

Experience of Menopause and Menopausal Transition among Middle aged Women Attending A Periurban Hospital

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Abstract:

Objective (s): The objective was to explore frequency of menopause related symptoms among middle aged women and their perception about menopause,

Materials and Methods: This was a cross sectional study carried during March to May 2013 among women aged 45-60 years at the out patient Department of Obstetrics and Gynaecology of a tertiary hospital using structured questionnaire. Information was sought regarding menstrual pattern, self reported menopausal symptoms and attitude towards menopausal transition. Data analysis was done using SPSS version 16.

Results: Total 106 women were interviewed, The mean age of the respondents was 50.3± 5.3 years, and 58.5% were post menopausal and 41.5% in menopausal transition. More than half (59.4%) were illiterate, 32% were working. Common menopausal symptoms were insomnia 51.8%, body ache 44.3% and feeling sad 31.3%. Hot flush and night sweats were reported by 50% and 33% respectively. Half of them regard menopause as normal and health seeking for menopausal problems was 42.5%.

Conclusion: A significant proportion of women were suffering from vasomotor and psychosomatic symptoms but most of them did not seek treatment. To ensure quality of life health needs of middle aged women should be identified and their views towards menopause incorporated in formulating services for them

Key words: Menopause, menopausal symptoms, perception, middle age

Introduction:

Menopause is an important life event in women's life resulting from loss of ovarian follicles and marked by permanent cessation of menstruation¹. The change does not occur abruptly but may take 1-9 years producing symptoms in a middle aged woman due to gradual decline of ovarian function and this time period is called menopausal transition².

The meaning of menopause is different among medical researchers and modernist feminist researchers³. The medical opinion conceived menopause as an estrogen deficiency state and associated with a variety of acute and chronic conditions, both physical and psychological, ranging from hot flushes to more severe cardiovascular and bone diseases⁴. The World Health Organization has

indexed menopause in the international classification of diseases². Within feminist discourse the disease model of menopause is challenged and menopause is reconstructed as a "normal life change" transition, a positive, significant 'rite of passage' that provides space for re-evaluation and new-found freedom⁵.

Symptoms related to menopause varies in different parts of world. All women do not experience similar symptom⁶. Population based studies reported higher prevalence (40-70%) of menopausal symptoms among Caucasians and lower prevalence (10-50%) in Asian countries⁷. Study from Singapore reported among women aged 45-60 years 72% were not bothered by any symptoms of menopause. Evidence shows that somatic and psychological symptoms are less frequent among Asian women as compared to western

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counterpart⁹. Study from India reported working women suffer more from psychological problems whereas non working women showed a greater incidence of somatic symptoms¹⁰.

Menopause is welcomed as a favorable event among rural women of India which is attributed to freedom from cultural restrictions imposed on younger women and the burden of childbirth as well as the discomforts associated with menstruation¹¹. To the Muslims it heralds a time for enhancing religious activities and pilgrimage¹². As the sociocultural factors can alter women’s response expression are less common in society where menopause is viewed as positive rather than negative event¹³.

Women’s health is a global concern now a day. With increase life expectancy a woman spend more than a third of her life post menopausal. Menopausal symptoms may affect health related quality of life¹⁴. Information about menopausal experiences among women is important for healthcare personnel to provide appropriate and specific interventions¹⁵. Studies on issues relating to menopause are lacking in Bangladesh. The current study was aimed to explore prevalence of menopause related symptoms and perception towards menopause among a group of middle aged women

Method:

This was a cross sectional study. A total 106 women aged 45 years and above who attended Gynae out patient department of Institute of Child and Mother Health (ICMH) either as a patient or attendant during 15th march-15th may 2013 was interviewed using a structured questionnaire. Ethical clearance was obtained from institutional review board and written informed consent was obtained from respondents. Menopausal symptoms reported were taken for a recall period of last three months from the date of interview. The symptoms reported were divided into three categories, vasomotor, psycho somatic, and genitourinary complains. Data were analyzed using SPSS version 16 and presented as mean and frequencies.

Results:

Mean age was 50.3± 5.3 years and about 46% of women between 45 to 50 years attained menopause (Table 1). Forty percent (40%) were literate, 16% were widow and 24.5% had secondary education (Table-2). About 30.2% were employed (Figure 1). There were multiple responses to different symptoms. Among vasomotor symptoms hot flush 50%, burning extremity 48.1%, and night sweat 33%. (Figure 2). Commonly

psychosomatic symptoms were anxiety 54.7%, insomnia 51.89%, 31.3% felt sad and 16.03% felt annoyed. Body ache was a common complain 44.3% (Figure 3). Urinary complains were quite common and 9.43% noticed dryness of vagina (Figure 4). Half of the women regard menopause as a natural process and few of them are concerned about body aches and loss of femininity (Table 3). Although more than half of women did not notice any problem with sex but high proportion are not sexually active beyond 51 years (Table 4).

Table-I
Distribution according to age and menopause status

Age of women	Irregular Menstruation	Post menopause	Total
45-50	43	37	80
51-55	1	7	8
≥56		18	18

Table-II
Distribution according to Sociodemographic Characteristics

Characteristics	Frequency	Percent
Education		
Primary	17	16.0
Secondary and above	26	24.5
Illiterate	63	59.4
Marital status		
Stay with husband	88	83.0
Widow	17	16
Unmarried	1	.9

Distribution according to occupation

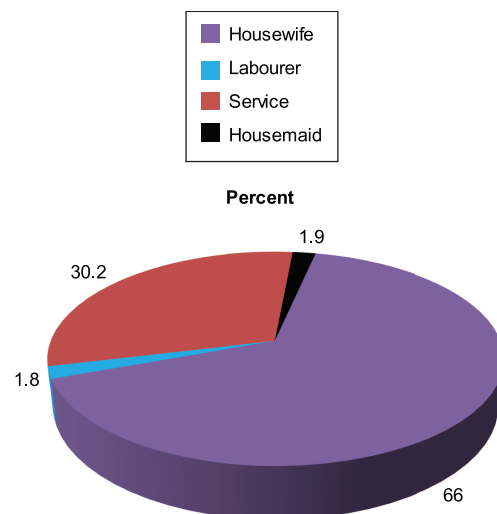


Fig.-1: Occupation of participants

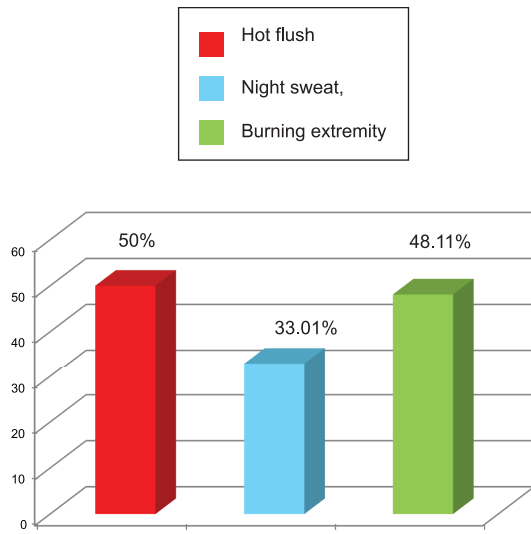


Fig.-2: Vasomotor symptoms

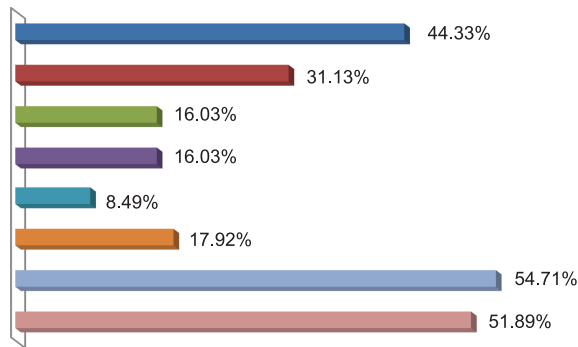


Fig.-3: Psychosomatic problems

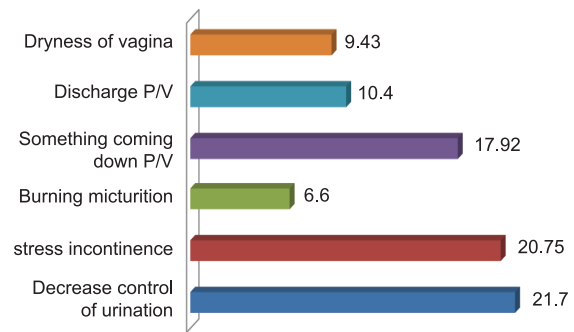


Fig.-4: Genitourinary problems

Table-III
Distribution according to Attitude towards menopause

Attitude towards menopause	Frequency	Percentage
Happy about menstruation cessation	15	14.1
Considers as Natural Process	53	50.0
Fear Loss of Femininity	4	3.7
Considers as Ageing process	3	2.8
Prone to body aches	19	17.9
Others	7	6.6
Took treatment for problem related with menopause	45	42.5

Table-IV
Distribution according to current sexual practice with age

Current sexual practice	45 – 50 (n = 77)		≥51 (n = 21)		Total (n=98)	
	N	%	N	%	N	%
Not sexually active	17	17.35	10	47.62	27	27.55
Decrease sex urge	27	35.06	3	14.28	30	30.61
Dysparunia	7	9.09	0	00	7	7.14
Does not enjoy sex	9	11.6	3	9.5	11	11.2
Husband sick	6	7.9	4	19.04	10	10.20
No problem with intercourse	45	58.44	5	23.80	50	51.02

Discussion

Menopause not only mark the end of reproductive function but also introduce her to anew phase of life¹⁶. Classical symptoms of menopause may interfere with physical and mental well being and quality of life⁹. More frequent symptom in the current study was sleep

disturbance, anxiety and hot flush, a study from Malaysia reported joint and muscular discomfort 80.1%, physical and mental exhaustion 67.1%, sleeping problems 52.2%, hot flushes and sweating 41.6% and irritability 37.9%¹⁷. In a study from Nepal most frequently reported symptoms were, sleeping

problems 78.7%, physical and mental exhaustion 73.5%, hot flushes 69.7%, joint and muscular discomfort 68.6% and dryness of vagina 61.6%¹⁴. Hot flushes and sweating were the most common complaints among Turkish women¹⁸

Study among a population of 40-60 years old rural Bangladeshi women common problem was weakness, vertigo, aches and pain all over body. Sleep disturbance and hot flush was reported 29.4% and 14.7% respectively¹⁹. Rahman et al reported most prevalent symptoms include feeling tired 92.90%, headache 88.80%, joint and muscular discomfort 76.20%, physical and mental exhaustion 60.90% and sleeplessness 54.40%²⁰. In Thailand most common symptoms were dizziness and tiredness and 26% reported hot flush²¹. Study from Pakistan showed bodyache 81.7%, hot flushes 66.3% and lack of energy in 68.8%¹³.

Globally the perception towards menopause varies widely. Some observe a positive view and the rest has either negative or neutral attitude. In western society the time of menopause is characterized by loss of youth, beauty, fertility, libido, femininity and calcium, so medicalization of menopause is common¹. On the other hand Asian women view menopause as freedom from pregnancy. Study from Iraq reported 71.2% women perceive menopause in a negative way²². Attitude towards menopause may also be influenced by increased level of physical and mental stress requiring support and coping mechanism in this age group²²

Turkish women expressed conflicting views where menopause transition was viewed negatively as the end of youth by some while others viewed positively as freedom from feminine hygienic products, contraception, pregnancy and the end of uncleanness¹⁸. In youth oriented society women may feel negatively about changes in appearance and femininity²³. In the current study half of them considers menopause as a natural process but most of them are suffering from different menopausal symptoms mainly psychosocial problems. About 20% are concerned about vulnerability to body aches. They are not aware why the symptoms are occurring nor they know how they can help themselves to overcome the problems.

It is a common phenomenon that Asian women heralds menopause with a tranquil acceptance⁸. Studies reported menopause accepted as natural

process by 78.7%¹³, 85.8%²², and 82.58%²⁴ respectively. However, lack of knowledge and awareness about the menopausal symptoms and its consequence is common^{25,13,20}. In the current study some of the menopausal symptoms were severe enough to affect their normal life style while 54.7% did not seek any treatment and some seek treatment due to other associated problems. None mentioned about hormone replacement therapy (HRT). This may be due to lack of awareness or non-availability of any specialized service for such women and higher cost of the treatment. Seeking treatment for menopausal symptom is often low as is expressed in current study. Among Asian women it is a common belief that such problems are natural process of ageing and are an expected part of life²¹, HRT is not practiced commonly.

Alteration of sexual practice is a common phenomenon in postmenopausal women¹¹. Study among Mayan & Greek with rural women found that they enjoy sex as they did not have the fear to become pregnant again¹. In the current study decrease libido or sexual desire was quite common problem, 54% of postmenopausal and 32% of premenopausal women were not sexually active. However, about half of women said that they do not feel any change. In our society talking about sexual life is a taboo topic and considered very private. It may be possible that women avoided expressing any concern regarding sexual practice, so there is chance of underreporting about the problems or changes in current sexual practice.

Studies among Turkish and Pakistani women reported decrease sexual desire 39.7% and 32.3% respectively^{18,26}. Apart from the physiological and psychological changes of menopause factors influencing sexuality, health status, dissatisfaction of relationship with partner, economic status and sociocultural context.

Conclusion:

Menopause is commonly perceived as a natural process. Complaints relating to vasomotor and psychological symptoms were common but those were not perceived as problem enough to seek treatment. Although expression of a limited number of women regarding menopause can not be generalizable but this gives an insight to their perspective. Incorporating women's views is important to formulate appropriate and specific intervention to address their special needs.

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