

QUALITY OF LIFE AMONG PRE, PERI AND POST MENOPAUSAL WOMEN : A COMPARATIVE STUDY

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ABSTRACT

Menopause marks an extensive period of hormonal changes in women who establish the end of fertility. Menopause affects the quality of life through alterations in hormones, moods, health, and overall physical condition. Menopause is associated with a number of physical, psychological and social changes. The present study aimed to study stress, anxiety, depression and quality of life among pre, peri and post menopausal women. The sample for the study consisted of 100 women, including 35 Peri (age 40-50 years), 30 Post (age 45 yrs & above) and 35 pre Menopausal women (age 30-40 yrs) living in urban & rural areas, in the age range of 30 to 60 years. The sample was drawn using purposive sampling method. The tools used included: Socio-demographic record sheet, Depression, Anxiety and Stress Scale (DASS), WHOQOL-BREF. Mean, Standard deviation, ANOVA and correlation was used for statistical analysis. The statistical analysis revealed significant difference among pre, peri and post menopausal women on anxiety, psychological and environmental QOL. This study demonstrated the need to initiate educational programs for women about the menopausal period, addressing their concerns to improve the quality of life.

Key words : Quality of life, anxiety, stress and depression.

INTRODUCTION

Menopause is defined as the permanent cessation of menses resulting from reduced ovarian hormone secretion that occurs naturally or is induced by surgery, chemotherapy, or radiation. Natural menopause is recognized after 12 months of amenorrhea that is not associated with a pathologic cause (Rahman *et al.*, 2010).

Menopause is considered a life marker, the only universal representation of change, other than puberty, that is experienced by all women who live long enough. Menopause is no longer an indicator that signifies "the way to the end." Today, menopause is viewed as the doorway to "Second Adulthood," and 50 is considered the highest point of the female life cycle. (Sheehy, 1992).

Menopause (defined as beginning 12 months after periods cease) usually occurs at 51 years. Premature menopause (PM) is commonly defined by diagnosis at the age of 40 or less and can occur in girls as young as 14. Aetiology can be familial, genetic or the result of some medical intervention. The cause of spontaneous PM is unknown in up to 90% of cases (Nippita & Baber, 2007). Bodily changes generally include stopped, irregular or painful periods, heavy bleeding, hot flushes, night sweats, weight gain and skin changes: changes typically found around the time of the menopause (Welt, 2008).

Menopause remains a taboo subject with little spoken or thought about what women experience.

Typically when menopause ensues, women can feel inundated at the physical and psychological symptoms they experience (Brayne, 2011).

Symptoms experienced at menopause are quite variable, and the etiology of the symptoms is multifactorial. Also, menopausal symptoms can affect women's health and wellbeing (Daley *et al.*, 2007). Some of the menopausal symptoms included: hot flushes, urinary incontinence and reduced sexual function (Greendale *et al.*, 1999).

Menopause marks an extensive period of hormonal changes in women who establishes the end of fertility (Mishra & Kuh, 2005). Menopause affects the quality of life through alterations in hormones, moods, health, and overall physical condition (Chiu, Moore, Hsu, Huang, & Chuang, 2008)

MENOPAUSE AND PSYCHOLOGICAL PROBLEMS

Psychological problems associated are irritability, nervousness, anxiety, depression, memory loss and even insanity have been blamed on the climacteric, but research shows no reason to attribute mental disturbances to this normal biological change (Whitbourne, 2001).

Many studies have found that the menopause is associated with deteriorating quality of life (QoL) (Blumel *et al.* 2000) and with quality of life indicators (Schneider, 2002).

REVIEW OF LITERATURE

Researchers studied variables that influence quality of life, such as meaning in life, self-efficacy, and body image (including body area satisfaction, health evaluation, and appearance evaluation), in 349 menopausal women (45–55 years old). Significant direct relationship between quality of life and meaning in life, self-efficacy, body area satisfaction, and health evaluation was found. In addition, the model predicted 33% of quality of life variance in menopausal women. (Jafary, Farahbakhsh, Shafiabadi and Delavar, 2011)

It was assessed that the symptoms of women and relationship between women's attitude towards menopause and quality of life among 494 women. Women with a negative attitude towards menopause were associated with more frequently reported symptoms compared to women with a positive attitude. (Yanikkeren, Koltan, Tamay and Dikayak, 2012)

The effects of psychological stress and social support on autonomic nervous system control of the heart in 18 pre- and 34 postmenopausal women were examined. Social support did not significantly affect measures of autonomic activity in either the pre- or postmenopausal women. Postmenopausal women have greater sympathetic and less para-sympathetic activity than premenopausal women. (Frag, Wayne, Bardwell, Richard, Nelesen and Joel, 2003)

A study was conducted to evaluate the selected psychosocial factors determining the level of depression in postmenopausal women. Analysis of the results of the studies shows that the psychosocial situation of Polish women at postmenopausal age varies Rural postmenopausal women more often had a poorer material standard than urban women, and also had a significantly higher statistically level of depression. The level of depression among rural and urban women in the study differed and was related with education level, family, and occupational situation, as well as the level of satisfaction with social and sex life. (Humeniuk, Bojar, Owoc, Wojtyła and Fronczak, 2011)

A study investigated premature menopausal women's experience of diagnosis, perception

of cause, treatment received, main concerns, perceived long-term consequences and impact on psychological wellbeing. A thematic analysis was undertaken. The response rate was 62%. Women's experiences varied but showed common themes regardless of timing of diagnosis and services accessed. Improved understanding by health professionals could help this group accept and adjust to the condition more effectively as could psychological support. Fertility was a primary concern regardless of parity and there were several secondary impacts both physiological and psychological. (Singer, 2012)

Researchers studied the commonly reported menopausal symptoms among Sarawakian women using a modified Menopause Rating Scale (MRS). The most prevalent symptoms reported were joint and muscular discomfort (80.1%); physical and mental exhaustion (67.1%); and sleeping problems (52.2%). Followed by symptoms of hot flushes and sweating (41.6%); irritability (37.9%); dryness of vagina (37.9%); anxiety (36.5%); depressive mood (32.6%). Other complaints noted were sexual problem (30.9%); bladder problem (13.8%) and heart discomfort (18.3%). Perimenopausal women (n = 141) experienced higher prevalence of somatic and psychological symptoms compared to premenopausal (n = 82) and postmenopausal (n = 133) women. However urogenital symptoms mostly occur in the postmenopausal group of women. (Rahman, Zainudin and Mun, 2010)

A study examined associations of three sources of women's aging anxiety – declining attractiveness, health, and fertility – with social contexts of their lives, including locations in systems of inequality, connections to institutions, relationships, and health. It was found that anxiety about attractiveness is higher among women who are younger, White, heterosexual, employed, separated/divorced, less financially independent, and have worse relationships. Anxiety about health is greater among women who are younger, White, less financially independent, and have worse relationships and health. Anxiety about fertility is higher among younger, more educated, heterosexual, more financially independent, and childless women. Anxiety about health and attractiveness predicts greater distress. (Barrett and Robins, 2008)

METHODOLOGY

SAMPLE

The sample for the study consisted of 100 women, including 35 peri-menopausal women (age 40-50 years), 30 post menopausal women (age 45 yrs & above) and 35 non- menopausal women (age 30-40 yrs) living in urban & rural areas. The sample consisted of both literate and illiterate women. The sample was in the age range of 30 to 60 years. The women who were receiving hormonal treatment and those who refused to participate in the study were excluded. The sample was drawn using purposive sampling method.

TOOLS

- Socio-demographic record sheet
- Depression Anxiety and Stress scale
- The WHOQOL-BREF

RESULTS

Table -1
Showing Mean and SD of pre-menopausal, peri-menopausal and post-menopausal women
on psychological distress and QOL scales

Variables	Menopausal Status	N	MEAN	SD
STRESS	Pre-menopausal	35	17.20	7.267
	Peri-menopausal	35	15.69	7.471
	Post-menopausal	30	15.70	6.260
ANXIETY	Pre-menopausal	35	11.69	9.012
	Peri-menopausal	35	16.34	7.821
	Post-menopausal	30	15.73	9.340
PHYSICAL	Pre-menopausal	35	24.31	4.594
	Peri-menopausal	35	24.06	4.065
	Post-menopausal	30	22.23	3.730
DEPRESSION	Pre-menopausal	35	9.51	8.856
	Peri-menopausal	35	12.03	8.129
	Post-menopausal	30	11.27	6.570
PSYCHOLOGICAL	Pre-menopausal	35	21.46	3.551
	Peri-menopausal	35	15.46	10.667
	Post-menopausal	30	19.57	4.023
SOCIAL	Pre-menopausal	35	12.97	3.176
	Peri-menopausal	35	12.26	3.424
	Post-menopausal	30	12.80	5.075
ENVIRONMENT	Pre-menopausal	35	28.29	3.938
	Peri-menopausal	35	19.49	13.555
	Post-menopausal	30	27.17	3.544

Table-2
ANOVA Table showing comparison of premenopausal, peri and post menopausal women
on psychological distress and Quality of life scale

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Stress	Between Groups	51.717	2	25.859	.519	.597
	Within Groups	4829.443	97	49.788		
	Total	4881.160	99			
Anxiety	Between Groups	441.615	2	220.807	2.906	.05*
	Within Groups	7371.295	97	75.993		
	Total	7812.910	99			
Physical	Between Groups	81.205	2	40.602	2.340	.102
	Within Groups	1682.795	97	17.348		
	Total	1764.000	99			
Depression	Between Groups	115.779	2	57.890	.911	.406
	Within Groups	6165.581	97	63.563		
	Total	6281.360	99			

Psycho	Between Groups	655.852	2	327.926	6.673	.002*
	Within Groups	4766.738	97	49.142		
	Total	5422.590	99			
Social	Between Groups	9.653	2	4.826	.315	.731
	Within Groups	1488.457	97	15.345		
	Total	1498.110	99			
Environ	Between Groups	1581.258	2	790.629	10.744	.000*
	Within Groups	7138.052	97	73.588		
	Total	8719.310	99			

Table-3
Multiple Comparison Table
Tukey's Post Hoc Tests

DEPENDENT VARIABLE	GROUP CODING	SIGNIFICANCE
STRESS	Peri-menopausal	.643
	Post-menopausal	.70
	Pre-menopausal	.643
	Post-menopausal	1.00
	Pre-menopausal	.670
	Peri-menopausal	1.00
ANXIETY	Peri-menopausal	.05*
	Post-menopausal	.154
	Pre-menopausal	.05*
	Post-menopausal	.957
	Pre-menopausal	.154
	Peri-menopausal	.957
PHYSICAL	Peri-menopausal	.964
	Post-menopausal	.116
	Pre-menopausal	.964
	Post-menopausal	.189
	Pre-menopausal	.116
	Peri-menopausal	.189
DEPRESSION	Peri-menopausal	.388
	Post-menopausal	.652
	Pre-menopausal	.388
	Post-menopausal	.922
	Pre-menopausal	.652
	Peri-menopausal	.922
PSYCHOLOGICAL	Peri-menopausal	.002*
	Post-menopausal	.526
	Pre-menopausal	.002*
	Post-menopausal	.523
	Pre-menopausal	.526
	Peri-menopausal	.053*
	Peri-menopausal	.727
	Post-menopausal	.983

SOCIAL	Pre-menopausal	.727
	Post-menopausal	.843
	Pre-menopausal	.983
	Peri-menopausal	.843
	Peri-menopausal	.000*
	Post-menopausal	.860
ENVIRONMENT	Pre-menopausal	.000*
	Post-menopausal	.001
	Pre-menopausal	.860
	Peri-menopausal	.001*

Table- 4

		Correlations						
		Stress	anxiety	Depression	physical	Psycho	Social	Environ
Stress	Pearson Correlation	1	.752**	.743**	-.423**	-.403**	-.154	-.207*
	Sig. (2-tailed)		.000	.000	.000	.000	.125	.039
	N	100	100	100	100	100	100	100
Anxiety	Pearson Correlation	.752**	1	.824**	-.525**	-.443**	.008	-.251*
	Sig. (2-tailed)	.000		.000	.000	.000	.939	.012
	N	100	100	100	100	100	100	100
depression	Pearson Correlation	.743**	.824**	1	-.382**	-.471**	-.076	-.233*
	Sig. (2-tailed)	.000	.000		.000	.000	.450	.020
	N	100	100	100	100	100	100	100
physical	Pearson Correlation	-.423**	-.525**	-.382**	1	.295**	.071	.437**
	Sig. (2-tailed)	.000	.000	.000		.003	.481	.000
	N	100	100	100	100	100	100	100
Psycho	Pearson Correlation	-.403**	-.443**	-.471**	.295**	1	-.281**	.353**
	Sig. (2-tailed)	.000	.000	.000	.003		.005	.000
	N	100	100	100	100	100	100	100
Social	Pearson Correlation	-.154	.008	-.076	.071	-.281**	1	.042
	Sig. (2-tailed)	.125	.939	.450	.481	.005		.675
	N	100	100	100	100	100	100	100
Environ	Pearson Correlation	-.207*	-.251*	-.233*	.437**	.353**	.042	1
	Sig. (2-tailed)	.039	.012	.020	.000	.000	.675	
	N	100	100	100	100	100	100	100
**. Correlation is significant at the 0.01 level (2-tailed).								
*. Correlation is significant at the 0.05 level (2-tailed).								

DISCUSSION

The study aimed at assessing the stress, anxiety, depression and quality of life among pre menopausal, peri-menopausal and post-menopausal women. Significant differences were found among pre, peri and post menopausal women on anxiety, psychological and environmental QOL. Significant correlation was found between stress, anxiety, depression and Quality of life domains (QOL).

The first objective was to assess stress, anxiety and depression among pre, peri and post menopausal women. On stress, anxiety, depression scale, significant differences were obtained between the three groups on anxiety. Mean scores of the three groups indicate post menopausal women were higher on anxiety compared to pre and peri menopausal women. Hence, the alternate hypothesis of significant difference on the dimension of anxiety between the three groups was accepted. **Support from existing research:** For a long time, the period of menopause has been associated with the possibility of the occurrence of psychological problems, especially anxiety and depression (Puzyński S, Choroby; 1987).

High *stress* and *anxiety* levels have been reported to potentially worsen the somatic symptoms of menopause (Glazer, et al. 2002., Hunter 1996, Bowles 1986, Deeks, 2004, Alexander et al. 2007).

The second objective was to study Quality of life among pre, peri and post menopausal women. On the scale of quality of life, significant differences were obtained between the three groups on psychological and environmental QOL, Mean scores indicate post and peri menopausal women were lower on psychological and environmental QOL than pre menopausal women. Hence, the alternate hypothesis of significant difference on the dimension of psychological and environmental well-being between the three groups is accepted. **Support from existing research:** A study found significant difference in the mean scores of the domain Physical, Psychological as well as environmental domain and the mean of the total scores of WHOQOL- Brief at different menopausal status, in postmenopausal compared to premenopausal women. (Elsabagh & Allah ,2012) Similar results were supported by Nisar & Sohoo, 2010 who found significant difference in the mean scores of the domain (Physical, Psychological, Social) and the total scores of WHOQOL- Brief at different menopausal status.

The third objective was to study the relationship between stress, anxiety, depression and Quality of life among the three groups of women. Scores obtained indicate a significant positive correlation between stress, anxiety, depression, and negative correlation between stress and physical, psychological and environmental QOL. Scores obtained indicate a significant positive correlation between anxiety and depression and negative correlation between anxiety and physical, psychological and environmental QOL. Depression was found to be negatively correlated with physical, psychological and environmental QOL. Significant positive relationship was found between the dimensions of QOL. Hence the alternate hypothesis that there will be a significant relationship between stress, anxiety, depression and Quality of life is accepted. **Support from existing research:** This is in agreement with the results of Karaçam and Seker (2007) who observed a significant and moderately negative relation between total menopausal symptom scores and quality of life scores. On the same line, Nisar & Sohoo (2010) highlighted that there was a negative correlation between MRS scores and WHOQOL- Brief scores in all domains for postmenopausal women. Moreover, Yakout *et al.* (2011) emphasized that the negative significant relation was demonstrated between quality of life and postmenopausal symptoms, where quality of life adversely affected by postmenopausal symptoms

CONCLUSION

The findings of the study show significant difference among pre, peri and post-menopausal women on anxiety, psychological and environmental variables of QOL. Post-Menopausal women were higher on anxiety compared to pre and peri-menopausal women. It was also found that Post and Peri-Menopausal women were lower on psychological and environmental QOL than Pre-Menopausal women. A significant positive correlation was found between Stress, Anxiety, Depression and Negative Correlation between Stress and Physical, Psychological and Environmental QOL. Findings of the study are consistent with the existing literature suggesting that there is a significant difference among pre, peri and post menopausal women on anxiety, psychological and environmental QOL.

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