

Prevalence of Menopausal Problems and the Strategies Adopted by Women to Prevent Them

Lt Col Geetha R¹, Lt Col Laxmi Priya Parida²

¹Lecturer, College of Nursing, AFMC, Pune, Maharashtra, India

²Associate Professor, College of Nursing, AFMC, Pune, Maharashtra, India

Abstract: *Background:* Globally, elderly women are increasing in numbers. Average age of menopause is 47.5 years in Indian women with an average life expectancy of 71 years. While women of reproductive age group (15-45 years) are covered under the Reproductive and Child Health program, the postmenopausal women ageing 45 years and above, are not covered in any specific health program in the country. A cross-sectional descriptive survey design was conducted to assess prevalence of menopausal problems and the strategies adopted by women to prevent them. *Methods:* Women attendants who were present in the tertiary care hospital from Sep-Oct 2013 were included in study. A total of 100 samples were studied. Information was collected through structured interview schedule. *Results:* Out of 100 menopausal women majority (61%) were in the age group of 45 - 50 years and (39 %) were in the age group of 51 - 55 years. The mean age of study samples were 50.28 years (SD \pm 3.49) the mean age of menopause was 45.26 years (SD \pm 3.96). Majority of menopausal women experienced joint and muscular discomfort (86%) and physical and mental exhaustion (81%). *Conclusion:* The study reveals varying nature of menopausal symptoms which were similar to other studies, the most common symptoms reported were from the somatic and psychological subscale. All study subjects adopted some kind of strategies to prevent menopausal problems at home.

Keywords: Prevalence, menopausal problems, strategies adopted, menopause, women attendants

1. Introduction

Menopause is a universal phenomenon. There is a considerable variation among women regarding the age of attaining menopause and the manifestation of menopausal signs and symptoms. Worldwide, the estimates for the mean age of menopause range from 45 to 55 years. During the transition to menopause, women may experience vasomotor, Urogenital, psychosomatic, and psychological symptoms, as well as sexual dysfunction. Under current demographic trends, menopausal and postmenopausal health has emerged as an important public health concern in India owing to improved economic conditions, rapid lifestyle changes, and increased longevity.

In view of the above, the study was conducted with the aim to study the prevalence of the menopausal problems and assess the strategies adopted to prevent the menopausal problem and identify the relationship between menopausal problems and strategies adopted to prevent them with selected variables.

2. Material and Methods

A cross-sectional descriptive survey design was used to conduct the study at a tertiary care hospital between Sep 2013 to Oct 2013. Menopausal women attendants during the study period were enrolled in the study after an informed consent. A total of 100 menopausal women attendants in the age group of 45-55 years of hospitalized patients and who were accompanying the OPD patients were selected by non-probability purposive sampling and were studied at inpatient and outpatient departments of a tertiary care hospital. Information was collected through structured interview questionnaire. The limitation of the study was the exclusion of women with surgical menopause. Data collected were organized, compiled, tabulated, analyzed and interpreted in

terms of the study objectives. Data was analyzed using descriptive and inferential statistics with SPSS 17 statistical analysis software.

3. Results

A total of 100 menopausal women attendants were enrolled in the study. Majority (61%) were in the age group of 45 - 50 years and (39 %) were in the age group of 51 - 55 years. The mean age of study samples were 50.28 years (SD \pm 3.49) the mean age of menopause was 45.26 years (SD \pm 3.96). Majority of menopausal women (74 %) were Hindus, (30%) were illiterate, (59%) were house wives, (43%) menopausal women were having monthly family income Rs 10001-20000, (78%) were married and (49%) menopausal women had parity 4.

Prevalence of menopausal problems: Majority of menopausal women experienced joint and muscular discomfort (86%) and physical and mental exhaustion (81%). More than half of the respondents experienced heart discomfort (68%), irritability (66%), depressive mood (61%) and hot flushes and profuse sweating (58%). (43%) menopausal women experienced sleep problems, (35%) had dryness of vagina and (31%) sexual problems. Only (25%) respondents had bladder problems and (18%) had anxiety.

Strategies adopted to prevent menopausal problems: Majority 58 (100%) menopausal women adopted strategies to prevent hot flushes and profuse sweating, 65 (98.48%) menopausal women adopted strategies for irritability, 84 (97.67%) adopted strategies to prevent joint and muscular discomfort, 64 (94.12%) adopted strategies to prevent heart discomfort, 58 (95.02%) adopted strategies to prevent depressive mood, 68 (83.95%) adopted strategies to prevent physical and mental exhaustion, 33 (76.74%) adopted strategies to prevent sleep Problems, 17 (68%) adopted

strategies to prevent bladder Problems, 20 (57.14%) adopted strategies to prevent dryness of vagina , 8 (44.44%) adopted strategies to prevent anxiety,1 (3.23%) adopted strategies to prevent Sexual Problems.

Table 1: Distribution of menopausal women based on socio-demographic variables. n=100

Parameters		No of menopausal women	Percentage
Age (Yrs)	45 – 50	61	61
	51 – 55	39	39
Religion	Hindu	74	74
	Muslim	25	25
	Sikh	1	1
Education	Illiterate	30	30
	Primary	15	15
	Secondary	24	24
	High school	24	24
	Intermediate	4	4
	Any other	3	3
Occupation	House wives	59	59
	Working women	41	41
Monthly family income	<1000	0	0
	1001 – 5000	10	10
	5001 – 10000	25	25
	10001 - 20000	43	43
	>20000	22	22
Marital status	Married	78	78
	Widow	18	18
	Separated	4	4

Table 2: Distribution of menopausal women based on parity. n=100

Parameters		No of menopausal women	Percentage
Parity	None	1	1
	Para 1	2	2
	Para 2	18	18
	Para 3	30	30
	Para 4 & above	49	49

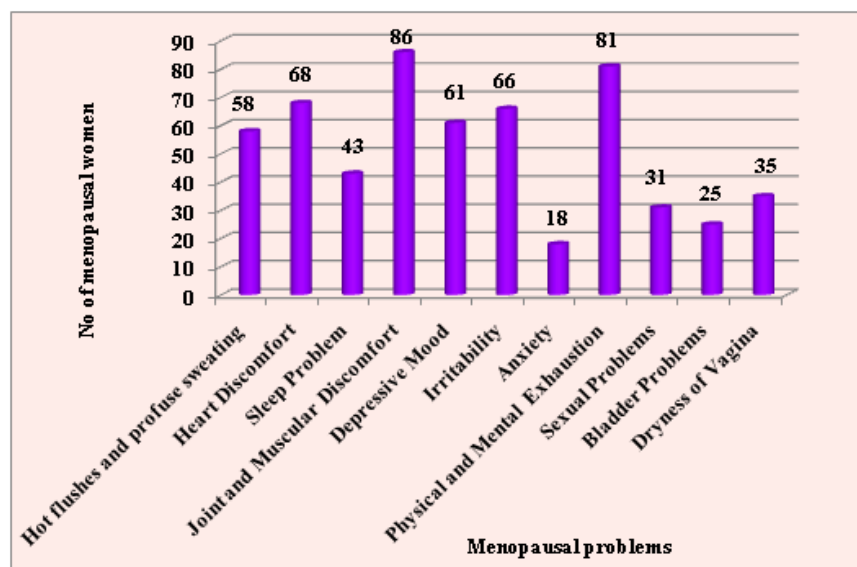


Figure 1: Distribution of menopausal women based on prevalence of menopausal problems

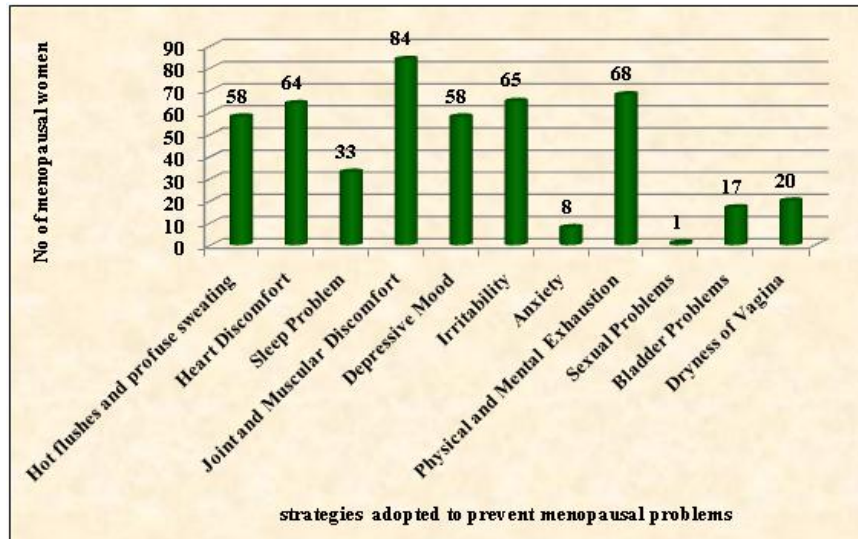


Figure 2: Distribution of menopausal women based on Strategies adopted to prevent menopausal problems

Majority 51 (87.93%) adopted strategy of putting on fan/maintaining ventilation to prevent hot flushes and profuse sweating, 46 (67.65%) adopted strategy of avoiding spicy foods to prevent heart discomfort, 23 (53.49%) adopted strategy of Putting off light/ Calm and quite environment to prevent sleep problems, majority 77 (89.53%) adopted strategy of food rich in calcium such as milk/ yoghurt/ spinach/ fish/paneer/soya to prevent joint and muscular discomfort,. For depressive mood and irritability

majority 55(90.16%) and 60 (90.91%) adopted strategy of indulging in Prayers respectively. Most 10 (55.56%) did not adopt any strategy to prevent anxiety, 35 (43.21%) adopted strategy of drinking lemon juice/ coconut water /any energy drink to prevent physical and mental exhaustion. Majority 30 (96.77%) did not adopt any strategies to prevent sexual Problems, Most 15 (60%) adopted strategy of drinking plenty of fluids to prevent bladder Problems.

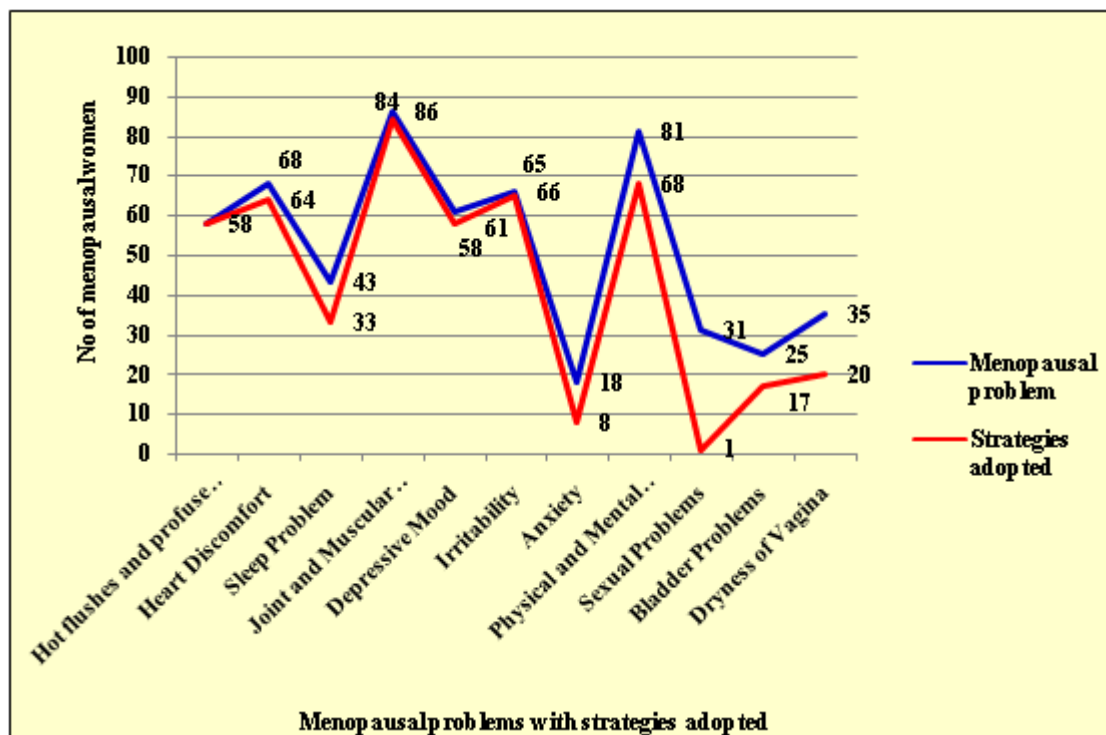


Figure 3: Distribution of samples based on menopausal problems and Strategies adopted to prevent menopausal

There was no significant relationship between prevalence of menopausal problems and selected variables with $p < 0.05$ except for physical and mental exhaustion with age where χ^2 value(5.75) > table value (3.84) with $df = 1$ at $p > 0.05$ and with parity where χ^2 value (7.35) > table value (5.99) with $df = 2$ at $p > 0.05$ and anxiety with family income where χ^2 value (8.19) > table value (7.82) with $df = 3$ at $p > 0.05$. There was no

significant relationship between strategies adopted to prevent menopausal problems and selected variables with $p < 0.05$ except for joint and muscular discomfort with education where proportional Z value (13.96) > table value(7.82) with $df = 3$ at $p > 0.05$.

4. Discussion

Mean age of menopause in the present study was observed as 45.26 years (SD \pm 3.96) which is similar to mean age of menopause of 44.51 years reported by Kishore V, et al (2012) in a study conducted in Bhavnagar and Surat cities of Gujarat which is almost similar to the findings of the study of Shipra N, et al in the year 2005, in which they found the mean age for menopause was 44.59 years in the women of Baroda city which is almost similar to present study.

In the present study the prevalence of menopausal problems among menopausal women reveals that majority of menopausal women experienced joint and muscular discomfort (86%) and physical and mental exhaustion (81%). More than half of the study samples experienced heart discomfort (68%), irritability (66%), depressive mood (61%) and hot flushes and profuse sweating (58%). Sleep problems were experienced by 43% study samples. Whereas more than one third of samples had dryness of vagina (35%) and sexual problems (31%). Only (25%) menopausal women had bladder problems and (18%) had anxiety. The study conducted by Rahman S A S, et al (2010) to determine the commonly reported menopausal symptoms among Sarawakian women using a modified Menopause Rating Scale (MRS) revealed that the most prevalent menopausal symptoms reported were joint and muscular discomfort (80.1%) and dryness of vagina (37.9%) which is almost similar to the present study.

A Population Based Study was conducted by Dutta R, et al (2012) on the Menopausal Symptoms in a Rural Area of Poonamallee block of the Tiruvallur district of Tamilnadu. A total of 780 post-menopausal women were enrolled in the study. The study suggests that the prevalence of hot flushes and profuse sweating was (60.9 %) and sleep problems were (41%) which is similar to the present study.

The prevalence of hot flushes (58%) in the present study is near similar to the observations by Mahajan N (2012) in a study conducted at Shimla in Himachal Pradesh on health issues of menopausal women which was (56%).

Prevalence of dryness of vagina and sexual problems was (35%) and (31%) respectively which is nearly same as prevalence reported from Rahman S and co-researchers (2011) in a study on assessment of menopausal symptoms among middle age women.

Sagdeo M M and Arora D (2011) conducted an observational cross sectional study at Nagpur, Maharashtra on menopausal symptoms which suggested that commonly observed menopausal symptoms are hot flushes, joint & muscular discomfort and physical & mental exhaustion. However women do not freely express sexual problems both in rural and urban. The symptoms are at peak during 45-55 years and after 55 years severity decreases. The somatic and psychomotor symptoms were more common in the above study compared to Urogenital and sexual problems which supports the findings of the present study.

A study conducted by Kuruvila S (2012) on 30 women between the age group of 45-55 years at Bangalore on the

effects of walking exercise in coping with menopausal symptoms revealed that after practicing the walking exercise the majority 26 women had only very minimum symptoms and 4 women revealed mild menopausal symptoms. It also revealed that by walking exercise, majority of women 21 had relief from joint pain. In the present study (6.98%) adopted walking to prevent sleep problems.

In Madhukumar S, et al (2012) study on perceptions about menopausal symptoms and quality of life of post-menopausal women conducted at Bangalore suggests that, out of the study population only (21.7%) took treatment for menopausal symptoms. Some women took calcium or some Ayurvedic treatment or over the counter drugs to treat menopausal symptoms. Majority of females took treatment without doctors' advice. Some were not aware that treatment is available. About one-third of them just took some pain killers over the counter. Some women did not seek medical help due to family or financial problems. About 9% of them felt they don't like to take any tablets. None of them got HRT treatment. In the present study (89.53%) took calcium, (34.88%) used Ayurvedic pain relief oil and (32.56%) did self-administration of pain killers to treat joint and muscular discomfort.

Pachman D R, et al (2010) in a study on management of menopause associated vasomotor symptoms suggested that one key lifestyle modification to prevent hot flushes is to keep the core body temperature cool using techniques such as loose clothing, sipping cold drinks, avoiding spicy food, and keeping a lower room temperature. In the present study (87.93%) used fan and maintained ventilation, (60.34%) wore light and loose cotton clothes, (60.34%) took a cold drink and (58.62%) avoided spicy food, fatty food, hot drinks nicotine and smoking to prevent hot flushes and profuse sweating.

Unni J in Third Consensus Meeting of Indian Menopause Society (2008) suggested that utilization of yoga and meditation may be globally increased. These are keeping in mind the fact that these recommendations can be universally followed by all Indian women rich or poor, rural or urban to improve their global health. Emphasis at all levels of health care should be on inducing an "exercise culture" for women of all ages.

5. Conclusion

The study reveals varying nature of menopausal symptoms which were similar to other studies, the most common symptoms reported were from the somatic and psychological subscale:- Joint and muscular discomfort, Physical and mental exhaustion, Heart discomfort, Irritability, Depressive mood, Hot flushes and Profuse sweating. All study subjects adopted some kind of strategies to prevent menopausal problems at home.

As menopausal health demands priority in Indian scenario due to increase in life expectancy and growing population of menopausal women, large efforts are required to educate and make these women aware of menopausal symptoms. This will help in early recognition of symptoms, reduction of discomfort and fears and enable to seek appropriate medical

care if necessary.

Reference

- [1] Dasgupta D, Ray S. Menopausal problems among rural and Urban Women from Eastern India. *Journal of Social, Behavioral, and Health Science*. [Article]. 2009; 3(1): p. 20-33.
- [2] Sagdeo MM, Arora D. Menopausal symptoms: A comparative study in Rural and Urban Women. *JK Science*. [Original Article]. 2011; 13(1): p. 23-26.
- [3] Madhukumar S, Gaikward V, Sudeepa D. A community based study on perceptions about menopausal symptoms and quality of life of post menopausal women in Bangalore Rural. *Internal Journal of health science and research* [Original article]. 2012; 2(3): p. 49-56.
- [4] Unni J. Third consensus meeting of Indian menopause society. *Journal of mid-life health Indian menopause society* [serial online]. 2010 [cited 2013 Oct 13]; 1 (1): p. 43-47. Available from: <http://www.jmidlifehealth.org/text.asp/2010/1/1/43/66987>.
- [5] Sengupta A, Srinivasan N. Predicting menopausal health in a diverse population group through a theoretical linear model. *Health* [Article]. 2010; 2 (11) p. 1320-1326.
- [6] Mishra S K. Menopausal transition and postmenopausal health problems: a review on its bio-cultural perspectives. *Health* [Article]. 2011 ; 3(4): p. 233-237.
- [7] Christian D, Kathad M, Bhavsar B. Socio-demographic characteristics of postmenopausal women of rural area of Vadodara district, Gujarat. *National journal of community medicine* [Article]. 2011; 2(3): p. 419-422.
- [8] Govil D. Health needs of middle aged population. *Indian Institute of Health Management Research, Jaipur, India* [Article]; p 1-10.
- [9] Polit D F, Beck C T. *Nursing Research – Generating and Assessing Evidence for Nursing Practice*. 9th ed. New Delhi : Wolters Kluwer (India) Pvt Ltd; 2011.
- [10] Sidhu S, Kaur A, Sidhu M. Age at menopause in educated women of Amritsar (Punjab). *J. Hum. Ecol* [Article]. 2005; 18(1): p. 49-51.
- [11] Rahman S, Salehin F, Iqbal A. Menopausal symptoms assessment among middle age women in Kushtia, Bangladesh. *US National library of medicine. National Institute of health* [Article]. 2011 [cited 2013 Feb 02]; 4(188): Available from: URL: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127963/#B1>.
- [12] Aaron R, Muliyl J, Abraham S. Medico-social dimensions of menopause: A cross-sectional study from rural south India. *The National Medical Journal of India* [Article]. 2002; 15(1): p. 14-17.
- [13] Mahajan N, Aggarwal M, Bagga A. Health issues of menopausal women in North India. *Journal of Mid-life Health* [Article]. 2012; 3(2): p. 84-87.
- [14] Dutta R, Dcruze L, Anuradha R, Rao S, Rashmi MR. A population based study on the menopausal symptoms in a rural area of Tamil Nadu, India. *Journal of clinical and diagnostic research*. [Article]. 2012; 6(4): p. 597-601.
- [15] Sharma S, Tandon V R, Mahajan A. Menopausal symptoms in urban women. *JK Science* [Original article]. 2007; 9(1): p. 13-17.
- [16] Kale K, Iyengar A R, Chhabra S, Kapila R, Pawashe K, Tewary S. Oral changes in post- menopausal women- a clinicopathologic study. *Asian Journal of Medical and clinical sciences* [Article]. 2012; 1(3): p. 143-147.
- [17] Rahman S A S A, Zainudin S R, Mun V L K. Assessment of menopausal symptoms using modified menopause rating scale (MRS) among middle age women in Kuching Sarawak, Malaysia. *Asia Pacific Family Medicine* [Article]. 2010; 9(5): p. 1-6.
- [18] Jesmin S, Islam AM S, Akter S, Islam Md M, Sultana S N, Yamaguchi N, et al. Metabolic syndrome among pre- and post –menopausal rural women in Bangladesh result from a population-based study. *BMC Research Notes* [Article]. 2013 [cited 2013 Apr 14]; 6(157): p. 1-7. Available from: URL: <http://www.biomedcentral.com/1756-0500/6157>.
- [19] Mazhar S B, Rasheed S. Menopause rating scale (MRS): A simple tool for assessment of climacteric symptoms in Pakistani women. *Ann. Pak. Inst. Med. Sci.* [Original Article]. 2009; 5(3): p. 158-161.
- [20] Kalahroudi A M, Taebi M, Sadat Z, Saberi F, Karimian Z. Prevalence and severity of menopausal symptoms and related factors among women 40-60 years in Kashan, Iran. *Nursing midwifery studies* [Article]. 2012 ; 1(2): p. 16-21.
- [21] Chuni N, Sreeramareddy C T. Frequency of symptoms, determinants of severe symptoms, validity of and cut-off score for Menopause Rating Scale (MRS) as a screening tool: A cross-sectional survey among midlife Nepalese women. *BMC women's health* [Article]. 2011 [cited 2013 Feb 10]; 11(30): p. 1-9. Available from : URL: <http://www.biomedcentral.com/1472-6874/11/30>
- [22] Nisar N, Sohoo N A. Frequency of menopausal symptoms and their impact on the quality of life of women: a hospital based survey. *J Park Medical Association*. [Original article] 2009; 59(11): p. 752-756.
- [23] Utian, Wulf H, Fugate N. Impact of hormone therapy of quality of life after menopause. *A Journal of the North American menopause society* [Abstract]. 2013 ; 20(10): p. 1098-1105.
- [24] Bardot JB. Natural menopause treatment with herbs, food remedies and homeopathy relieves cause of symptoms. *Natural news.com* [Abstract]. 2012.
- [25] National center for complementary and alternative medicine [on line]. 2013 [cited 2013 Oct 23]; Available from: URL: <http://nccam.nih.gov/health/menopause/menopausesymptoms>.
- [26] Empowering women to lead healthier lives- menopause. *Women health.gov* [cited 2013 Jan 16]. Available from: URL: <http://www.womenshealth.gov/publications>
- [27] Holt L. Menopause home remedies overview. *Discovery-fit and health* [magazine]. [cited 2013 Apr 09] Available from: URL: <http://www.Midwestcenterforwomenshealth.com>
- [28] Natural home remedies: menopause problems. *Best health magazine* [magazine]. [cited 2013 Feb 15]. Available from: URL: <http://www.vivaca.net/shop>
- [29] Javoor D B, Nutritional Status of Pre, Peri and post-menopausal women. *Department of food science and Nutrition, College of rural home science, Dharwad*. [Article]. 2006.

- [31] Kuruvilla S. The effects of walking exercise in coping with menopausal symptoms. Indian streams research Journal [Article]. 2012; 2(11): p. 1-4.
- [32] Pachman D R, Jones M J, Loprinzi C L. Management of menopause associated vasomotor symptoms: current treatment options, challenges and future directions. International Journal of women's Health [Article]. 2010;2: p. 123-135.
- [33] Page J. Menopause at 30 for Millions in Poverty. The Times, UK[Abstract] 2007.
- [34] Kishor V, Kailesh B. Level of Education and Awareness about menopausal among women of 40 to 60 years in Bhavnagar &Surat cities of Gujarat. Health line[Original article]. 2012; 3(2): p. 42-60.
- [35] Palacios S, Henderson VW, Siseles N, Tan D, Villaseca P. Age of menopause and impact of climacteric symptoms by geographical region. Climacteric. International menopause society. [Original article]. 2010; 13: p.419-428.
- [36] Bromberger J T, Matthews K A, Kuller L H, Wing RR, Meilahn E N, Plantinga P. Prospective study of the determinants of age at menopause. American Journal of Epidemiology [Article]. 1997[cited 2013 Oct 12]; 145(2): p. 124-133. Available from : URL: <http://aje.oxfordjournals.org/>
- [37] Sharma S K, Nursing Research & Statistics, 1sted. New Delhi: Elsevier India (P) Ltd; 2011.