Health Problems among Menopausal Women in Udupi District (Karnataka)

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Abstract

Menopause among women, occurring in middle age, brings in its wake, a set of health problems that needs to be handled distinctly by the care givers. A study undertaken to determine the magnitude of health problems in Udupi district of Karnataka included 100 menopausal women in the age group 45-55 years, 50 each from urban and rural pockets. Using demographic proforma, modified socio-economic scale and structured interview schedule as tools, it was concluded that menopausal health problems were more common in women in rural areas than in their urban counterparts; they were also less articulate and less aware about managing or preventing menopausal health problems.

Midlife is a period of transition for both men and women. Indian women spend one-tenth of their lives in menopausal stage. About 25.10 percent of Indian population belongs to middle age, out of which 12.89 percent belong to menopausal age group. Even though there is a cultural difference in the experience of menopause, the nurse should be in a position to identify the biological and psychological problems of this phase. This will enable the nurse to provide more comprehensive care especially in a community set up.

Objectives

The objectives of the study were to:

- Determine the presence of health problems among menopausal women in a selected urban area of Kundapur Taluk in Udupi District.
- Determine the presence of health problems among the menopausal women in a selected rural area of Kundapur Taluk in Udupi District.
- Compare the presence of health problems among menopausal women in a selected urban and rural area of Kundapur Taluk in Udupi District.
- Find an association between health problems with selected demographic variables of menopausal women in urban and rural areas of Kundapur Taluk in Udupi District.

Materials and Methods

In this study a quantitative descriptive research approach was used. A descriptive survey design was adopted, as it describes the health problems among menopausal women.

The present study was conducted in urban and rural areas in Kundapur taluk. The population comprised of menopausal women residing in Kundapur taluk aged between 45-55 years. The sample size was 50 urban and 50 rural menopausal women who met the inclusion criteria which were included in the study. Convenience sampling technique was adopted for the selection of the subjects.

Sampling Criteria

Inclusion criteria

The menopausal women aged 45-55 years, willing to participate in the study, and those who could understand English and Kannada, were included.

Exclusion criteria

The menopausal women (i) below the age group of 45 and above 55 years, (ii) clinically diagnosed to have medical disorders like diabetes mellitus, hypertension, depression, cardiac diseases and neurological disorders, and (iii) those clinically diagnosed to have gynaecological disorders like cancer of uterus, uterine fibroid and other disorders of reproductive system, were excluded.

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Data collection tools and techniques

Tools used for the data collection were as below:
Tool 1: demographic proforma.
Tool 2: modified socio economic scale for rural and urban areas.
Tool 3: structured interview schedule on menopausal health problems.

Tool 3 had 36 items, 22 items were related to physiological health problems and 14 items were related to psychological health problems among menopausal women. A score of one was allotted to “Yes” and a score of zero to “No” response. The total perception scores were arbitrarily categorised as ‘No symptoms’: 0; ‘Mild symptoms’: 1-34; ‘Moderate symptoms’: 35-69; ‘Severe symptoms’: 70-103.

Results

Majority of the menopausal women (42%) belonged to the age group of 52-55 years, 38 percent of the menopausal women were of 49-51 years and 20 percent of the menopausal women were of 45-48 years of age.

Seventy-eight percent of the menopausal women were married, 9 percent were divorced, 7 percent were widow and 6 percent were unmarried.

Majority of the menopausal women i.e. 64 percent had their husbands surviving and 36 percent of the menopausal women had lost their husbands.

Forty-four percent of them had attained their menarche at the age of 15 years; 40 percent of them had three or more than three children.

Majority of the menopausal women (41%) attained menopause before three years and more and there were 7 percent of the menopausal women who attained menopause only one year before.

Majority of the menopausal women (63%) were belonging to the middle socio economic status, 32 percent belonged to high socio economic status and 5 percent of them belonged to low socio economic status.

Maximum number of urban menopausal women (54%) had experienced moderate symptoms, 26 percent of them reported to have severe symptoms, 10 percent of the menopausal women had experienced mild symptoms and remaining 10 percent of the menopausal women had not experienced any type of symptoms (Table 1).

Fifty percent of the rural menopausal women had experienced moderate symptoms, 16 percent had experienced severe symptoms while 14 percent had mild symptoms and remaining 20 percentage had not experienced symptoms (Table 1).

The physiological health problems in majority of the urban menopausal women experienced are back and joint pain (78%), hot flush and loss of appetite (76%), difficulty in sleep, vaginal pain, fatigue, disperunia (74%) and the least experienced are poor skin tone (36%), voice change (34%), wrinkled skin (32%) and decreased interest in sex (30%) (Table 2). The most frequently experienced psychological health problem was forgetfulness (74%).

Among the rural menopausal women, the most frequently experienced health problems were back pain and joint pain (90%), while the least experienced symptom is poor skin (20%). Majority of the menopausal women experienced psychological health problems like loss of interest and forgetfulness (86%).

As for association between menopausal health problems with selected demographic variables the results showed no significant relationship between menopausal health problems and marital status, age at mensuration, socio economic status, year of menopause (Table 3).

Discussion

The present study revealed that majority of the menopausal women in urban area experienced back and joint pain (78%) and psychological health problems like forgetfulness (74%), difficulty in concentration (72%) (Table 3). It is congruent with the study conducted to evaluate the menopausal symptoms among women in Mumbai which revealed that women frequently complained of muscle and joint pains (37.4%) and fatigue (35.6%).

Implications of the study

The findings of the study have various implications in different areas of nursing.
Nursing practice: There is a need to understand the impact of the menopausal health problems over the day-to-day activities of women. Nurses can create awareness among the menopausal women regarding the menopausal health problems and lifestyle modification.

Nursing education: Nursing curriculum should prepare nurses by suitably incorporating issues concerning menopausal health problems.

Nursing administration: Nurse as an administrator should create public awareness on menopausal health problems and its management.

Conclusion

The study concludes that menopausal health problems were more prevalent among women residing in rural area when compared to the women residing in urban area. Because the rural women of this study group were mostly less educated, and tended to view menopause and its symptoms as a natural process that did not require medical care, so they were less aware about the health-related issues of menopause. Moreover, a culture of silence prevents them from seeking health care. Hence, they were less likely than the urban women to be aware of managing and/or preventing the problems. This could have been a probable explanation for the higher prevalence of menopausal symptoms among the rural women than their urban counterparts.

References


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Table 2: Frequency and percentage distribution of menopausal symptoms experienced by urban and rural women (n=100)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Menopausal Symptoms</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
<td>Frequency</td>
</tr>
<tr>
<td>1</td>
<td>Back and joint pain</td>
<td>39</td>
<td>78%</td>
</tr>
<tr>
<td>2</td>
<td>Hot flushes, loss of appetite</td>
<td>38</td>
<td>76%</td>
</tr>
<tr>
<td>3</td>
<td>Difficulty in sleep, Vaginal pain, Fatigue, Dispersion</td>
<td>37</td>
<td>74%</td>
</tr>
<tr>
<td>4</td>
<td>Vaginal dryness, Headache</td>
<td>36</td>
<td>72%</td>
</tr>
<tr>
<td>5</td>
<td>Night sweat</td>
<td>35</td>
<td>70%</td>
</tr>
<tr>
<td>6</td>
<td>Urinary incontinence</td>
<td>32</td>
<td>64%</td>
</tr>
<tr>
<td>7</td>
<td>Weight gain</td>
<td>25</td>
<td>50%</td>
</tr>
<tr>
<td>8</td>
<td>Poor skin tone</td>
<td>18</td>
<td>36%</td>
</tr>
<tr>
<td>9</td>
<td>Voice change</td>
<td>17</td>
<td>34%</td>
</tr>
<tr>
<td>10</td>
<td>Wrinkled skin</td>
<td>16</td>
<td>32%</td>
</tr>
<tr>
<td>11</td>
<td>Decreased interest in sex</td>
<td>15</td>
<td>30%</td>
</tr>
</tbody>
</table>

Table 3: Chi square values computed between prevalence of menopausal health problems with selected demographic variables (n=100)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Variables</th>
<th>X²</th>
<th>df</th>
<th>p-value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Marital status</td>
<td>2.960</td>
<td>9</td>
<td>0.966</td>
<td>NS</td>
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<tr>
<td>2</td>
<td>Living status of husband</td>
<td>3.235</td>
<td>3</td>
<td>0.357</td>
<td>NS</td>
</tr>
<tr>
<td>3</td>
<td>Age at menstruation</td>
<td>4.748</td>
<td>9</td>
<td>0.856</td>
<td>NS</td>
</tr>
<tr>
<td>4</td>
<td>No. of children</td>
<td>4.145</td>
<td>9</td>
<td>0.902</td>
<td>NS</td>
</tr>
<tr>
<td>5</td>
<td>Year of menopause</td>
<td>8.168</td>
<td>9</td>
<td>0.571</td>
<td>NS</td>
</tr>
<tr>
<td>6</td>
<td>Socio economic status</td>
<td>2.980</td>
<td>6</td>
<td>0.811</td>
<td>NS</td>
</tr>
</tbody>
</table>

Level of significance: p=0.05 level
\(X²_{(9)} = 7.82, p<0.05, X²_{(6)} = 12.59, X²_{(9)} = 16.92\)