

STUDIES TO QUALITY OF LIFE OF POST MENOPAUSAL WOMEN**Namita Kumari, Dr. Reena Thakur**

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ABSTRACT

Today with increasing life expectancy and life span women spend one-third of their life time after menopause. The study aims to investigate Menopausal Symptoms and Quality of Life of Postmenopausal Women Post menopausal women 46 years old and above and residing at Dholka taluka, willing to provide written informed consent and willing to undergo the nursing intervention were included in the study by using Probability sampling method, simple random sampling (lottery method) was used to select the sample. The major conclusion drawn from the study was the intervention found to be effective to minimize the severity of menopausal symptoms and enhance the quality of life of post-menopausal women.

Keywords: Quality Of Life, Menopausal, Women, Symptoms and Nursing**INTRODUCTION**

The menopause is a critical time in a woman's life. Several problems caused by estrogen deficiency and aging lower life quality at this period. The number and quality of eggs begin to decline at the age of 37 and continue to decline until the ovary can no longer produce eggs regularly. The inability to fertilize and the absence of corpus luteum are symptoms of decreased ovarian function. This causes premenopausal women to have menstrual periods that are not regular and often do not include an egg. Even after some time has passed, the Graafian follicle still can't make estrogen. It causes uterine atrophy, which in turn causes amenorrhea.

After menopause, the dominant follicles generate much less estradiol and follicular stimulating hormone levels may rise, leading to the postmenopausal condition. Hot flashes, night sweats, sleeplessness, vaginal dryness, mood swings, and bone density loss are menopausal symptoms that may occur in a woman who has hypo-estrogenic. A woman's demographic, social, and cultural circumstances affect the probability that she may have menopause symptoms. Menopausal symptoms have an effect on women's health-related quality of life. Think about how your physical health affects your psychosocial performance; that's a subjective way to quantify health-related quality of life.

Many variables, such as a person's lifestyle and socioeconomic status, influence the degree to which menopausal symptoms manifest. So, it's important to measure how well women are doing following menopause. The purpose of this study was to evaluate the impact of menopause symptoms on women's quality of life after menopause and how severe those symptoms were.

Usually happening between the ages of 45 and 50, menopause is characterized by a permanent end to menstruation for 12 months in a row. Physiological and mental well-being are both affected by the hormonal shifts that accompany this condition, which is characterized by low estrogen and progesterone levels. The National Institute for Health and Care Excellence (NICE) has issued recommendations for the diagnosis and management of menopause, which include informing menopausal women and their loved ones about the transition, its stages, symptoms, treatment options, potential side effects, and long-term health consequences.

LITERATURE REVIEW

Gupta et. Al. (2021). During the years after having children, many women begin to feel the first signs of menopause. The psychological, somatic, vasomotor, and urinary symptoms that women experience as a consequence of this natural event may greatly impact their quality of life. The purpose of this research was to assess menopausal women's quality of life. Despite dealing with intense menopausal symptoms, most women report a low quality of life in terms of their health. The prospect of treating menopausal symptoms and the need for health care providers to be more sensitive to women's needs could help solve this problem.

Theis et. Al. (2023) Menopausal women make up a sizable and economically significant portion of the working population. However, their demands at work and quality of life (QoL) have gone unmet. The purpose of this comprehensive study was to summarize the quality of life (QoL) experienced by working-age women throughout menopause. After doing thorough literature searches, a total of 1211 references were found. There were 156 papers that made it to the full-text screening stage after abstract screening. In the end, 12 papers were considered for inclusion in this review.

Basu et. Al. (2021) The medical outpatient department of a public secondary care hospital in a rural region of Delhi, India, was the setting for cross-sectional research that ran from August to October 2019. Women between the ages of 40 and 59 were the ones we enlisted. Our results show that 136 people were surveyed, yielding a 92% response rate. The average age of the subjects was 49.2 years with a standard deviation of 6.1. Of the participants, 51.2% were illiterate and only 16.6% had jobs. Good dependability was shown by the Utian QOL's Cronbach's alpha, which was 0.824. The individuals' quality of life ratings was average in the sexual and health areas, but below average in the occupational and emotional domains. Bivariate analysis revealed that having less than two children, not having a job, and an education level below elementary school were all linked to poorer quality of life ratings.

Gupta et. Al. (2024) The goal of this study is to determine if there is a correlation between menopausal women's quality of life and certain lifestyle factors, socio-demographic characteristics, BMI, and the presence or absence of chronic diseases in Lucknow. Procedures and Supplies Using a pre-tested semi-structured questionnaire, 200 menopausal women (ranging in age from 45 to 65) participated in community-based cross-sectional research that lasted from February 2020 to January 2021. Participants in the research who were married, had a high school diploma or more, were overweight or obese, and those in the 55-59 age bracket had the highest mean score in the sexual domain. Overall, the quality-of-life score related to

menopause was greater for those who did not make any changes to their lifestyle compared to those who did, and this difference was shown to be very significant ($P < 0.001$).

Beura, Saswatika & Patnaik et. Al. (2023). Participants in the study were offered both group and individual counseling in addition to a lifestyle-related interventional module that included topics such as the idea of menopause, symptoms, health concerns, and dietary habits with the goal of alleviating menopausal symptoms. The module also included practical demonstrations of yoga, exercises, and pranayama. The data was analyzed using SPSS software version 28, which is licensed to the institution, for independent and paired t-tests, chi-squared tests, and Fisher's exact tests. Based on the data, the average age of the participants was 51.02 ± 2.94 years, with a range of 47 to 58 years. Weight ($P < 0.02$), body mass index ($P < 0.001$), waist/hip ratio ($P < 0.001$), systolic blood pressure (SBP) ($P < 0.001$), and diastolic blood pressure (DBP) ($P < 0.001$) were some of the anthropometric and blood pressure parameters that showed significant differences between the two groups.

RESEARCH METHODOLOGY

Finding out how a nursing intervention affected menopausal symptoms and quality of life in rural postmenopausal women was the goal of this experimental research. Women in their postmenopausal years living in 10 villages within Dholka taluka who met the inclusion criteria were selected for this research. we determined a sample size of 260 after accounting for 5% attrition. Out of 260 postmenopausal women, 135 participated in the study and 135 served as controls. From September 10, 2018, until March 9, 2020, the primary data for the research were gathered. to determine the relationship between menopausal symptoms and quality of life, a karl-person coefficient of correlation test was employed. In addition, tables, figures, and diagrams were used to display the data that had been evaluated.

DATA ANALYSIS AND RESULTS

Table No: 1 Comparison of posttest menopausal symptoms and QOL with their age group

Age	No. of women (N=135)	Menopause symptoms		'F' value	'P' value	Quality of Life		'F' value	'P' value
		Mean	SD			Mean	SD		
45-50 years	30 (22)	6.75	1.59	.507	.477	83.03	3.09	.096	.757
51- 55 years	32(24)	4.87	1.36			83.25	3.60		
56-60 years	28(21)	5.78	1.40			81.72	3.07		
61-66 years	28(21)	6.65	1.83			81.84	3.32		
>66 years	15 (11)	7.38	0.96			82.78	2.43		
Overall	135	6.06	3.24			90.18	7.65		

When looking at posttest menopausal symptoms and quality of life (QOL) by age group, it was found that women aged 51–55 had the lowest mean score (4.87 ± 1.36) for menopausal symptoms compared to other age groups. This suggests that the intervention was more effective for this age group. On the other hand, women aged 51–55 had the highest mean score (83.25 ± 3.60) for QOL, which also suggests that the intervention was more effective for improving QOL in this age group. Nevertheless, the calculated F value is statistically non-significant at the $p < 0.05$ level.

Table No: 2 Comparison of posttest menopausal symptoms and QOL with occupation

Occupation	No. of women (N=135)	Menopause rating scale		'F' value	'P' value	Quality of life		'F' value	'P' value
		Mean	SD			Mean	SD		
Home Maker	117 (86.4)	7.46	4.99	3.038*	.083	85.60	7.03	.023	.878
Daily wages	1 (1)	6.00	.00			79.00	.00		
Agriculturist	07 (5)	4.8	0.04			84.33	1.52		
Private employee	03 (2)	9.00	0.84			77.5	0.18		
Govt. employee	08 (6)	6.63	3.20			87.87	1.93		
Overall	135	6.06	3.24			90.18	7.65		

In comparing menopausal symptoms and quality of life after the test, it was found that agriculturist women had the lowest mean score (4.8 ± 0.04) of menopausal symptoms compared to other occupations. This suggests that the intervention was more effective for government employees compared to other groups. On the other hand, government employees had the highest mean score (87.87 ± 1.93) of quality of life, suggesting that the intervention was more effective in improving the quality of life for the government employee group. Nevertheless, the calculated F value for menopausal symptoms was statistically significant at the $p < 0.05$ level.

Table No: 3 Comparison of posttest menopausal symptoms and QOL with age of marriage

Age of marriage	No. of women (N=135)	Menopause rating scale		'F' value	'P' value	Quality of life		'F' value	'P' value
		Mean	SD			Mean	SD		

≤ 18years	77(57)	6.25	2.39	.075	.784	84.43	1.62	10.287*	.002
19-21 years	46(34)	5.81	2.00			85.83	4.03		
22-25 years	011(9)	7.00	0.73			85.88	1.65		
Overall	135	6.06	3.24			90.18	7.65		

When looking at posttest menopausal symptoms and quality of life (QOL) in relation to age of marriage, it was found that people in the 19–21 age group had the lowest mean score (5.81 ± 2.00) of menopausal symptoms, suggesting that the intervention was more effective for them. On the other hand, women in the 22–25 age group had the highest mean score (85.88 ± 1.65) of QOL, suggesting that the intervention was more effective for improving QOL for them. Nevertheless, the calculated F value was found to be statistically non-significant at the $p < 0.05$ level.

Table No: 4 Comparison of posttest menopausal symptoms and QOL with age of menopause

Age of marriage	No. of women (N=135)	Menopause rating scale		'F' value	'P' value	Quality of life		'F' value	'P' value
		Mean	SD			Mean	SD		
≤45 years	46 (34)	5.16	1.72	5.297*	.022	83.59	3.78	3.041*	.083
46 to 50 years	65 (48)	6.48	2.29			82.3	4.80		
51 to 55 years	24 (18)	6.22	1.33			82.86	3.46		
56 to 60 years	01 (1)	4.00	0.00			92.00	0.00		
Overall	135	6.06	3.24			90.18	7.65		

When looking at posttest menopausal symptoms and quality of life (QOL) related to age of menopause, it was found that women experiencing menopause between 56 and 60 years old had the lowest mean score (4.00 ± 0.00) of menopausal symptoms compared to other groups. This suggests that the intervention had a greater impact on improving QOL for women experiencing menopause between 56 and 60 years old. On the other hand, women experiencing menopause between 46 and 54 years old had the highest mean score (92.00 ± 0.00) QOL scores compared to others, suggesting that the intervention had a greater impact on improving QOL for women experiencing menopause between 46 and 46 years old. Nevertheless, at the $p < 0.05$ level, the computed F value reveals a statistically significant result.

Table No: 5 Comparison of posttest menopausal symptoms and QOL with presence of comorbid illness

Presence of comorbid illness	No. of women (N=135)	Menopause rating scale		'F' value	'P' value	Quality of life		'F' value	'P' value
		Mean	SD			Mean	SD		
Osteoporosis	58 (43)	5.94	2.14	1.719*	.108	83.03	4.18	.985	.445
Diabetes mellitus	24 (18)	6.33	0.30			82.81	2.96		
Hypertension	42 (31)	6.51	1.72			81.46	3.67		
Anemia	24 (18)	3.00	0.43			78.66	0.58		
Congestive cardiac failure	01(1)	1.00	0.00			79.00	0.00		
Reproductive organ cancers	02 (2)	8.5	0.31			85.00	1.51		
Overall	135	6.06	3.24			90.18	7.65		

If we compare the posttest menopausal symptoms and quality of life (QOL) with the presence of comorbid illnesses, we find that women with congestive heart failure as a comorbidity had the lowest mean score (1.00 ± 0.00) of menopausal symptoms compared to other women, suggesting that the intervention was more effective for them than for women with other morbidities. On the other hand, women with reproductive organ cancers had the highest mean score (85.00 ± 1.51) QOL compared to others, suggesting that the intervention was more effective in improving their QOL. Nevertheless, when it comes to menopausal symptoms, the calculated F value is statistically significant at the $p < 0.05$ level.

CONCLUSION

In addition to the many physical, mental, and sexual changes that occur during menopause, the menopausal transition phase is a natural aspect of becoming older. The results showed that the average score for menopausal symptoms was (12.5 ± 5.99) before the test and (6.6 ± 3.24) after. Both the pretest and posttest QOL scores were 79.4 ± 7.32 , with the posttest score being 90.18 ± 7.65 . Results show that postmenopausal women's quality of life is improved and menopausal symptoms are less severe when nurses intervene regularly.

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