108.54	16.63	

\*\*\*p<0.001, S – Significant

**Table 4 :**Correlation between quality of life and Menopausal symptoms (Somatic symptoms, Psychological symptoms and Urogenital symptoms) among the postmenopausal women.

N = 150

Variables	Mean	S.D	Karl Pearson's Correlation "r" & p-value
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Somatic symptoms	8.32	3.14	<b>r= 0.517</b> <b>p=0.0001, S***</b>
Quality of life	108.54	16.63	
Psychological symptoms	7.92	2.58	<b>r= 0.475</b> <b>p=0.0001, S***</b>
Quality of life	108.54	16.63	
Urogenital symptoms	7.99	2.09	<b>r= 0.446</b> <b>p=0.0001, S***</b>
Quality of life	108.54	16.63	

\*\*\*p<0.001, S – Significant

**Section-E:** Association between menopausal symptoms and quality of life among postmenopausal women with selected demographic variables.

The demographic variable socio economic status ( $\chi^2=40.621$ ,  $p=0.0001$ ) had shown statistically significant association with level of menopausal symptoms among the postmenopausal women at  $p<0.001$  level and the other demographic variables did not show statistically significant association with level of menopausal symptoms among the postmenopausal women at  $p<0.05$  level.

The demographic variables did not show statistically significant association with menopause specific quality of life among the postmenopausal women at  $p<0.05$  level

## CONCLUSION

The study revealed that most postmenopausal women experience mild to moderate menopausal symptoms, significantly affecting their quality of life, particularly in the physical, psychological, vasomotor, and sexual domains. A moderate positive correlation between symptom severity and quality of life highlights the need for effective interventions. Socioeconomic status was significantly associated with symptom severity, while media played a key role in providing information. These findings emphasize the importance of health education, early symptom management, and community-based support programs to enhance the well-being of postmenopausal women.

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## CONFLICTS OF AUTHOR

The author declare no conflicts of interest

## COMPLIANCE WITH THE ETHICAL GUIDELINSS

A Statement confirming that the study was approved by the Ethical clearance was obtained from institutional ethics committee of ACS Medical College and Hospital

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