

“A STUDY TO ASSESS THE PHYSIOLOGICAL AND PSYCHOLOGICAL CHANGES AMONG MENOPAUSAL WOMEN IN SELECTED RURAL AREA, DEHRADUN, UTTRAKHAND”.

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ABSTRACT

Background: Menopause is a part of every woman's life. It is the stage when the menstrual period permanently stops. This stage usually occurs between the age of 40 and 60 years associated with hormonal, physical, psychological changes. These changes can occur gradually or abruptly. It can start as early as the age of 30 and last until as late as the age of 60 years. It can also occur when the ovaries are removed or stopped functioning. Symptoms include irregular menstruation, changes in sexual desire, hot flushes, vaginal dryness and urinary problems changes in appearances, mood changes sleep disturbances palpitations and backache. When the body produce less estrogen and progesterone, the parts of the body that depends on estrogen to keep them healthy will react and this often causes the discomfort in women. **Aim:** To assess the Physiological and Psychological changes among menopausal women in the selected Rural area, Dehradun. **Material and Methods:** Non-experimental exploratory descriptive survey design (Non-probability convenient sampling technique) was used for sample selection. Maldevta Raipur village at Dehradun. Participants 150 women's fulfil the inclusion and exclusion criteria selected by convenient sampling technique for the study. Data was collected by two tools section 1) Demographic variables of the participants, 2) Menopause rating scale. Collected data was analysed by using descriptive and inferential statistics. **Results:** On analysis, the study revealed that majority of symptoms were dryness of vagina in 98%, Anxiety in 96.7%, Irritability in 96%, Depressive mood in 94%, Joint and muscular discomfort in 88.7%, Sexual problems in 87.3%, Sleep problems in 86.7%, Heart discomfort in 80%, Physical and mental exhaustion in 79.3%, Hot flushes in 52.7% and Bladder problems in 52%. Out of the total 98% samples who had severity of symptoms regarding urogenital (dryness of vagina). The mean, mean % and SD of menopausal rating scale. The mean percentage for somatic score was 43.96 %, psychological score was 52.38 % and urogenital score was 50.67 %. Therefore overall mean scores of respondents were found to be 21.34, mean percentage 48.5 % with standard deviation 5.67. Out of the eight demographic variables selected for the study only two is found to be significantly associated with the physiological and psychological change i.e, menopausal women. It was found that with severity of symptoms in age group (55-59) and occupation status (housewife), of menopausal women regarding menopause. **Conclusion:** The finding of the study revealed that the most of the severity of symptoms related to menopause in women's has got positive impact on healthy quality of life.

KEYWORDS: Menopause, Physiological & Psychological changes, menopausal women.

INTRODUCTION

Menopause, also known as climacteric, is the time in most women's lives when she stop having a menstrual periods stop ,and is no longer fertile. The time leading up to menopause is called menopause transition, or perimenopause. During perimenopause, a woman's ovaries start to produce less of hormones estrogen and progesterone. As a woman goes through the transition to menopause, her ovaries are also less likely to release eggs. Menopause typically occurs between 45 and 55 years of age¹. Menopause is an adaptation process during which women go through a new biological state. This process is accompanied by many biological and psychological which is characterized by the permanent cessation of menses in women as a result of quality of life. Vasomotor symptoms are common physical conditions experienced by midlife women in the transition through menopause and early post menopause. Psychological symptoms frequently associated with menopause include fatigue, irritability anxiety. Some symptoms associated with changing hormone levels are directly linked with estrogen depletion. Hot flashes ,night sweats, and vaginal atrophy resulting in vaginal dryness are correlated with changing level of sex hormones. Other symptoms such as sleep disturbances, fatigue, anxiety and weight gain although common to the experience of menopause, are multi factorial in cause and occurs in non- postmenopausal women as well². Sleep disorders are the most common complaints during menopause transition and postmenopause ; these disorders include troubles falling asleep, waking up several times during night, waking up earlier than desired in the morning³. Poor sleep quality and inadequate sleep duration are associated with negative health outcomes, such as obesity, cardiovascular disease, cancer-related mortality, diabetes, depression and poor quality of life⁴. In some women, problems that were present like endometriosis or painful periods will improve after menopause. During early menopause transition. The menopause cycles remain regular but the interval cycles begins to fluctuate. Ovulation may not occurs with each cycle. Dyspareunia is painful sexual intercourse due to medical or psychological causes⁵. Menopause related cognitive impairment can be confused with the mild cognitive impairment that precedes dementia⁶. Forgetfulness affects about half of menopausal women and is probably caused by the effects of declining estrogen level on the brain⁷. Beside the major cause of morbidity such as heart diseases and osteoporosis , menopause and its attendant hormonal changes also cause symptoms affect the quality of life style, such as hot flashes, night sweats, sleep disturbances. Urinary frequency, vaginal dryness, poor memory , anxiety and depression⁸. Reduced circulating estrogen levels around the time of the menopause can induce unacceptable symptoms that affect the health and wellbeing of women. Hormone therapy both unopposed and estrogen / progesterone combinations) is an effective treatment for these symptoms , but is associated with risk of harm. Guidelines recommend review regularly⁹. The aim of review is to identify the minimum dose and the treatment should b reviewed regularly.

STATEMENT OF THE PROBLEM:

A study to assess the Physiological and Psychological changes among menopausal women in the selected Rural area, Dehradun.

OBJECTIVES:

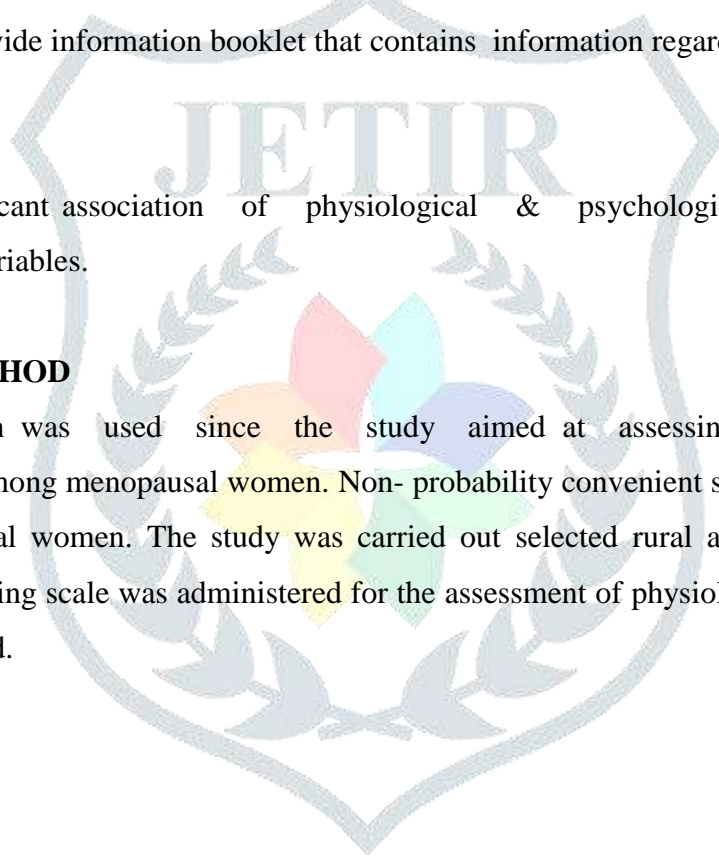
- To assess the physiological and psychological changes among menopausal women in selected rural areas of Dehradun .
- To find out the association between physiological and psychological changes among menopausal women in rural areas with demographic variables.
- To develop & provide information booklet that contains information regarding the menopause.

HYPOTHESIS:

H₁: There will be significant association of physiological & psychological changes with their selected demographic variables.

MATERIAL AND METHOD

A quantitative approach was used since the study aimed at assessing the physiological and psychological changes among menopausal women. Non- probability convenient sampling technique used to collect the 150 menopausal women. The study was carried out in selected rural area (Maldevta, Raipur) at Dehradun. Menopause rating scale was administered for the assessment of physiological and psychological changes was administered.



RESULTS:**Section 1:****Table1: Frequency and percentage Distribution of women's according to their demographic characteristics.**

Age of women (in years)	Frequency	Percentage (%)
40 to 44 years	32	21.3%
45 to 49 years	42	28%
50 to 54 years	34	22.7%
55 to 59 years	42	28%
	150	100 %
Education		
Illiterate	24	16%
Primary education	58	38.7%
High school	40	26.7%
Intermediate	22	14.6%
Graduation	6	4%
	150	100 %
Marital status		
Married	121	80.7%
Unmarried	22	14.7%
Widow	5	3.3%
Divorce	2	1.3%
	150	100 %
Occupation status		
Housewife	121	80.6%
Working	27	18%
Retired	1	0.7%
Disable	1	0.7%
	150	100 %
Type of family		
Nuclear family	94	62.7%
Joint family	46	30.7%
Extended family	10	6.6%
	150	100 %
Menstrual status		
Menopause	86	57.33%
Post menopause	64	42.66%
	150	100 %
Parity		
Nulliparous	7	4.7%
Parous	26	17.3%
Multiparous	73	48.7%
Grand multipara	44	29.3%
	150	100 %
Monthly income		
Rs.5,000/- to Rs.10,000/-	50	33.3%
Rs.10,000/- to Rs.15,000/-	70	46.7%

Rs.15,000/- to Rs.20,000/-	24	16%
Rs.20,000/- to Rs.25,000	6	4%
	150	100 %

Section 2:

Table 2: Frequency of menopausal symptoms as assessed by menopausal rating scale (MRS) in the study population.

(N=150)

Sl. no	Menopausal Rating Scale (MRS)	Frequency	Percentage
Somatic symptoms			
1	Hot flushes, Night sweating	79	52.7%
2	Heart discomfort (unusual awareness of heart beat, racing, tightness)	120	80%
3	Sleep problems (difficulty falling asleep)	130	86.7%
4	Joint and muscular discomfort(pain in the joints, rheumatoid complaints)	133	88.7%
Psychotic symptoms			
5	Depressive mood	141	94%
6	Anxiety (inner restlessness, feeling 'panicky')	145	96.7%
7	Physical and mental exhaustion (Impaired memory, decrease in concentration)	119	79.3%
8	Irritability (feeling nervous, aggressive)	144	96%
Urogenital Symptoms			
9	Sexual problems, change in sexual desire	131	87.3%
10	Bladder problems (difficulty in urinating, bladder incontinence)	78	52%
11	Dryness of vagina (sensation of dryness)	147	98%

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Table 3: Severity of menopausal symptoms as assessed by MRS according to menopausal status in the study population.

(N=150)

Symptom severity	Frequency	Percentage
Somatic score		
No or little (0-2)	12	8%
Mild (3-4)	25	16.7%
Moderate (5-7)	53	34.7%
Severe (≥ 8)	61	40.7%
Psychological score		
No or little (0-1)	3	2%
Mild (2-3)	2	1.3%
Moderate (4-6)	26	17.3%
Severe (≥ 7)	119	79.3%
Urogenital score		
No or little (0)	0	0
Mild (1)	4	2.7%
Moderate (2-3)	12	8%
Severe (≥ 4)	134	89.3%
Total		
No or little (0-2)	0	0
Mild (3-4)	4	2.7%
Moderate (5-7)	71	47.3%
Severe (≥ 8)	75	50%

Table 4: Mean percentage for somatic score, psychological and urogenital score.

Area wise	Min – Max Score	Mean \pm SD	Mean %
Somatic score	0 - 16	6.87 \pm 2.98	42.96%
Psychological score	0 - 16	8.38 \pm 2.43	52.38%
Urogenital score	0 - 12	6.08 \pm 2.14	50.67%
	0 - 44	21.34 \pm 5.67	48.5%

Section 3:

Table 5: The association of physiological and psychological changes with selected demographic variables.

N= 150

Variable	Mild	Moderate	Severe	Chi-square value	P value	Inference
Age in year						
40 –44 year	0	27	5	31.621 df = 6	0.000	S
45 –49 year	1	23	18			
50 – 54 year	2	8	24			
55 – 59 year	1	13	28			
	4	71	75			
Education						
Illiterate	0	7	17	12.545 df =8	0.128	NS
Primary school	1	29	28			
High school	1	18	21			
Intermediate	1	14	7			
Graduation	1	3	2			
	4	71	75			
Marital status						
Married	2	58	61	10.987 df=6	0.89	NS
Unmarried	2	7	13			
Widow	0	5	0			
Divorce	0	1	1			
	4	71	75			
Occupation						
Housewife	2	50	69	16.403 df=6	0.012	S
Working	2	20	5			
Retired	0	1	0			
Disable	0	0	1			
	4	71	75			
Family type						
Joint family	3	49	42	3.057 df=3	0.548	NS
Nuclear family	1	18	27			
Extended family	0	4	6			

Variable	Mild	Moderate	Severe	Chi-square value	P value	Inference
	4	71	75			
Menstrual status						
Menopause	2	50	34	9.476 df=2	0.009	NS
Post menopause	2	21	41			
	4	71	75			
Parity						
Nulliparous	0	5	2	8.206 df=6	0.223	NS
Parous	2	13	11			
Multiparous	0	36	37			
Grand multipara	2	17	25			
	4	71	75			
Monthly income						
Rs5000 to Rs10000	3	23	24	11.198 df=6	0.082	NS
Rs10000 to Rs15000	0	32	38			
Rs15000 to Rs20000	0	12	12			
Rs20000 to Rs25000	1	4	1			
	4	71	75			

RESULTS:

The study revealed that majority of symptoms were dryness of vagina in 198%, Anxiety in 96.7%, Irritability in 96%, Depressive mood in 94%, Joint and muscular discomfort in 88.7%, Sexual problems in 87.3%, Sleep problems in 86.7%, Heart discomfort in 180%, Physical and mental exhaustion in 79.3%, Hot flushes in 52.7% and Bladder problems in 52%. Out of the total 98% samples who had severity of symptoms regarding urogenital (dryness of vagina). The mean, mean % and SD of menopausal rating scale. The mean percentage for somatic score was 43.96 %, psychological score was 52.38 % and urogenital score was 50.67 %. Therefore overall mean scores of respondents were found to be 21.34, mean percentage 48.5 % with standard deviation 5.67. Out of the eight demographic variables selected for the study only two is found to be significantly associated with the physiological and psychological change i.e, menopausal women. It was found that with severity of symptoms in age group (55-59) and occupation status (housewife), of menopausal women regarding menopause. Chi - square value for Education, Marital status, Type of family, menstrual status, parity and monthly income. The obtained p

value for these variables is more than 0.05 which indicates that there is no significant association of physiological & psychological changes with the demographic variables.

CONCLUSION:

The finding of the study revealed that the most of the severity of symptoms related to menopause in women's has got positive impact on healthy quality of life.

RECOMMENDATION:

- The similar study on large scale and wider sample, for long period of time would be more pertinent in marking broad generalization.
- A similar study can be undertaken in different setting.
- A explorative can be conducted to assess the symptoms of women's, family members and health workers in the rural community setting on menopause.

Source of Funding: Self funded.

Ethical Clearance: No Ethical issue.

Conflict of Interest: There is no Conflict of Interest exit.

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