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## A COMPARATIVE STUDY TO ASSESS THE QOL OF POST MENOPAUSAL WOMEN

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### **Abstract**

*Menopause is a natural phase of life for all women. At this point, the menstrual cycle ends permanently. This stage is typically accompanied by hormonal, physical, and psychological changes and occurs between the ages of 40 and 60. These transformations could happen gradually or suddenly. It can begin as early as 30 years old and last up until 60 years old. It might also happen if your ovaries are removed or stop working. Menstruation irregularities, changes in sexual desire, hot flashes, vaginal dryness, urinary issues, changes in appearance, mood swings, difficulty falling asleep, palpitations, and backaches are among the symptoms.*

**Keywords:** *Menstruation, vaginal, Menopause, hormonal.*

### **Introduction**

Menopause is a natural phase of life for all women. At this point, the menstrual cycle ends permanently. This stage is typically accompanied by hormonal, physical, and psychological changes and occurs between the ages of 40 and 60. These transformations could happen gradually or suddenly. It can begin as early as 30 years old and last up until 60 years old. It might also happen if your ovaries are removed or stop working. Menstruation irregularities, changes in sexual desire, hot flashes, vaginal dryness, urinary issues, changes in appearance, mood swings, difficulty falling asleep, palpitations, and backaches are among the symptoms. The components of the body that depend on estrogen to maintain their health will react when the body produces less estrogen and progesterone, which frequently causes discomfort in women. Menopausal symptoms vary from person to person and from population to population in terms of their duration, severity, and influence. Some women experience severe symptoms that have a significant impact on their quality of life (QOL) and personal and social functioning.

Due to the increase in life expectancy and the rising number of menopausal women in India, menopausal health is a top issue, and significant efforts must be made to inform and make these women aware of menopause symptoms. This will help in early recognition of symptoms and reduction of discomfort and fears while channeling appropriate medical care. Thus, the current

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study—the first of its kind from this part of the nation—was designed to assess menopausal symptoms in women over 40 from Indore, Madhya Pradesh, who were from low socioeconomic strata.

### Objectives

1. To assess menopausal symptoms using MENQOL.
2. To assess QOL using MENQOL of menopausal women attending and non-attending the OPD and community center of Arihant Hospital.
3. To find the association between the QOL of menopausal women attending and non-attending the OPD and community center of Arihant Hospital with selected demographic variables.
4. To find out the correlation between severity of menopausal symptoms and QOL using MENQOL of menopausal women attending and non-attending the OPD and community center of Arihant Hospital.

### Hypotheses

- **H1** There will be a significant association between the quality of life of menopausal women and selected demographic variables.
- **H2** There will be a significant correlation between the severity of menopausal symptoms and the quality of life of menopausal women attending and non-attending Arihant Hospital and OPD at 0.05
- **H3** There will be a decrease in the quality of life of menopausal women experiencing severe menopausal symptoms women attending and non-attending Arihant Hospital and OPD at 0.05

The conceptual framework used for this study was a modified version adapted from Socioecological systems. And a cultural model of the Determinants of Disease. This combined model investigated the various socio-demographic variables which are associated with menopausal symptoms and also about the association of menopausal symptoms with life satisfaction level of these women.

### Research methodology:

The research approach adopted for this study was the descriptive approach. The research design selected for the study is comparative descriptive design. Data were collected from 200 menopausal women attending Arihant Hospital OPD and community health center and 200 menopausal women not attending Arihant Hospital OPD and community health center. A non-

probability purposive sampling technique was used based on the sampling criteria. Data was collected with the help of a structured self-reported questionnaire and Standardised QOL Menopause-specific Quality of Life (MENQOL) Questionnaire scale to evaluate the quality of life in menopausal women. Descriptive and inferential statistics were applied to the gathered data in order to analyze it.

### **Data Collection Procedure:**

Prior formal permission was obtained from the institution authority to conduct the study.

Formal permission was obtained from the medical superintendent and Community health officer of Arihant Community Centre and Hospital. Assess the pre-test by using the MENQOL Standard Scale for 30 minutes to each sample for 45 days (minimum of 10 subjects each day)

### **The significant findings of the study**

#### **Demographic Characteristics of Subjects**

For women attending OPD and Community center of Arihant Hospital and research ,center the maximum age group was 45-049 years 49%, in the type of family higher was nuclear family(55.5%) maximum was literate (88%), married were more in number (84.5%) most of the women were Hindus (81.5%) the average income was most in range of 8001-12000 931%) housewives were more(76%) the total time spend in household activities was 0-5 hrs per day (53%) for most of the women the maximum discomfort faced was in summer season(47.5%) most of the women took assistance in managing household activities (53%)

For women not attending OPD and Community centre of Arihant hospital and research centre maximum age group was 45-49 years (52.5%), in type of family higher was joint family(51.5%) maximum were literate (56%), married were more in number (75.5%) most of the women were Hindus (70%) the average income was most in range of <4000(63%) housewives were more(91%) the total time spend in household activities was 0-5 hrs per day (43.5%) for most of the women the maximum discomfort faced was in winter season(56%) most of the women were independent in managing household activities (73%)

The finding shows that the quality of menopausal women attending Arihant Hospital OPD and community health center that the majority of participants belong to severe 86(43%) and moderate 64(32%). Regarding mild, 50(25%) participants were not attending OPD.

The finding shows that the mean score of menopausal women was 38.7, and the standard deviation was 16.43 for women attending Arihant Hospital OPD and community health center

The finding shows that the mean score of menopausal women was 91.37, and the standard deviation was 44.7 for women attending non-Arihant hospital OPD and community health center

The finding shows a comparison of menopausal women attending and non-attending Arihant Hospital and Community Health Centre .The mean score of women attending Arihant Hospital OPD and Community Health Centre was 38.07, and the standard deviation was 16.43. Regarding menopausal women attending Arihant Hospital OPD and community health centre, the mean score was 91.71, the standard deviation was 44.7, the mean difference was 53.64, the standard deviation difference was 28.27, and the test value was 9.11 shows that the quality of life of menopausal women in rural was not good .

Significant: The findings show that there was a significant association between age in year, total time spent doing household hold activities, seasons experience maximum menopausal discomfort, and managing household activities was found significant at the level of  $p>0.05$  because the obtained table value was greater than the table value .Hence, the hypothesis H2 made by the investigator was accepted.

Non-Significant: Regarding type of family, educational status, work status, religion, and average family income were not found significantly at the level of  $p>0.05$ .

Significant: The finding shows that there was a significant association in age in year, religion, average family income, and educational status at the level of  $p>0.05$  because the obtained table value was greater than the table value .Hence, the hypothesis H2 made by the investigator was accepted.

Non-Significant: The finding shows that there was no significant association found in marital status, education, type of family , total time spent doing household activities, seasons experienced maximum menopausal discomfort ,and managing household activities found significant at the level of  $p>0.05$  because obtained table value was less than the table value .

The finding shows that a correlation was found to be 0.18 between the quality of life by menopausal symptoms of menopausal women attending and non-attending the OPD and community center of Arihant Hospital with selected demographic variables. Because the symptoms perceived by menopausal women increase day by day, the quality of life decreases.Hence, the hypothesis h3 made by the investigator was accepted.

### **Recommendations**

On the basis of the findings of the study, it is recommended that the following:

1. A similar study may be replicated on a larger scale.
2. A Study may be conducted to evaluate the effectiveness of an information booklet regarding coping strategies for menopausal women.

3. A study to assess the knowledge of staff nurses regarding menopausal symptoms of the women population understudy and their degree of individual symptoms according to their prevalence.
4. An explorative study can be done to find out the existing interventions delivered to menopausal women to alleviate menopausal symptoms.
5. An experimental study can be done to assess the effectiveness of various nursing interventions among village-dwelling menopausal women.
6. A study can be conducted to assess the perceptions of husbands towards their wives who have reached menopause.

### **Implications**

The study's conclusions have implications for nursing practice, nursing education, nursing administration, and nursing research.

### **Nursing Practice**

Several personal and environmental factors, other than menopause, were determinants of women's experience of symptoms, health and well-being during midlife. However, more attention has been paid to issues surrounding menopause, such as menopausal symptoms, cardiovascular disease, and osteoporosis, as if menopause is the only important aspect of midlife.

More attention needs to be allocated to other dimensions of midlife women's health in order to promote optimal health and prevent illness. Healthcare services for midlife women should provide a variety of health-related services to meet the needs of midlife women. In reality, services for these women are established from a provider's perspective, and services are limited to issues of menopause. In this situation, women are encouraged and guided to accept services which may not match with their initial needs.

First of all, healthcare providers, especially nurses, should be able to provide information regarding health-promoting lifestyles such as nutrition, calcium supplementation, exercise, stress management, and regular screening for risks of illness. Midlife women who experience distressful symptoms and seek health care attention for menopausal symptoms should receive information regarding treatment options. Women should also be informed about the risks and benefits of these treatment options. Therefore, they are aware of the consequences of the treatment they choose. The woman's decisions regarding her own treatment should be respected.

### **Nursing Education**

In order to provide appropriate care that meets midlife women's demands, nurses should be trained or presented with a realistic view of midlife women. The idea of a universal woman's body, physiology, and health problems should be changed. Nurses should be trained to value

women's unique 'voice,' health complaints, and experience. Variations from the norms should not be invalidated. Nurses should also be trained to be aware of the importance of diverse environmental and socio-cultural impacts on women's health and their perspective on symptom experiences during midlife.

### **Nursing Administration**

Nurses are advocates for providing health services to improve women's health. Nurses are also committed to providing health care to culturally diverse and vulnerable populations. The nursing administrators may use different technologies as well as attend In-service education in order to update their knowledge as well as ensure that the nurses may assume responsibility and accountability of menopausal women under their care.

Moreover, nurses who are knowledgeable about the problems that all women will come across when reaching menopause. Nurse administrators should know how to practice nursing on the basis of evidence and problem-solving approaches. Women are given a fresh perspective on aging and are given the tools they need to take more charge of their health and well-being as a result of increased public awareness of the advantages of a healthy transition through the menopausal and postmenopausal years. Information on healthy habits, risk assessment, and medical interventions that maintain health and avoid premature mortality and disability is largely influenced by nurse administrators. Clinicians can assist in defining therapeutic objectives for both the long-term treatment of osteoporosis and fracture prevention as well as the short-term relief of menopausal symptoms. Clinical nurse practitioners must take into account each patient's requirements and concerns and understand that reevaluation is necessary because a woman's needs can vary.

### **Nursing Research**

In-depth nursing research that is both extensive and focused is required in the field of menopause's biopsychosocial aspects. Especially in India, only a few studies were reported regarding menopausal symptoms and life satisfaction levels of menopausal women. It is also very important to know the subject's knowledge regarding menopause. Extensive research is needed in this area so that nurses can detect the most prevailing symptoms in menopausal women and conduct some extensive research in giving interventions for alleviating the symptoms.

### **Limitations**

A few limitation of the study was that subjects were recruited from Arihant Hospital OPD and Community Health Centre and its adopted community area instead of a large-scale community sample. A limited time is available for data collection.