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PREVALENCE OF MENOPAUSAL SYMPTOMS AND PERCEPTIONS REGARDING MENOPAUSE AMONG MENOPAUSAL WOMEN

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ABSTRACT

Menopausal health is becoming more important in India as life expectancy rises and the population of menopausal women grows. Most women in their midlife are either unaware of these signs or do not pay enough attention to them. The aim of the present study is to find the prevalence of menopausal symptoms and perceptions regarding menopause among menopausal women in a selected rural area. A cross sectional study was carried out among seventy five peri and post-menopausal women, who were selected using purposive sampling technique. Data was collected by interview technique using a modified Menopause Rating Scale (MRS). The most common somatic subscale symptom reported by both peri and postmenopausal women was hot flush as 54.1% and 81.0% of women, respectively. In terms of psychological subscale symptoms, 34% of postmenopausal women reported the greatest depressive mood. There was a significant association between employment status as well as religion with the perception of correct cause of menopause at $p=0.05$ and $p=0.001$ respectively. The study concludes that there were many misunderstandings regarding menopausal symptoms among the rural women and highlighted a need for more information and education about menopause to the women in their midlife to face this transition more effectively.

KEYWORDS

Menopause, Menopause rating scale, Prevalence of menopause and Perception.

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INTRODUCTION

According to World Health Organization (WHO), menopause is described as a 12 months of woman's life without menstruation. In developed countries, the average age of menopause is 51 years¹. Despite the fact that menopause is a natural process, the years leading up to and following it are accompanied

with a number of unpleasant symptoms that range in severity from moderate to debilitating. The typical symptom duration is seven years².

Menopause is one of those midlife stages that can either be easily overcome or make a woman's life miserable, depending on her fortune. There are many myths and taboos surrounding this stage of life³. Recognizing symptoms early can help women feel less uncomfortable and fearful. Menopausal symptoms might be very bothersome for some women, even if they are well tolerated by others. Those who suffer from severe symptoms have a lower overall quality of life. Because of socio-cultural considerations, Indian women underreport their symptoms. According to research reviews, at least 60% of women endure from mild symptoms and 20% experience severe symptoms and 20% from no symptoms⁴.

Individual and cultural differences in menopause symptoms have been attributed to general aging, menopausal fluctuations, or socially produced phenomena⁵. Vasomotor symptoms, such as hot flashes, vaginal dryness, sleeplessness and joint pain, are the most commonly reported symptoms among women in high-income countries⁶⁻⁸. Because the affected women may feel less able to work or seek new employment, menopausal symptoms cause significant economic and personal strain to them. Postmenopausal women are also at a high risk of having chronic diseases, which results in significant healthcare expenditure. Several unfavourable outcomes have been reported associated with menopause are sleep disturbances, daytime dysfunction, fatigue, low quality of life (QOL) and huge healthcare utilization, among which insomnia accounts for major depressive disorder.

As this period marks the transition from reproductive to post reproductive life, it is a stressful moment for many women. Improved coping therapies to combat this stressful event in woman hood could result from a better knowledge of this transition. Hence, this present study was undertaken to assess the prevalence of menopausal symptoms and perceptions regarding menopause among menopausal women in selected rural population of Tamilnadu.

MATERIAL AND METHODS

A cross sectional study was done among peri and post-menopausal women to assess the prevalence of symptoms and their perception towards menopause. Seventy five women who met the inclusive criteria were selected using purposive sampling technique. An interview technique using a modified Menopause Rating Scale (MRS) was used to collect the data. The MRS is a self-reported subjective scale that has been used in different international populations and validated in clinical and epidemiological studies on menopause symptoms. The women with un-natural menopause, such as surgical or radiotherapy for cervix cancer, on medications like anxiolytics, antidepressants, with chronic illnesses and not willing to participate in the study were excluded from the study. The ethical clearance and participants' consent was obtained before the data collection. The demographic variables such as age, religion, education and occupation were collected.

RESULTS AND DISCUSSION

The study comprised 75 perimenopausal and postmenopausal women between the ages of 30 and 59 years. The average age of the sampled women was 41.2 years (SD 2.5) for perimenopausal women and 44.6 years (SD 4.1) for postmenopausal women. Among the study participants 81% had completed high school education, 61.6% full-time homemakers, 29.5% private sector employees, 7.7% civil servants, 18% were Christian, 6% Muslim and 66% were Hindus.

When comparing perimenopausal and postmenopausal women, postmenopausal women reported experiencing all three menopause symptom subscale categories (somatic, psychological and urogenital) more frequently. The most common somatic subscale symptom reported by both perimenopausal and postmenopausal women was hot flush by 54.1% and 81.0% of cases, respectively. In terms of psychological subscale symptoms, postmenopausal women reported the greatest depressive mood around 34%. Dryness of the vagina (63.1%) was the most common urogenital subscale symptom complaint among postmenopausal women, while sexual issues were the least common (Table

No.1). Similar study findings were reported in a study by Borker S *et al*, (2013)⁹ concludes the similar trend of prevalence among the perimenopausal and postmenopausal women. According to that study, the average age at which women reached menopause was 48.26 years. Emotional problems (crying spells, depression, irritability) 90.7%, headache 72.9%, lethargy 65.4%, dysuria 58.9%, forgetfulness 57%, musculoskeletal problems (joint pain, muscle pain) 53.3%, sexual problems (low libido, dyspareunia) 31.8% and genital problems (itching, vaginal dryness) 9.3% were the most common symptoms among women. The study stated that all the women were suffering from one or more number of menopausal symptoms in their midlife and they should be given awareness on these symptoms, the causes and treatment respectively.

Table No.2 shows that there was no statistically significant difference between the educational status and the perception of menopausal women on the cause of menopause. There was a significant difference between employment status as well as religion with the perception of correct cause of menopause at $p=0.05$ and $p=0.001$ respectively. Further investigation with a larger sample size could be helpful in providing any further remark on the effect on perception of menopausal women. Similar study findings were reported by a study on prevalence and severity of menopause symptoms among perimenopausal and postmenopausal women aged 30-49 years in Gulele sub-city of Addis Ababa, Ethiopia which conclude that menopausal women reported psychological symptoms as the most severe experience.

Table No.1: Proportion of menopausal symptoms among participants

S.No	Subscale (menopausal symptoms)	All (n=75)	Perimenopausal (n=50)	Postmenopausal (n=25)
Somatic		%	%	%
1	Hot flushes	65.7	54.1	81.0
2	Heart discomfort	21.2	14.6	33.7
3	Difficulty of falling asleep	47.9	31.9	71.8
4	Muscle and joint problems	33.2	18.5	57.9
Psychological				
5	Depressive mood	44.6	35.6	65.3
6	Irritability	45.1	33.1	61.2
7	Anxiety	38.9	35	57.8
8	Physical and sexual exhaustion	31.2	28.3	53.7
Urogenital				
9	Sexual problems	27.1	12.5	27
10	Bladder problems	23.1	16.2	53.6
11	Dryness of the vagina	35.3	19.3	63.1

Table No.2: Relationship between the variables and perception on cause of menopause

S.No	Variables	Knows the cause correctly	Statistics used
Educational status			
1	Educated	70	$(\chi^2=0.071, df=1, P=0.67)$
2	Uneducated	3	
Occupational status			
3	Employed	9	$(\chi^2=2.89, df=1, P=0.05)$
4	Unemployed	64	
Religion			
5	Hindus	66	$(\chi^2=46.17, df=2, P=0.001)$
6	Muslims	6	
7	Christians	18	
8	Others	10	

CONCLUSION

According to the present study findings, all the women were experiencing one or more menopausal symptoms. There were many misunderstandings regarding menopausal symptoms among the rural women. As better coping interventions could be an outgrowth of increased understanding of this transition, this study has highlighted a need for more information and education about menopause to the women in their midlife to face this transition more effectively.

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DECLARATION OF CONFLICTING INTEREST

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript, or in the decision to publish the results.

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