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Menopausal Symptoms and Coping Strategies among Women of 40-60 Years Age-Group: A Tertiary Care Hospital Experience from Bangladesh

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Abstract

A cross-sectional, descriptive study was conducted, in the Department of Obstetrics & Gynaecology, of Community Based Medical College, Bangladesh (CBMC,B) Hospital, Mymensingh, Bangladesh, on 120 women aged between 40 and 60 years to assess their menopausal symptoms and coping strategies. Exclusion criteria included pregnancy, breastfeeding, or any other significant medical conditions. A semi-structured, pre-tested questionnaire based on modification of Menopausal Rating Scale (MRS) was used to assess their demographic characteristics, menopausal symptoms, and coping strategies, e.g., exercise and dietary adjustments. We also examined BMI of the participants. Participants were categorized based on menopausal status: 46.67% premenopausal, 31.67% perimenopausal, and 21.66% postmenopausal. Graduates represent the most significant education group (34%). Marriage (46.67%), widowhood (29.16%), and divorce (15.83%) are common marital statuses. Economic status varies, with the middle category prevalent (30.70%) and lower status at 14.70%. In BMI, most of the participants were found overweight (42%) or obese (27%). Menopausal symptoms include joint/muscle discomfort (70.60%), exhaustion (61.30%), and sleeping problems (59.30%). Coping strategies include self-calming (76%), exercise, diet awareness (69%), social relationships (63%), sense of achievement (38%), and creative activities (46%). Significant p-values were observed among the groups in self-calming skill, social relationship, and sense of achievement ($p<0.05$), but not in awareness about diet and weight and doing creative activities ($p>0.05$). Our data suggests that some women may start experiencing symptoms earlier during perimenopause, while others may notice those later. It is essential to employ different coping strategies, such as building strong social support networks, to improve the wellness of women across such crucial phases of their lives.

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Introduction

Menopause is defined as the absence of menstrual cycles. Diagnosis occurs after a continuous period of 12 months without menstruation.[1] Menopause is a natural phase in a woman's life cycle. With women comprising half of the global population, those in developed nations currently have an average life expectancy of 84.3 years.[2] Given that the age range for menopause has consistently been between 40 and 50 years, with an average age of 51, the phases of perimenopause, menopause, and postmenopause collectively span approximately half to one-third of a woman's lifespan, especially in developing nations.[3,4] Throughout history, menopause has been acknowledged as a

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significant turning point in both the reproductive and emotional experiences of women. Menopause occurs due to a decrease in overall biochemistry and, more specifically, the ovarian synthesis of steroidal sex hormones, primarily estrogen and progesterone. It's important to note that menopause is not a disease but rather a natural stage in a woman's life cycle.[3] The substantial biological and psychosocial changes occurring in 50–85% of women during menopause can cause great stress and disability.[5,6] Hot flashes, chills or night sweats, insomnia, dry vagina, libido loss, energy loss, mood swings, increased irritability, skin tone loss, and urine leakage are the most common physical symptoms in order of frequency.[7] In the psychosocial realm, women entering menopause might be anticipated to become more active due to the alleviation of pregnancy concerns and decreased responsibilities associated with parenting. However, contrary to expectations, many women encounter intensified challenges during this phase, particularly with concerns regarding their perceived attractiveness. According to Beigi's study, the prevalence of these concerns among menopausal women is reported to be 72%, whereas in women of reproductive age, sexual problems were reported at a rate of 38%.[8] Besides, psychological complaints like loss of confidence, depressed mood, irritability, forgetfulness, difficulty in concentrating, panic attacks and anxiety were reported.[9] Some menopausal symptoms experienced by women can be severe enough to disrupt their normal daily activities. Unfortunately, the majority of these women are not fully aware of the changes brought about by menopause.[10,11] These symptoms arise directly from the decline in estrogen levels as women approach menopause, with some experiencing them early in the perimenopausal phase. It's not surprising that women who have gone through menopause utilize a variety of coping methods. When dealing with stress, individuals typically employ one of three main coping strategies: appraisal-focused, problem-focused, or emotion-focused coping. Postmenopausal women adopt various coping strategies, including engaging in regular physical exercise, paying attention to diet and weight management, and participating in creative activities, as these have been found to assist with managing menopausal symptoms. Ultimately, the most effective coping strategy depends on the individual woman and may vary over time.[12] Several tools or instruments have been developed to evaluate and measure symptoms experienced during the menopausal transition. One such tool is the Menopause Rating Scale (MRS), which is specifically designed to assess menopause-related health-related quality of life (QoL) by quantifying the severity of age/menopause-related complaints through the rating of a profile of symptoms.[13] This hospital based study aims to assess menopausal symptoms and coping strategies among women aged between 40 and 60 years in Bangladesh.

Methods

This cross-sectional, descriptive study was conducted in the Department of Obstetrics & Gynaecology, Community Based Medical College, Bangladesh (CBMC,B) Hospital, Mymensingh, Bangladesh. A total of 120 women were enrolled and analyzed in this study from January 2022 to December 2022. The study included any woman aged between 40 and 60 years who visited our hospital. However, we excluded pregnant and breastfeeding women,

women with comorbidities like hypertension, diabetes mellitus or heart disease or cancer.

Menopausal status was classified according to STRAW (Stages of Reproductive Aging Workshop) classification which divided our participants into three groups:[14]

1) ***Postmenopausal:*** No menstrual bleeding in the previous/last 12 months.
2) ***Perimenopause:*** Had menstruation in the previous/last 2-12 months but had increasing irregularity of menses without skipping periods.
3) ***Premenopause:*** Minor changes in cycle length particularly decreasing length of the cycle.

The study design incorporated a two-section questionnaire as the primary research tool, which was based on a modified version of Menopause Rating Scale (MRS).[13] This semi-structured questionnaire was carefully crafted to gather quantitative data thorough assessment of the participant's experiences. The questionnaire was pre-tested among 30 women beforehand and was modified. The first section of the questionnaire gathered demographic data, including age, education level, marital status, and monthly income. This section provided essential context for understanding the participants' backgrounds and potential socio-economic influences on their menopausal experiences. The second section of the questionnaire delved into the assessment of menopausal symptoms and coping strategies. Participants were presented with a list of menopausal symptoms, ranging from hot flashes to joint discomfort, and were asked to indicate which symptoms they were currently experiencing. The coping strategies explored in the questionnaire included self-calming skills (such as exercise, yoga, and relaxation breathing exercises), dietary awareness, maintenance of social relationships, fostering a sense of achievement, and engagement in creative activities. We also determined their BMI by using the following formula: weight in kilograms (kg) divided by height in meters squared (m^2).

All data were presented in a suitable table or graph according to their affinity. A description of each table and graph was given to understand them clearly. All statistical analysis was performed using the Statistical Package for Social Sciences (SPSS) version 22.0, and Windows. Continuous parameters were expressed as mean±SD and categorical parameters as frequency and percentage. Comparisons between groups (continuous parameters) were made by Student's t-test, while categorical parameters were compared by Chi-Square test. The significance of the results as determined by a 95% confidence interval and a value of $p<0.05$ was considered statistically significant. This study was approved by the Ethical Review Committee of Community Based Medical College, Bangladesh (CBMC,B), Mymensingh, Bangladesh.

Results

This study included 120 participants and categorized them as: 46.67% were premenopausal, 31.67% perimenopausal, and 21.67% postmenopausal (Fig. 1). Most of them were within the age range of 40-45 years (40.10%), with the least represented age group being 56-60 years (14.90%). A larger proportion of our study group were graduates (34.00%), while 32.00% had education up to HSC and

10.70% had education up to SSC. 46.67% of the women are married. Other marital statuses, such as widowhood (29.16%) and divorce (15.83%), were also present in our study group. The data suggests a varied economic status among the surveyed population, with the middle economic status being the most prevalent (30.70%), whereas 14.70% of individuals fall into the lower economic status category. According to the estimated BMI of the participants, most of the women have a BMI of 25-30 (42%) and are classified as overweight. A significant portion of the population also has a BMI range of >30 (27%), indicating obesity (Table-I). The three most prevalent menopausal symptoms reported were joint and muscular discomfort 84(70.60%), physical and mental exhaustion 73(61.30%), and sleeping problems 71(59.30%), followed by anxiety 58(48.60%), irritability 54(45.30%), symptoms of hot flushes and sweating 46(38.6%), depressive mood 45(38.0%), pain/burning sensation in vulva/vagina 41(34.60%), dryness of vagina 39(32.60%), incontinence/frequency of urine 41(34.60%) and heart discomfort/palpitation 27(23.30%) (Table-II). Among the assessed coping strategies, 76% of the participants reported using self-calming skills, with exercising being the most common approach. Awareness about diet and weight control was practiced by 69% of participants. Maintaining social relationships was reported by 63% of participants, while 38% indicated maintaining a sense of achievement as a coping strategy. Engaging in creative activities was reported by 46% of the participants. Significant p-values were observed in all parameters ($p<0.05$), except in awareness about diet and weight and doing creative activities ($p>0.05$) (Table-III).

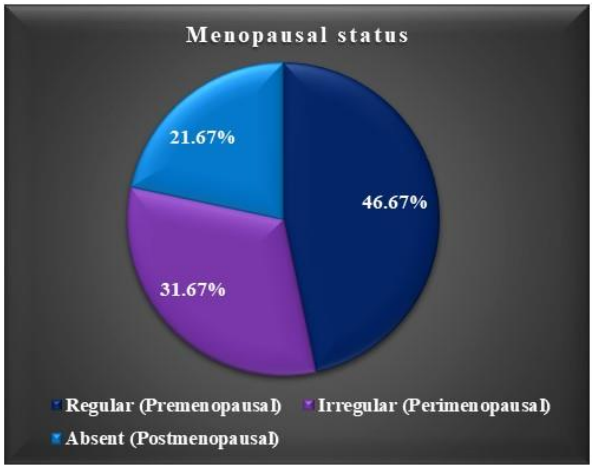

Fig. 1: Categories of participants based on menopausal status (N=120)

Table-I: Demographic characteristics of the study population (N=120)

Variables	Frequency	Percentage
Age group (in years)		
40-45	49	40.10
46-50	33	27.20
51-55	21	17.80
56-60	17	14.90
BMI		
<18.5	10	9.00
18.5-25	26	22.00
25-30	51	42.00
>30	33	27.00
Education		
Illiterate	5	4.20
Primary	22	19.10
HSC	39	32.00
SSC	12	10.70
Graduate	42	34.00
Marital status		
Married	56	46.67
Unmarried	10	8.34
Divorced	19	15.83
Widow	35	29.16
Economic status		
Lower	17	14.70
Middle	37	30.70
Upper	9	8.00

Table-II: Distribution of somatic, psychological and urogenital symptoms of menopause

Symptoms	Frequency	Percentage
Somatic		
Hot flushes, sweating	46	38.60
Heart discomfort/Palpitation	27	23.30
Sleeping problem	71	59.30
Joint and muscular discomfort	84	70.60
Psychological		
Depressive mood	45	38.00
Irritability	54	45.30
Anxiety	58	48.60
Physical and mental exhaustion	73	61.30
Urogenital		
Pain/Burning sensation in vulva/vagina	41	34.60
Burning micturition	22	18.60
Dryness of vagina	39	32.60
Incontinence/Frequency of urine	32	27.30

Table-III: Frequency distribution of coping methods based on the menopausal status (N=120)

Variables	Regular		Irregular		Absent		p-value
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	
Self-calming skill							
No	17	14.7	37	30.90	41	34.80	0.008
Yes	103	85.3	83	69.10	79	65.20	
Awareness about diet and weight							
No	17	14.7	54	45.40	55	46.40	0.02
Yes	103	85.3	66	54.60	65	53.60	
Social relationship							
No	26	21.7	56	47.40	65	53.60	0.05
Yes	94	78.3	64	52.60	55	46.40	
Maintain sense of achievement							
No	88	72.7	61	51.50	67	55.10	0.001
Yes	32	27.3	59	48.50	53	44.90	
Doing creative activities							
No	85	70.6	47	39.20	50	42.00	0.254
Yes	35	29.4	73	60.80	70	58.00	

Discussion

Our study showed that younger women (40-45) had more willingness and were more likely to participate in this study. This indicates that, in this age group and probably at younger age, women start to feel an unexpected change and a degree of biological changes in their bodies, thus, motivate them to seek knowledge and a better understanding of the hidden transition between premenopausal and perimenopausal states. The direct proportionality between the age group (or the mean) and the number of participants (p=0.029) implies that the younger (40-45) are still psychologically intact and energetic with

motivation while these feature decline as they age and as they pass through the menopausal experience. This observation suggests that national intensive care and educational programs should address women at a younger age. Our data also revealed a substantial prevalence and severity of menopausal symptoms among the participants. Most notably are the sleep problems, including difficulty falling asleep and waking up early, affected the majority of the participants (>90%), which may contribute to overall sleep deprivation and daytime fatigue. Depressive mood and irritability were also commonly experienced and a major issue impacting women. Sleep problems enhances depressive moods and the physical and mental exhaustion while to noticeable extent with the irritability. These findings suggest that improving sleep quality is crucial.[15] Emotional toll that menopausal symptoms can have on women's overall well-being warrants a direct attention to these mental health issues.[15,16] Hot flashes were reported by a considerable portion of women (85% of the study sample), aligning with the existing literature highlighting their prominence during menopause.[15-17] These results indicate that the physical complaints of menopausal status need individualized intervention based on symptom severity, as concluded previously.[16,17]

Our hospital based study has some limitations. The number of patients included in the present study was less in comparison to other studies. Because the trial was short, it was difficult to remark on complications and mortality. Therefore, the results of the present study may not be representative of the whole of the country.

Conclusion

To conclude, this study sheds light on the significant impact of menopausal symptoms on women aged 40 to 60 years in Bangladesh. The findings underscore the prevalence of physical and psychosocial challenges experienced during menopause, including joint and muscle discomfort, anxiety, and fatigue. Coping strategies such as self-calming techniques, dietary awareness, and maintaining social relationships emerged as prevalent approaches to manage those symptoms. The study emphasizes the need for targeted interventions and educational programs to support women through this transitional phase. By understanding and addressing the unique needs of menopausal women, healthcare providers can promote a holistic well-being approach in this population and thus, improve the overall quality of life of women.

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