



MENOPAUSAL SYMPTOMS: A SURVEY REPORT AMONG RURAL WOMEN

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Abstract: Every woman go through natural menopause, it is an advance from regenerative to non-conceptive stage. Menopause is emerging as a major health problem in India with an alarming 18% of women in the 30-49 age groups attaining the non-reproductive age prematurely. This is a cross sectional study conducted on 120 women between the age group of 40- 60 years residing in selected rural community of Ambala. Menopausal rating scale was used to assess the menopausal symptoms. Women were selected by purposive sampling technique. SPSS version 20 was used for statistical analysis. The mean age of the women was 46.3±4.23 years. Three most frequent menopausal symptoms reported by women (n=120) were: joint and muscular discomfort 118(98.3%) followed by physical and mental exhaustion 106(88.3%) and hot flushes 103 (85.8%). There was high prevalence of symptoms like joint and muscular discomfort, physical and mental exhaustion and hot flushes followed by sexual problems, irritability, depressive moods, anxiety, heart discomfort, bladder problems, sleep problems, dryness of vagina. Most of the somatic, psychological and urogenital subscale symptoms were reported in the surgical menopause as compared to pre menopause and post menopause.

Keywords: menopausal symptoms, rural women

I. INTRODUCTION

After menstruation, menopause is the major change in a woman's life that indicate end of conceptive period.^[1] Menopause can be defined as the cessation of menstrual period for a year in succession excluding other causes like pregnancy. This happens between 45 to 55 years of age.^[2]

Worldwide, including India, there is frequent increase in number of elderly women. As indicated by worldwide statistics, it is anticipated that by 2030, menopausal population will reach up to 1000.2 million, because every year about 47 million women enters in this age group.^[3] According to recent trends, population of menopausal women is around 43 million in India.^[4]

Menopausal staging is given by STRAW (Stages of Reproductive Aging Workshop), was ordered into: Pre menopause; minor changes in cycle length especially diminishing length of the cycle, and postmenopausal stage; no menstrual seeping in the past/most recent a year.^[5]

Many women evidence menopausal symptoms through menopausal transition and postmenopausal phase. These symptoms occur due to estrogen deficiency.^[6] Irregularity in menstrual periods is the first sign of menopause.^[4] Other than menstruation, women experience night sweats, hot flushes, poor concentration, joint pain, and headaches, sleeping difficulty, lack of sexual desire, vaginal dryness, frequent micturation, skin changes, and mood swings.^[7]

It has been found that approximately 85% of menopausal women suffer from at least one of the manifestations of



menopause, most frequent symptoms are psychological symptoms, vasomotor symptoms or sleep disorders.^[8]In a study, physical symptoms were reported by 69% of the women, psychosocial manifestations by 58.7% women and 40% announced vasomotor side effects^[3]. With this background study was carried out to assess the menopausal symptoms among menopausal women living in selected rural community of Ambala.

II. METHODOLOGY

A. *Subject and setting*

This is a cross sectional study conducted in selected rural community (Mullana and Simbla village) of Ambala from August 2017 to November 2017. This study was affirmed by the institutional ethical committee of Maharishi Markandeshwar (Deemed to be University) Mullana, Ambala, Haryana. Inclusion criteria consist of women between age group of 40-60 years who were undergoing menopausal symptoms, and who want to take part in the study. Women who were having history of hormone replacement therapy within past 6 months and women with illness like HIV, chronic disease, malignancy and undergone radiation therapy were excluded from the study. Purposive sampling technique was used to select the samples in current study.

B. *Instrument and data collection*

Questionnaire was divided into two sections:

(1) Selected variables perform consist of total 7 items [age, religion, marital status, number of children, socio-economic class (according to Kuppaswamy scale), gynaecological problems, and menopausal stage (according to STRAW stages of menopause)]. Selected variables were selected based on the review of literature.

(2) Menopausal Rating Scale was used to assess the frequency as well as severity of the menopausal symptoms. Menopausal rating scale is a Likert-type scale that comprised of total 11 items and these items are further categorized into three different subscales including somato-vegetative symptoms, psychological symptoms, and urogenital symptoms.

Reliability was performed on the MRS with test-retest method (0.98). The English version of the tool was translated in Hindi language under guidance of language expert.

C. *Data collection technique*

Although Menopausal Rating Scale is self-reported tool but considerable number of women contemplated did not have formal education, subsequently with a specific end goal to incorporate these women, face to face interviews were led to gather the data.

III. RESULTS

Data were analyzed by using SPSS-20. Total 120 women completed the study. The mean age of the women was 46.3 ± 4.23 years. One third of the women were between age group of 40-44 years. All of them belonged to Hindu religion. Majority (87.5%) of the women were married. More than one third of the women (34.2%) were having two children. Less than half of the women (40.0%) belonged to upper lower socio economic class. Out of total samples, 17(14.1) women were in surgical menopause stage, 40(33.3) were in pre menopausal and 63(52.5) were in post menopausal stage.

Table 1 shows the frequency of level of menopausal symptoms among women based on severity. More than half (59.1%) of the women were having moderate level of symptoms and none of them were having very severe level of menopausal symptoms.

Table 2 shows the frequency and percentage distribution of MRS scale among women. Three most frequent menopausal symptoms of women (n=120) were: joint and muscular discomfort 118 (98.3%), physical and mental exhaustion 106 (88.3%) and hot flushes, sweating 103 (85.8%). Least prominent TABLE I. FREQUENCY and PERCENTAGE DISTRIBUTION of LEVEL of MENOPAUSAL SYMPTOMS BASED on SEVERITY AMONG WOMEN

N=120

Menopausal Symptoms	Range of Score	f	%
Mild	0-11	18	15.1
Moderate	12-22	71	59.1
Severe	23-33	31	25.8
Very severe	34-44	—	—

symptoms were bladder problem 64 (53.3%), sleep problem 63 (52.5%) and dryness of vagina 57 (47.5%).

Table II. FREQUENCY and PERCENTAGE DISTRIBUTION of MENOPAUSAL SYMPTOMS AMONG WOMEN

N=120

Sr. No.	Menopausal symptoms	f	%
1.	Hot flushes, sweating	103	85.8
2.	Heart discomfort	73	60.8
3.	Sleep problems	63	52.5
4.	Joint and muscular discomfort	118	98.3
5.	Depressive mood	88	73.3
6.	Irritability	91	75.8
7.	Anxiety	80	66.6
8.	Physical and mental exhaustion	106	88.3
9.	Sexual problems	93	77.5
10	Bladder problems	64	53.3
11	Dryness of vagina	57	47.5

Table 3 shows frequency of menopausal symptoms among women according to menopausal stage. In surgical menopause, women suffer with most of the somatic, psychological and urogenital symptoms as compared to pre menopause and post menopause.

IV. DISCUSSION

The mean age of the women was 46.3±4.23 years which was slightly lower than the study done by Rahman SASA et al^[9] to assess the menopausal symptoms among middle age women which reported the mean age of women 50.83±6.30 and findings of Singh Akansha et al^[10] study in which it was reported 49.05±3.85.

In the current study, the most frequent symptoms of menopause were joint and muscular discomfort (98.3%), physical and mental exhaustion (88.3%) and hot flushes (85.8%). These are the classical symptoms of the menopause which are quite similar when compared to other study done by Kaur Baljit et. al^[11] at similar setting, Pal Avanie et al^[12], Geetha Col R et al^[13] (86%), Kaur Sukhwinder et al (71.4%)^[14], Ahlawat Pooja et al (89.5%)^[15]

Other symptoms like anxiety (66.6%), heart discomfort (60.8%), bladder problems (53.3%), sleep problems (52.5%), dryness of vagina (47.5%), were noted to be similar to the findings of the other study done in south India by Joseph Nitin et al^[16] which was reported between 41.8-72.7%. It was observed that 75.8% of women in the present study reported irritability. These results were slightly higher when compared with the findings of Owajiony Paul et al^[17] where prevalence was 63.12%, Joseph Nitin et al^[16] (69.1%), and Singh Akansha et al^[10] where prevalence was 41.7%. As for mental issues, it is conceivable that the ordinary maturing procedure could be impacting its occurrence. Increase in mental indications may likewise be related with



current life occasions and troubles especially those accomplished in family life.

Vaginal dryness was reported by 47.5% of women in the study. This findings was similar to the results of study conducted in Malaysia by Rahman SASA et al^[9] (37.9%), Saudi Arabia by AIDughaiter Aida et al (31.1%)^[18] but inconsistent with the findings of the study by Alakananda et al ^[19] in which prevalence was 12.5%.

In our study, during surgical menopause, women suffer with most of the somatic, psychological and urogenital symptoms as compared to pre menopause and post menopause. This happens, as estrogen fluctuations occur all of sudden during surgical menopause, hence they will experience the most menopausal symptoms.

The prevalence of vasomotor symptoms like hot flushes are comparable to Asian women of Malaysia (41.6%) in study conducted by Rahman SASA et al^[9] and Srilankan women (40.2% and 39.1%) by Palacios S et al ^[20]. But a lower prevalence of symptoms like body ache (81.7%), hot flushes(66.3%) were reported by Nisar et al^[21] among women in Pakistan compared to the present study. Comparatively lower prevalence of hot flushes(34%) and night sweats (27%) was reported by Liu et al^[22] among Chinese women between 45 and 65 years. These differences in menopausal symptoms prevalence can be explained by the diversity in socio-cultural environment, ethnicity, and women's perception about

Table III. FREQUENCY of MENOPAUSAL SYMPTOMS AMONG WOMEN ACCORDING to MENOPAUSAL STAGE

N=120

Sr. No.	Menopausal symptoms	Pre Menopause (n=17)	Post Menopause (n=40)	Surgical menopause (n=63)
	Somato-vegetative symptoms:			
1.	Hot flushes, sweating	33(82.5)	51(80.9)	15(88.23)
2.	Heart discomfort	19(47.5)	40(63.4)	10(58.82)
3.	Sleep problems	21(52.5)	31(49.2)	10(58.82)
4.	Joint and muscular discomfort	34(85.0)	59(93.6)	16(94.1)
	Psychological symptoms:			
5.	Depressive mood	28(70.0)	45(71.4)	13(76.4)
6.	Irritability	30(75.0)	45(71.4)	13(76.4)
7.	Anxiety	23(57.5)	44(69.8)	11(64.7)
8.	Physical and mental exhaustion	33(82.5)	53(84.1)	16(94.1)
	Urogenital symptoms:			
9.	Sexual problems	30(75.0)	45(71.4)	14(82.3)
10.	Bladder problems	19(47.5)	32(50.7)	10(58.8)
11.	Dryness of vagina	18(45.0)	28(44.4)	7(41.1)

menopause and general health status. Other than this selection of age, study design, study setting, instruments and techniques used to collect data also have effect on the prevalence of menopausal symptoms in various studies.

There were several limitation of the study. Although menopausal rating scale was

self-reported tool and considerable number of women contemplated did not have formal education, subsequently with a specific end goal to incorporate these women, face to



face interviews were led to gather the data. Second, menopausal stages of women were not assessed by standardized scale. A couple of women could have been misclassified into the incorrect menopause status group.

V. CONCLUSION

The study was conducted to assess the menopausal symptoms among women between the age group of 40-60 years using menopausal rating scale among selected rural community of Ambala. The mean age of the women was 46.3 ± 4.23 years. The three most frequent symptoms of menopausal women were joint and muscular discomfort, physical and mental exhaustion and hot flushes. During surgical menopause, women suffer with most of the somatic, psychological and urogenital symptoms as compared to pre menopause and post menopause.

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VI. RECOMMENDATIONS

Menopausal clinics should be set up and conducted on regular basis by nursing and medical personnel in gynaecological departments in the hospital and in the community health centres to provide efficient health care to the women in different phases of menopause and to detect the complications arising due to menopause as early as possible.

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CONFLICT OF INTEREST

The authors declare no conflict of interest

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