

# Menopausal Problems among Postmenopausal Women

<sup>1</sup>Salini Lisa Cyriac, <sup>2</sup>Lekha Viswanath, <sup>3</sup>Anju T Philip

## ABSTRACT

**Introduction:** Menopause is a universal occurrence in every women and the severity of menopausal problems is increasing day by day.

**Aim:** The purpose of the study is to identify the menopausal problems among postmenopausal women and find association between menopausal problems and selected variables.

**Materials and methods:** Research design adopted for the study was descriptive survey design. Probability one-stage cluster sampling technique was carried out to select 108 postmenopausal women. After getting consent from the participants, data pertaining to individual characteristics and menopause-related information among postmenopausal women was collected using a semi-structure interview.

**Results:** The mean age at menopause was 49 years and 46.2% had attained menopause between 45 and 50 years of age and the age of menopause ranged between 43 and 57 years. Among the 108 participants, all of them faced with vasomotor problems like hot flashes and night sweat. Other common symptoms were muscle and joint pain (92.7%), headache (88%), loss of interest in most things (87.9%), feeling dizzy or faint (86.1%), and loss of interest in sex (84.3%) respectively. It was found that all of them experienced vasomotor symptoms, and among the vasomotor dimensions, majority of them (51.9%) experienced mild vasomotor symptoms.

**Conclusion:** The study results show that as all the menopausal women experience menopausal problems, there is a need to address the menopausal problems and measures for its prevention and management.

**Keywords:** Health promotion behaviors, Menopausal problems, Menopause, Postmenopausal women.

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## INTRODUCTION

Menopause is a Greek word and in strict sense means “meno” (month) and “pausis” (a pause, a cessation).<sup>1</sup> Menopause is defined as the time of cessation of ovarian function resulting in permanent amenorrhea. It takes 12 months of amenorrhea to confirm that menopause has set in.<sup>2</sup> With the commencement of menopause, there is a loss of functioning of follicles, and the most significant change in the hormonal profile is the dramatic decrease in circulating estrogen levels. The fluctuating hormone levels result in certain menopausal manifestations. The prevalence of menopausal problems varies widely between different populations and also between individuals in the same population.

A study was conducted by Bansal and Rajal<sup>3</sup> to determine age and perception of menopause as well as prevalence of various menopausal symptoms among 100 underprivileged women of Ahmedabad. The results showed that majority attained menopause between 41 and 45 years. Considering the prevalence rate, 29.5% suffered from joint pain, poor memory, and fatigue, 25% had irritability, 22.7% had urinary symptoms, 18.18% had hot flushes, 6.81% had dyspareunia, 4.54% had leukorrhea and anxiety, and 2.27% had postmenopausal bleeding. Regarding the perception of menopause, 62.2% were illiterate and women who had not taken any treatment was 93.18% and none know about pap’s test and self-breast examination. The researcher concluded that uneducated and underprivileged women are unaware of their right to health care and protection, as some did not realize the need to consult doctor for their menopausal problems.

According to Third Consensus Meeting of Indian Menopause Society (2008), India has a large population, which has already crossed the 1 billion and the number of menopausal women about 43 million. Projected figures in 2026 have estimated the population in India will be 1.4 billion and the menopausal population 103 million.<sup>4</sup> The average life expectancy of females in India is 66 years (as per list of United Nations), whereas an average life expectancy of females in Kerala is 75 years. Sixty million women in India are above the age of 55 years. Majority spend one-third of their life in the postmenopausal stage. Even though the menopausal problems create lot of stress in women, they typically suffer in silence, dare not speak openly about their difficulties, and consequently cannot receive the understanding and support they need.<sup>5</sup>

<sup>1</sup>Postgraduate Student, <sup>2</sup>Associate Professor, <sup>3</sup>Assistant Professor

<sup>1-3</sup>Department of Obstetrics and Gynecologic Nursing, Amrita College of Nursing, Amrita Institute of Medical Sciences and Research Centre, AMRITA Vishwa Vidyapeetham, Health Science Campus, Kochi, Kerala, India

**Corresponding Author:** Anju T Philip, Assistant Professor Department of Obstetrics and Gynecologic Nursing, Amrita College of Nursing, Amrita Institute of Medical Sciences and Research Centre, AMRITA Vishwa Vidyapeetham, Health Science Campus, Kochi, Kerala, India, Phone: +919497238926 e-mail: anjuphilip@aims.amrita.edu, anjuphilip111@gmail.com

It is sure that the years leading up to and after the menopause can be demanding and stressful for some women. The severity of menopausal problems and its long-term hazards will obviously increase in coming years. It is a future challenge for practicing nurses to deal with menopausal changes. So it is important to provide emotional, informational, and practical support to the menopausal women.

The purpose of the study is to identify the menopausal problems among postmenopausal women residing in a selected rural area, Kerala, India. The main objectives of the study were to identify the menopausal problems among postmenopausal women and find out association between menopausal problems and selected variables using chi-square test. It also aims to prepare an information booklet based on the findings of the study.

## MATERIALS AND METHODS

Quantitative approach with descriptive survey design is used for the study. The sampling technique adopted was probability one-stage cluster sampling technique. Among 15 wards of selected Panchayath, ward no. 15 was selected using lottery method and all the postmenopausal women in the ward who met inclusion criteria were included in the study. Sample size was 108 and it was determined by power analysis. Menopausal women belonging to the age group 40 and 65 years were included in the study, whereas women who have any psychiatric disorders and who have undergone hysterectomy were excluded from the study.

A semi-structured interview schedule for collecting background information of postmenopausal women is divided into three sections.

*Section A:* This section consists of items related to individual characteristics of postmenopausal women.

*Section B:* This section consists of items related to experiences of menopause.

*Section C:* This section consists of biophysical measurements of postmenopausal women.

Greene climacteric scale to identify menopausal symptoms. This is a standardized scale developed by Dr John Gerald Greene to identify the menopausal problems of postmenopausal women. The scale consists of 21 items which measure menopausal problems, and the items are divided into three subscales measuring vasomotor symptoms (2), somatic symptoms (7), psychological symptoms (11), and an additional probe related to sexual dysfunction (1).

Ethical clearance was obtained from the Ethical Committee of AIMS. Written informed consent was obtained from each participant before the data collection.

The pilot study was conducted from 10 October 2011 to 15 October 2011 in a group of 10 postmenopausal

women residing in selected Panchayath. There was no practical difficulty in finding the samples as in most of the houses there were postmenopausal women who had majority of the menopausal problems.

The period of data collection was from 22nd October 2011 to 12th November 2011. An administrative permission was obtained from the community medicine department and the authorities of selected Panchayath.

## RESULTS

The data obtained analyzed in terms of the objectives of the study using descriptive and inferential statistics.

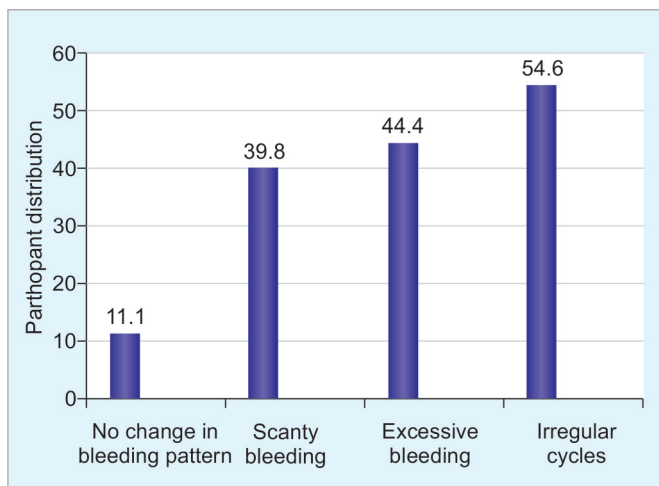
### Individual Characteristics of Postmenopausal Women

Among the 108 samples, majority of postmenopausal women, 36 (33%), belonged to the category of 45 to 50 years and majority belonged to Hindu religion, 57 (53%). Considering the educational status, majority, 43 (39.8%), of them had completed primary education. Regarding the occupation, 68 (63.0%) of them were housewives. Majority of the women, 47 (43.5%), had a monthly family income less than Rs. 5,000 and all 100 (92.6%) of them were married also (Table 1).

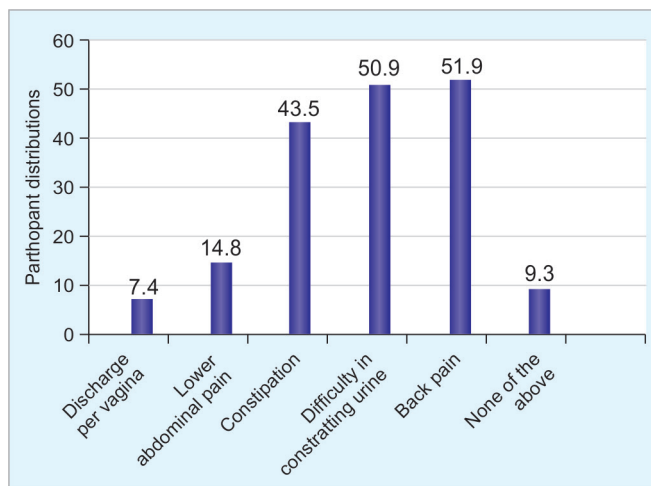
The mean age of menopause was  $49 \pm 3.6$ . The age ranged from 43 to 57 years and the median age was 48 years. The change in menstrual pattern prior to menopause was irregular cycles (54.6%) and for majority

**Table 1:** Distribution of postmenopausal women based on the individual characteristics n = 108

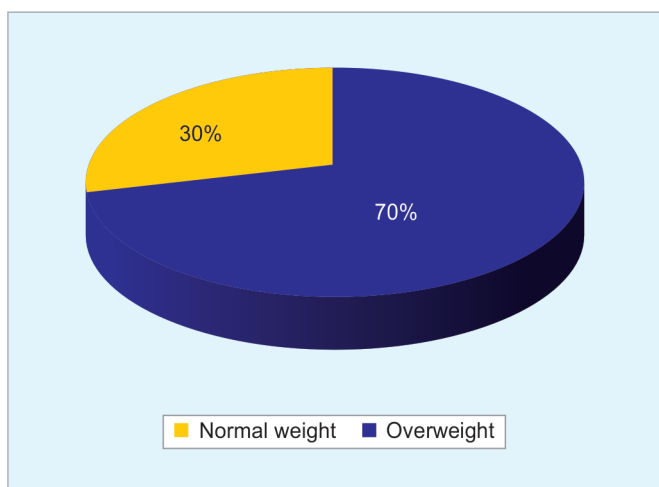
<i>Individual characteristics</i>	<i>Frequency</i>	<i>Percentage</i>
<i>Age of women (in years)</i>		
45–50	36	33
50–55	20	19
55–60	30	28
60–65	22	20
<i>Religion</i>		
Hindu	57	52.8
Christian	44	40.7
Muslim	7	6.5
<i>Education</i>		
Primary Education	43	39.8
High school	36	33.3
Higher secondary	24	22.2
Professional/Technical	5	4.6
<i>Occupation</i>		
Employee	20	18.5
Business	4	3.7
House wife	68	6.3
Daily wager	14	13.0



**Graph 1:** Distributions of postmenopausal women according to the change in menstrual pattern prior to menopause



**Graph 2:** Distributions of postmenopausal women according to the gynecological symptoms



**Graph 3:** Distributions of postmenopausal women in accordance with the body mass index

of the cases followed by excessive bleeding (44.4%) in Graph 1.

Majority of the postmenopausal women had gynecological symptoms, such as back pain (51.9%) and difficulty in controlling urine (50.9%) (Graph 2). Most of the postmenopausal women (63%) had no gynecological problems like fibroids, uterine prolapse, vaginal infections, endometriosis, and breast cancer. Hypertension (31.5%) is the common medical problem seen among them, followed by diabetes (15.7%) and osteoporosis (3.9%). Blood pressure value of postmenopausal women (67.5%) ranging from 120/80 to 139/89 mmHg. Majority (70%) of the postmenopausal women had an average BMI scores between 18 and 25 (Graph 3).

**Menopausal Problems**

Majority of the postmenopausal women (58.3%) experienced moderate menopausal symptoms (Table 2). All of the postmenopausal women faced with vasomotor

**Table 2:** Distributions of postmenopausal women based on menopausal symptoms psychological and physical areas

Menopausal symptoms	Frequency	Percentage
<i>Psychological</i>		
1 Heart beating quickly and strongly	76	70.4
2 Feeling tense or nervous	80	74.1
3 Difficulty in sleeping	88	81.6
4 Excitable	72	66.7
5 Difficulty in concentrating	74	68.6
6 Feeling tired or lacking in energy	90	83.3
7 Loss of interest in most things	95	87.9
8 Feeling unhappy or depressed	73	67.6
9 Crying spells	61	56.4
10 Irritability	72	66.7
<i>Physical</i>		
11 Feeling dizzy or faint	93	86.1
12 Pressure or tightness in head or body	73	67.6
13 Headaches	95	88
14 Muscle or joint pains	100	92.6
15 Loss of feeling in hands or feet	67	62.1
16 Breathing difficulties	66	61.1

problems like hot flashes (100%) and night sweat (100%). The least bothered symptoms were attacks of panic (56.4%), crying spells (56.4%), parts of body feeling numb or tingling (61.1%), breathing difficulties (61.1%), and loss of feeling in hands or feet (62.1%) respectively (Table 3).

When distributing the postmenopausal women in accordance with different dimensions of menopausal symptoms, 51.9% of postmenopausal women experienced mild vasomotor symptoms and mild sexual symptoms. About 50.9% of them experienced moderate psychological symptoms followed by mild physical symptoms (47.2%).

**Table 3:** Distributions of postmenopausal women in accordance with each of the menopausal symptoms in vasomotor and sexual areas n = 108

<i>Menopausal symptoms</i>		
<i>Vasomotor</i>	<i>Frequency</i>	<i>Percentage</i>
1 Hot flushes	107	100
2 Sweating at night	107	100
<i>Sexual</i>		
1 Loss of interest in sex	91	84

Only 8.3% of them experienced severe psychological symptoms.

### Association between Menopausal Problems and Selected Variables

There was no association found between menopausal problems and selected variables like age of women, body mass index (BMI), months spent on breast feeding, and months taking birth control pills.

### DISCUSSION

The present study results showed that all of the participants had vasomotor problems like hot flashes (100%) and night sweat (100%). The other common problems were muscle and joint pain (92.7%), headache (88%), loss of interest in most things (87.9%), feeling dizzy or faint (86.1%), loss of interest in sex (84.3%), loss of feeling in hands or feet (62.1%), numbness or tingling sensation (61.1%), breathing difficulties (61.1%), attacks of panic (56.4%), and crying spells (56.4%) respectively.

Similar study was conducted by Peeyanjarassri et al<sup>6</sup> among middle-aged women to evaluate menopausal symptoms and quality of life. It was a cross-sectional study among 270 women aged 45 to 65 years who attended the gynecological and menopause clinic. The most prevalent symptoms were hot flashes, night sweats, and vaginal dryness (36.8, 20.8, and 55.3% respectively). Another study was conducted by Rahman et al<sup>7</sup> for assessing menopausal symptoms among 300 healthy middle-aged women with the menopause rating scale. The most frequent symptoms were muscle and joint problems (77%), depressive mood (74.6%), sexual problems (69.6%), hot flashes (65.5%), and sleeping disorders (45.6%).

The findings of the above literatures showed that majority of postmenopausal women experienced hot flashes, headache, tiredness, muscle and joint pain, loss of interest in sex, etc. according to the rank order of symptoms. The result of the present study was more or less consistent with the literature findings, with a slight difference in the percentage distribution. In majority of studies, the prevalence of hot flashes was about 70%, whereas in the current study every one of them (100%) reported it.

This may have occurred because the participants were not able to comprehend properly the difference between hot flashes and simple heat and tried to score maximum in the Greene Climacteric scale.

In the present study, age at menopause ranges between 43 and 57 years. The mean age of menopause is 49 years and median age is 48 years. A study conducted by Bagga<sup>8</sup> at Pune on 100 menopausal women revealed that mean age of menopause was 45 years. In a study conducted by Singh and Ahuja<sup>9</sup> on the trend of menopause among the Indian women revealed that mean age of menopause was 48 years and the range of individual variation among them was between 40 and 52 years. Rehan<sup>10</sup> carried out a cross-sectional study on age of menopause among rural women of Lahore. A systematic random sample of 130 women was drawn from those 1,337 women, who had reached natural menopause in that defined rural area. The study findings were as follows. Majority of women (22.3%) reached menopause at 50 years followed by 13.9% who become menopausal at 49 years. These studies conducted on the age of menopause was consistent with the literature findings.

A interview-based survey conducted by Neslihan Carda et al<sup>11</sup> in a clinic-based sample of Turkish women living in an urban area showed that contraceptive pill use is a factor that can influence late menopause onset. A study by Akahoshi et al<sup>12</sup> "on the effects of body mass index on age at menopause" revealed that BMI is related to age at menopause, and the greater the BMI, the later the age at menopause. Gold et al<sup>13</sup> did a cross-sectional study on "the factors associated with age at natural menopause in a multiethnic sample of midlife women" in USA. The study showed that prior use of oral contraceptives was associated with later age at natural menopause.

In the present study, no association was found between menopausal problems and selected variables, like age of women, BMI, months spent on breast feeding, and months taking birth control pills. The literature review was contradictory with the present study findings as the sample size was small.

In the present study, the long-term effects of menopause, like osteoporosis, heart diseases, breast cancer, etc., could not be assessed. The study is limited to describing physical, psychological, vasomotor, and sexual symptoms of the postmenopausal women. Other qualitative aspects were not included in detail. Generally the women in the middle age group mask the problems/difficulties faced by them. Hence the degree of perception of menopausal problems and the exact depth of problems faced by postmenopausal women was questionable.

The majority of women spent their one-third of life in menopausal stage. The major implication of this study is that health workers need to appreciate and become



knowledgeable and be aware about menopausal problems and its health hazards. Health workers can impart health education in community settings regarding menopausal changes and its management while conducting home visits. Students should be encouraged to give health education to the women regarding the physiological transition of menopause and prepare the women to accept menopausal phase more enthusiastically and to adjust with themselves and with others. Menopausal clinics are less addressed in our state. So these clinics can be set up in different hospitals and trained health workers can do a systematic assessment of menopausal women, thus menopausal problems can be identified and remedial measures advised.

In the present study, the long-term effects of menopause like osteoporosis, heart diseases, breast cancer, etc. could not be assessed due to time limitation. The study is limited to describing physical, psychological, vasomotor, and sexual symptoms of the postmenopausal women. Other qualitative aspects were not included in detail. Generally the women in the middle age group mask the problems/difficulties faced by them. Hence the degree of perception of menopausal problems and the exact depth of problems faced by postmenopausal women was questionable.

## CONCLUSION

Menopausal problems, especially hot flashes and night sweat, were common among menopausal women. So it is necessary to make middle-aged women more aware of menopausal changes and measures to prevent long-term effects like heart diseases, osteoporosis, breast cancer, etc., thus improving the quality of life.

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