

A Study to Assess the Quality of Life of Postmenopausal Women in View to Develop a Self Instructional Module on Coping Strategies of Menopausal Problems in Selected Areas of Mohali, Punjab

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ABSTRACT

INTRODUCTION: Women experience various turning points in their life cycle, which may be developmental or transitional. Midlife is one such transitional period which brings about important changes in women. Menopause is a unique stage of female reproductive life cycle, a transition from reproductive to non-reproductive stage. Advanced middle age extend from age 50- 60, the onset is marked by physical and mental changes at sixty there is usually a decline in physical vigor, often accompanied by decrease in mental alertness women go through the menopause at which time the menstrual period cease and they loss their child bearing ability.

AIM OF THE STUDY: Aim of the study is to increase the awareness regarding coping strategies of menopausal problem among postmenopausal women by the distributing the self instructional module.

MATERIAL AND MATHODS: A descriptive research design was used to conduct study on 150 menopausal women who fulfilling the inclusion criteria by using Convenient sampling technique. The data was collected by using socio demographic profile and perceived level of satisfaction felt by the menopausal women about their life in terms of physical, psychological, environmental and social domain assessed by WHOQOL- BREF standardized 5 point likert scale.

RESULTS: The collected data were analyzed by using descriptive and inferential statistics and the finding showed that majority (70.6 %) of postmenopausal women were having fair quality of life, (28%) of them had poor quality of life, (1.3%) of them had good quality of life.

CONCLUSION: This study concludes that the rural women are having low quality of life and there is a need for social support and coping strategies to optimize the ability to enjoy good health, improved their overall quality of life and enable them to life healthier as long as possible.

KEYWORD: *Quality life of postmenopausal women, menopausal problems*

INTRODUCTION

Women are among the most important part of any society and family, and community health provision is dependent on the fulfillment of different health needs. On the other hand, menopause is one of the most critical stages of women health.¹

Most of the women think of menopause as the time of life when their menstrual periods end. This usually occurs during middle age when women are also experiencing other hormonal and physical changes. For this reason, menopause is some time called the

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“change of life”. A woman is said to be in menopause after she has gone for one full year without periods. While most women in the United States go through menopause around the age of 51, a small number will experience menopause as early as age 40 or as late as their late 50s. Rarely, menopause occurs after the age of 60. When menopause is diagnosed before age of 40, it is considered to be abnormal or premature menopause. The years immediately preceding and following the last menstrual period are called menopausal years. The menopausal women experience many physical and psychological symptoms which include irregular menstruation, changes in sexual desire, hot flushes, vaginal dryness and urinary problems, changes in appearance, mood changes, sleep disturbances, palpitations and backaches etc due to less estrogen and progesterone. It is necessary for all the women to understand menopause which will make them to cope up with menopausal symptoms and will also improve quality of life of menopausal women.²

Menopause literally means the "end of monthly cycles" (the end of monthly periods menstruation), from the Greek word *pausis* (cessation) and the root *men-* (month). Menopause is an event that typically (but not always) occurs in women in midlife, during their late 40s or early 50s, and it signals the end of the fertile phase of a woman's life. However, rather than being defined by the state of the uterus and the absence of menstrual flow, menopause is more accurately defined as the permanent cessation of the primary functions of the ovaries: the ripening and release of ova and the release of hormones that cause both the creation of the uterine lining, and the subsequent shedding of the uterine lining.³

Stages and nomenclature of menopausal transition were defined by experts at stages of reproductive ageing workshops (STRAW). These stages are describes as follow:

- Premenopause: The time up to the beginning of the perimenopause but is also used to define the time up to the last menstrual period.
- Perimenopause: The time around menopause during which menstrual cycle and endocrine changes are occurring but 12 months of amenorrhea has not yet occurred.
- Postmenopause: Begins at the time of the last menstrual period, although not recognized until after 12 months of amenorrhea.⁴

Symptoms experienced at menopause are quite variable, & etiology of symptoms is multifactorial. Menopausal symptoms can affect women health & wellbeing. Some of the menopausal symptoms included hot flushed, urinary incontinence & reduced

sexual function. The impact of these symptoms on Quality of life of menopausal & postmenopausal women.⁴

The WHO (1993) defines Quality of life as an individual's perception of their position in life in context of culture & value system in which they live & in relation to their goals, expectations, standards & concerns can be applied to menopausal women. Also the WHO (world health organization) identified four broad domains as being universally relevant for the Quality of life, namely physical health, psychological well being, social relationships & environment.

Menopause has been reported as one of the opportunities for women, to visit health care services. The health care of women during this stage requires special attention to the identification of their health needs in order to provide competent care.⁵

This study revealed that health related quality of life is a parameter which refers to effects of individual physical states on all aspects of psychological functioning. Quality of life attempt to gauge the effect of ill health a number of physical, psychological and social parameters. The most important factors analyzed were attractiveness, self confidences, re-orientation in life and partner relationship. The conclusion that the severity of menopausal symptoms affects the quality of life of menopausal women.⁶

A study on Quality of life of postmenopausal women. Quality of life and menopausal symptoms are closely related concepts. The aim of this study to survey the effects of support groups on Quality of life of postmenopausal women. Samples were 110 postmenopausal women. Sample is divided into 2 groups, test group (55 samples), control group (55 samples). Results of this study showing that there was significant difference between vasomotor, psychological, physical, sexual aspect of life Quality of this group of women. By an appropriate health care policy, health of postmenopausal women can be improved and Quality of life of postmenopausal women improved.⁷

OBJECTIVES OF THE STUDY:

1. To assess the quality of life of postmenopausal women.
2. To assess the level of satisfaction about physical, psychological, environmental and social domain of life among postmenopausal women .
3. To find out the association of quality of life with selected demographic variables of postmenopausal women.
4. To develop and administer the self- instructional module on coping strategies of menopausal problems

MATERIAL AND METHODS: Research approach and design:-the quantitative research approach and descriptive design was used.

SAMPLE SIZE AND SAMPLING TECHNIQUE: Non probability convenient sampling technique was used to select samples and sample size was 150.

DATA COLLECTION PROCEDURE: Data collection for this study was done in rural areas of Mohali. Likert scale was used to assess quality life of menopausal women. after collecting data booklet were given to women those women who had poor quality of life.

SELECTION AND DEVELOPMENT OF RESEARCH TOOL:

Part – 1 socio demographic data: this part consider of 4 items related to socio graphic background of the study.

Part -2 WHOQOL- BREF standardized 5 point likert scale was used in this study.

ETHICAL CONSIDERATION:

Prior written permission was taken to collect the data. Informed written consent was taken from the subjects. Confidentiality of the data was maintained.

Objective: 1. to assess the quality of life of postmenopausal women.

TABLE 1: Distribution of postmenopausal women based on quality of life in selected rural area
N-150

S. No.	Quality of Life	Frequency	Percentage (%)
1.	Poor (0 – 50%)	42	28
2.	Fair (51 – 75%)	106	70.6
3.	Good (76 – 100%)	2	1.3

The tables 1 show that 42 (28%) of the samples were having poor quality of life, 106 (70.6%) were of the samples were having fair quality of life , 2 (1.3%) of the samples were of having good quality of life To assess the level of satisfaction about physical, psychological, environmental and social domain of life among postmenopausal women.

Objective: 2. to assess the level of satisfaction about physical, psychological, environmental and social domain of life among postmenopausal women.

TABLE 2: Distribution of Postmenopausal women based on various domain of quality of life
N-150

S. NO.	DOMAIN	POOR	FAIR	GOOD
		Percentage (%)	Percentage (%)	Percentage (%)
1.	Physical domain	28.6	70	1.3
2.	Psychological domain	16	80	04
3.	Social domain	34.6	65.3	00
4.	Environmental domain	17.3	80.6	2

Table 2 shows that the Postmenopausal women's poor quality of life on physical domain 43(28.6%), psychological domain 24(16%), social domain 52(34.6%), environmental domain 26 (17.3%) respectively. Majority of Postmenopausal women had fair quality of life based on physical domain 105(70%), psychological domain 120(80%), social domain 98(65.3%), environmental domain 121(80.6%) respectively.

Objective: To find out the association of quality of life with selected demographic variables of postmenopausal women.

TABLE 3: Distribution of postmenopausal women based on association between demographic variables and quality of life of postmenopausal women
N-150

S. No.	Demographic variables	Below mean	Above mean	Chi square
1.	Age in years			30.2*
	41-45	12	10	
	46-50	12	33	
	51-55	32	27	
	56-60	23	01	

2	Month Income			
	Below 3000	04	15	32.5*
	3001-5000	41	07	
	5001-10,000	09	11	
	Above 10,001	26	37	
3.	Type of family	32	56	1.3NS
	Nuclear Joint	20	21	
	Extended	08	13	
4.	Occupation			6.4NS
	Home maker	84	24	
	Laborer	09	05	
	Skilled worker	04	05	
	Business women	12	07	

* Significant (P<0.05) NS Non significant(P<0.05)

Table 3 shows that the obtained chi-square 30.2 (P<0.05) showed significant association between the age of Postmenopausal women and their Quality of life. The obtained Chi- square 32.5(P<0.05) showed significant association between the family income and their quality of life.

DISCUSSION

The first objective of the study was to assess the quality of life of postmenopausal women

This study finding reveled that majority of the 106 (70.6%) of postmenopausal women had fair quality of life, 42 (28%) had poor quality of life and 2 (1.3%) had good quality of life.ss

This finding of the study was supported by a study to assess the Quality of life of postmenopausal women after menopause. These studies done by cross sectional study among 480 postmenopausal women. Data was collected by menopause Quality of life questionnaire by in interview. The results show that menopause decrease Quality of life of women. Therefore, it is necessary to develop effective intervention programme to improve Quality of life after menopause.⁹

The second objective of the study to assess the level of satisfaction about physical, psychological, environmental and social domain of life among postmenopausal women.

This study finding revealed that Postmenopausal women's poor quality of life on physical domain 43(28.6%), psychological domain 24(16%), social domain 52(34.6%), environmental domain 26 (17.3%) respectively. Majority of Postmenopausal women had fair quality of life based on physical domain 105(70%), psychological domain 120(80%), social domain 98(65.3%), environmental domain 121(80.6%) respectively.

The third objective of the study was to find out the association between quality of life and selected demographic variables.

There was a significant association between the age of the postmenopausal women in relation to their quality of life chi square = 30.2 (p < 0.05)

These findings were consistent with the study done by a study to find out the association of menopausal specific. Quality of life of women with duration of postmenopausal women. The samples were 250 postmenopausal women of age group 47-62 year. Study shows that they have less knowledge about menopause and its symptoms. This study shows that menopause specific. Quality of life decrease with increase in duration of postmenopausal years. This study conducted that there is a significant association with menopausal specific. Quality of life women's duration of postmenopausal women.¹⁰

This was a significant association between the family income of the postmenopausal women in relation to their quality of life chi square 30.5 (p < 0.05)

There was no significant association between type of family, chi square value 1.3 (p = 0.05) and occupation chi square value 6.4 (p = 0.05).

The fourth objective was to develop and administer the self- instructional module on coping strategies of menopausal problems

The self instructional module are given to postmenopausal women for coping strategies on menopausal problem.

This study shows that more than 80% of women experience physical, psychological symptoms when they approach to menopause that effect their Quality of life. Study is done on 500 women .Menopause Quality of life Questionnaire is used to collect the sample. The most common symptom are low backache (79%), muscle joint pain (77.2%), least symptoms are hair falls (15%) and vaginal dryness (10.8%). This study conducted that menopausal symptoms affects the quality of life of women.¹¹

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