

Original Research Paper

STUDYING SYMPTOMATOLOGY OF POSTMENOPAUSAL WOMEN IN RURAL POPULATION OF HARYANA:- are they being ignored

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Article Received: 20-07-2022

Revised: 05-08-2022

Accepted: 25-08-2022

ABSTRACT

Menopausal health stipulates precedence in India due to extension in the life expectancy and expanding population of menopausal women. To assess the awareness of postmenopausal symptoms in women in rural Haryana. To estimate the impact of menopause on quality of life in women in rural Haryana. This is a cross-sectional study. It was conducted from the month of September 2020 to April 2021. This was conducted as a facility-based study among the postmenopausal women (50-65 years) visiting the gynaeopd of SGT HOSPITAL during outpatient hours. The menopause rating scale was utilized to evaluate the commonness of menopausal side effects and the QOL and information were gathered for sociodemographic factors, significant feminine history and different factors. Prevalence of menopausal symptoms was found to be 85.6%. Most of the women had anxiety (82%) followed by irritability (73%), physical and mental exhaustion (69%), sleep problem (61.2%), Joint and muscular discomfort (59%), hot flushes were noted in 38%. The mean age of menopause was 48 standard deviation 3.5 years. The QOL was impaired in 72% of women participating in the study. An integrated approach is required to improve quality of life in postmenopausal women.

Keywords: *Postmenopausal, Menopause on quality of life*

INTRODUCTION

Menopause is a typical physiologic interaction, characterized as the long-lasting end of menses for quite some time or more because of end of ovarian chemical creation. Menopausal wellbeing requests need in India because of augmentation in the future and developing populace of menopausal ladies. As per the WHO, regular menopause happens between the age of 45 and 55 years for the ladies around the world. It is by and large acknowledged that the normal age at menopause is around 51 years in industrialized nations yet in non-industrial nations, it goes from 43 to 49 years. Ladies are supposed to carry on with a quarter to 33% of their lives in menopause, which makes the personal satisfaction during this period an extraordinary worry for ladies and their treating doctor. The presence of menopausal side

effects fundamentally diminishes the personal satisfaction, and with greater seriousness, demolishes the nature of life. Furthermore, the menopausal ladies experience complex psychosocial issues - gloom, state of mind swings, rest problems, loss of social, proficient jobs, and unfortunate inner self respectability. These days, it is pleasantly reasonable today that socio social elements can change ladies' demeanor and the experience of menopausal side effects.

Quality of Life (QOL) has been characterized by the WHO as "the singular impression of their situation in life with regards to the social and worth frameworks wherein they live and corresponding to their objectives, assumption, guidelines and concerns." Normally, during the menopause, ladies might encounter vasomotor (hot flushes, night sweats, and so on), psychosocial (memory,

state of mind changes, and so forth), physical (rest, pee incontinence, skin changes, weight gain, and so on,) and sexual (vaginal dryness, decline in sexual craving) brokenness. Postmenopausal side effects persevere a long time after the last feminine period, having been accounted for more than 10-15 years after the last menses in certain ladies. In spite of the fact that menopause is a widespread peculiarity, the predominance of every one of these side effects changes broadly between people in the various populaces, yet additionally between similar populaces. In Indian subcontinent, one might find an apparent quantum of writing on menopause. To the best of the comprehension of the writers, barely any examinations resolved the menopausal issues of country ladies. The creators of this study trust that most ladies in country indiaarent even mindful of determination of menopausal side effects.

AIMS AND OBJECTIVES:-

To assess the awareness of postmenopausal symptoms in women in rural Haryana. To understand the impact of menopause on quality of life in women in rural Haryana.

METHODS AND MATERIALS:-

This is a cross-sectional study. It was conducted from the month of September 2020 to November 2020. This was conducted as a facility-based study among the postmenopausal women (50-65 years) visiting the gynaeopd of SGT HOSPITAL during outpatient hours.

- Ladies who couldn't answer the survey were rejected from the review
- The survey was created subsequent to scanning the writing for comparative examinations, considering the review targets and confounders that could influence the review result like smoking status, work out, and the presence of constant illness.
- The finished survey was checked and pretested for lucidity and reasonableness in a little pilot investigation of ten ladies. It comprised of three sections: sociodemographic information, feminine history, and the Menopause Rating Scale (MRS).
- MRS is a wellbeing related, personal satisfaction scale that was created in the mid 1990s to quantify seriousness of maturing side effects and their effect on personal satisfaction. It was at first distributed in German, and the primary

interpretation was from German to English followed by interpretation into different dialects, and turned out to be universally acknowledged.

- It comprises of eleven boundaries surveying menopausal side effects partitioned into three subscales: substantial, mental, and urogenital.
- Physical side effects incorporate hot flush, heart uneasiness, resting issue, and muscle and joint torment (things 1-3 and 11, separately).
- Mental side effects incorporate burdensome state of mind, touchiness, tension, and physical and mental depletion (things 4-7, separately).
- Urogenital side effects incorporate sexual issue, bladder issues, and dryness of vagina (things 8-10, separately). Every thing is evaluated by subjects from 0 (not present) to 4 (1 - gentle, 2 - moderate, 3 - extreme, 4 - exceptionally serious).
- The absolute score of each subscale is the amount of thing scores contained in that subscale. The higher the score, the more terrible the personal satisfaction. All out seriousness score went as follows: no or little side effects (0- <4) , gentle (4-8), moderate (9-16), and extreme (17).
- Practice was characterized as any actual work for a length of 20-30 minutes and was isolated into three levels:
 - infrequent (less than 3 times/week),
 - average (3-5 times/week), and
 - more frequent (more than 5 times/week).
- In addition, height and weight were measured using the height and weight SECA model 7691321994 Scale made in Germany.
- The body mass index (BMI) was then calculated using the formula $\text{weight}/(\text{height})^2$ and reported in kilogram per square meter.

SAMPLE SIZE:-

Assuming the prevalence (p) of any of the major menopausal problems as 50% and 10% allowable error (L) of p at 95% level of significance; using the standard formula for calculating sample size (N) = $4pq/L^2$ (where $q = 1 - p$); the sample size came out to 500.

STUDY AREA:-

The study was carried in OBG department of SGT

Medical College in budhera, gurgaon, Haryana, India.

INCLUSION CRITERIA :-

Ladies the people who are coming as onlookers with the patients to the OBG division in the age gathering of 50-65 years, from OPD and IPD, and the individuals who were able to partake were remembered for the review.

EXCLUSION CRITERIA :-

The study subjects:-

- Who refused to participate in the study
- who had undergone hysterectomy
- who were having uncontrolled medical conditions such as:
*diabetes mellitus

*hypertension

*heart disease

*undergoing treatment of cancer or were in remission

- who had history of drug or alcohol abuse
- who were on hormone replacement therapy
- the women who were not resident of the study area were excluded from the study.

RESULTS

The mean age of the participants was 55.9 SD 4.02 years. Out of 140 women who exercised daily, 100 had relief in menopausal symptoms. 87.20% of subjects were house wife with low literacy level.

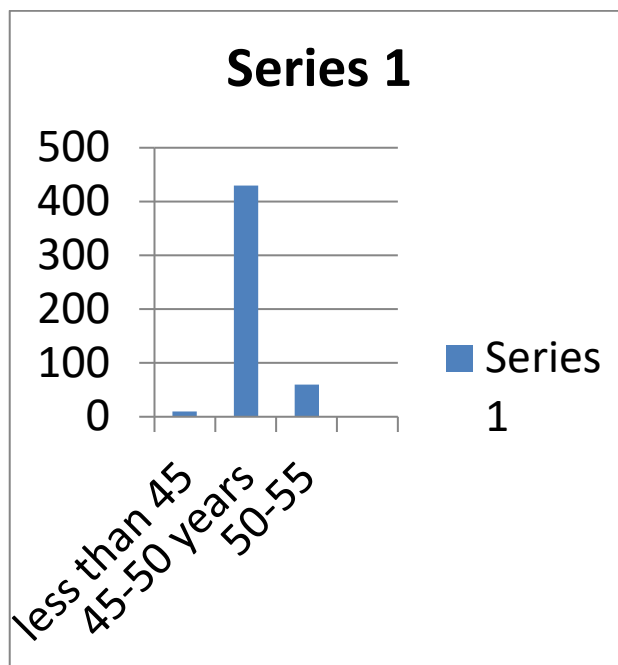
Literacy level	Number	Percentage
Illiterate	364	87.2%

Exercise	Number	Relief of symptoms
Daily walk/exercise	140	100

Table depicts that majority of the study subjects had anxiety (80.40%) followed by hot flushes (74.4%), irritability (69.7%), Joint and muscular discomfort (68.4%), depressive mood (65.6%), physical and mental exhaustion(50.2%).

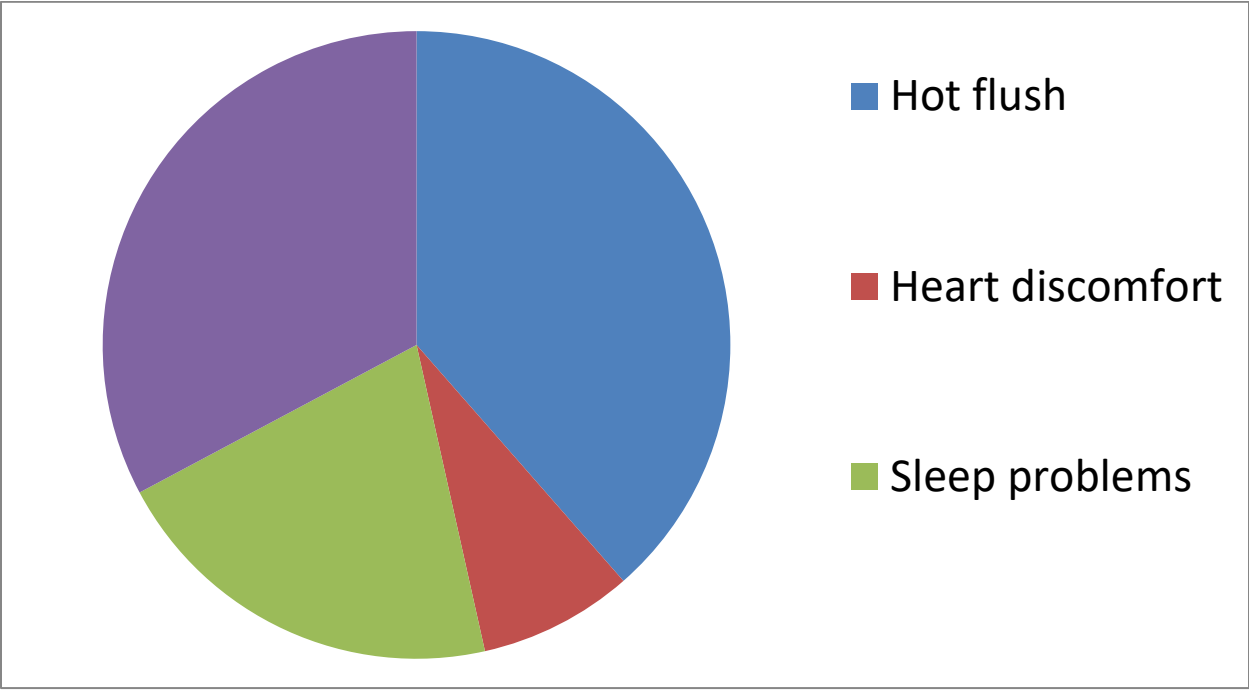
AGE OF MENOPAUSE

The mean age at menopause was 48.8 years +/- SD 2.73

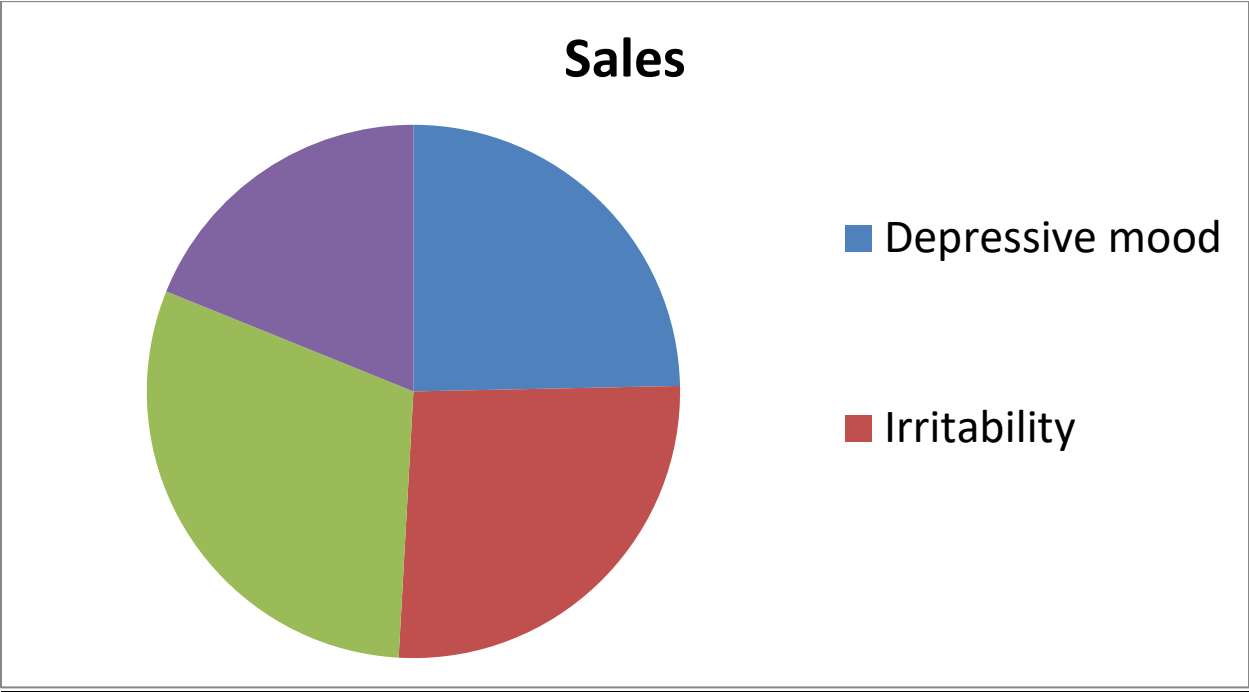


Age	No. of females attaining menopause
<45 years	10
45-50 years	430
50-55 years	60

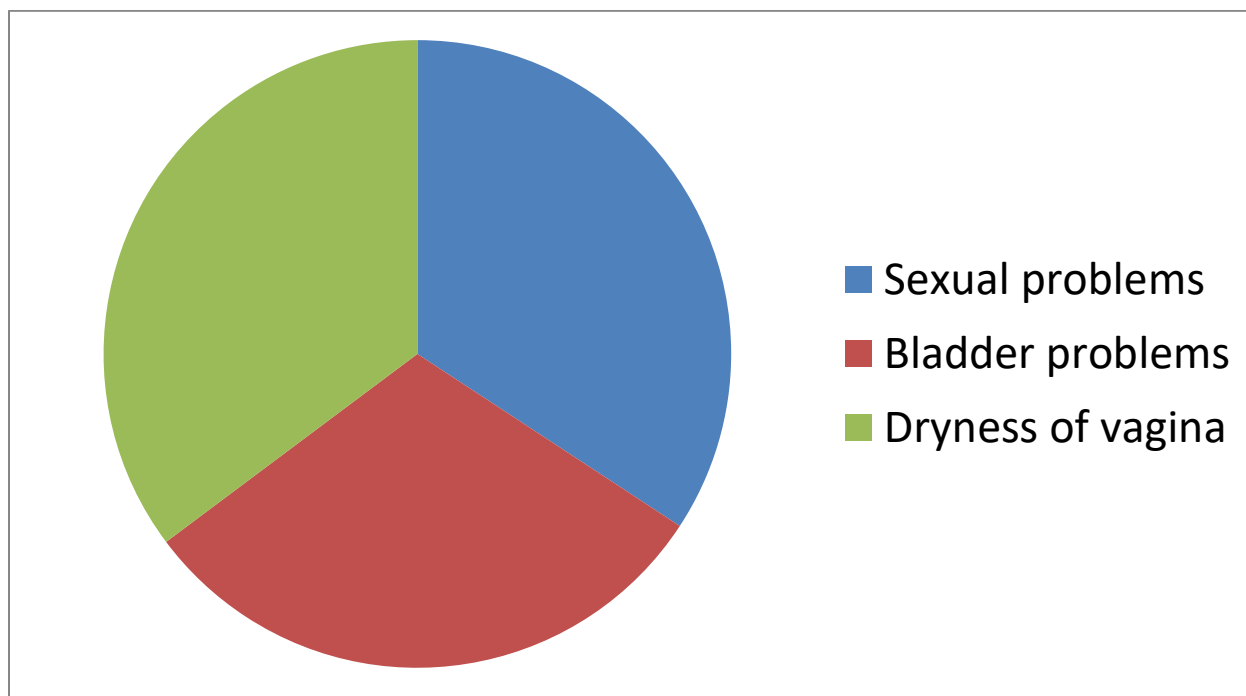
Somato-vegetative domain



Psychological domain



Uro-genital domain



Co relation with phytoestrogens:-
 (flax seeds, rye, millet, beans, soy, chickpeas etc.)

<u>S .No.</u>	<u>Domains</u>	<u>Symptoms</u>	<u>n (%)</u>
<u>1</u>	<u>Somato-vegetative domain</u>	<u>Hot flush, sweating</u>	<u>74.40%</u>
		<u>Heart discomfort</u>	<u>16.60%</u>
		<u>Sleep problems</u>	<u>43.20%</u>
		<u>Joint and muscular discomfort</u>	<u>68.40%</u>
<u>2</u>	<u>Psychological domain</u>	<u>Depressive mood</u>	<u>65.60%</u>
		<u>Irritability</u>	<u>69.70%</u>
		<u>Anxiety</u>	<u>80.40%</u>
		<u>Physical and mental exhaustion</u>	<u>50.20%</u>
<u>3</u>	<u>Uro-genital domain</u>	<u>Sexual problems</u>	<u>27.80%</u>
		<u>Bladder problems</u>	<u>24.80%</u>
		<u>Dryness of vagina</u>	<u>28.60%</u>

Only 11.6% had history of phytoestrogens intake and 8% had relief of symptoms.

<u>Study subjects</u>	<u>Phytoestrogen intake</u>	<u>Relief by phytoestrogens</u>
<u>500</u>	<u>58</u>	<u>40</u>

DISCUSSION

The mean age of the participants was 55.9 +/- SD 4.02 years. The mean age at menopause was 48.8 years +/- SD 2.73 Majority of them 445(89%) were nonsmoker. No significant association was observed between QOL and other socio demographic variables like marital status, caste, type of family, socioeconomic status, occupation and education. Even though women had poor quality of life because of menopause, they didn't understand that menopause is a reason. In our study, 67.2% of menopausal women had poor QOL which was comparable to the study conducted by Ray and Dasgupta where poor quality was found in 77%. Our finding was different from the studies conducted by Abdullah *et al.* and Krishnamoorthy *et al.* where poor quality was 52.3% and 37.2% respectively. The difference may be due to different categorization of symptoms, different study area and use of different study tool to assess QOL

STRENGTHS:-

No Selection bias

Good Sample size

LIMITATION:-

No intervention done, The questionnaire was subjective and change of perception of symptoms may affect the efficacy of study.

CONCLUSION:

This study revealed that relief in menopausal symptoms can be attained by phyto-estrogens, exercise and awareness. Menopause is a natural process and usually no treatment is given for the same especially in rural population. It was concluded from the study that menopausal clinic should be started to sensitize and increase awareness among women.

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