

Assessment of Adverse Symptoms of Menopause among Post Menopausal Women in a Selected Rural Community at Kancheepuram District, Tamilnadu, India

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Abstract

Concurrent psychological physical vasomotor and sexual changes occurring in the post menopausal period may disturb a women quality of life. Therefor the study was dont to Assess the adverse symptoms of menopause among post menopausal women in a selected rural community. The objectives was to assess the adverse symptoms of menopause among the post menopausal women and to associate the degree of adverse symptoms of menopause with selected demographic variables. A sample of 100 post menopausal women with adverse symptom of menopause were meet the inclusion criteria. An extensive review of literature and guidance by experts formed the foundation to the development of the study. The data was collected for the study and was tabulated and analyzed.

The mean and standard deviation aspect of post menopausal women with adverse symptoms of menopause was identified. Overall the mean founded to be 16 (mean percentage 36.3%) and standard deviation as 3.07. The frequency distribution in the study shows that majority of 95% were belongs to the low symptoms, 5% were moderate symptoms and 0% were high symptoms providing Health care services. And also women with more adverse effects of menopausal symptoms were directed for counseling and advised to practice relaxation techniques.

The association between demographic variable in relation with adverse effect of women with post menopause symptoms It shows that age of women, Age attaining menopause, No of children, Marital status, Educational qualification, Occupation, Monthly income does not have significant association with adverse effect of women aspect at p value < 0.05 level of significance

Keywords: Menopause, Post menopausal women, Adverse symptom of menopause.

Introduction

Menopause is the permanent cessation of menstruation resulting in the loss of ovarian follicle

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development. The age at menopause appears to be genetically determined and is unaffected by race, socioeconomic status, age at menarche, or number of prior ovulation. Factors that are toxic to the ovary often result in an earlier age of menopause. For example, women who smoke experience an earlier menopause. Women who have had surgery on their ovaries, or have had a hysterectomy, despite retention of their ovaries, may also experience early menopause. Premature ovarian failure is defined as menopause before the age of 40 years. It may be idiopathic or associated with toxic exposure, chromosomal abnormality, or autoimmune disorder.^[1]

According to the World Health Organization, "natural menopause" is defined as "no menses for 12 consecutive months with no obvious intervening cause, such as pregnancy, lactation, exogenous hormone use, dietary deficiencies or surgical removal of uterus or ovaries"^[1] With the general increase in life expectancy world wide, most women are likely to live for another 20-30 years after menopause, and approximately, one-third of their life in a state of estrogen deficiency.^{[1] [2]}

Mean age at menopause ranges in India women from 40.32 to 48.84 years and in developed countries from 48.0 to 51 years.^[9] Studies on menopausal issues and health demand priority in Indian scenario due to the growing population of menopausal women as a result of their increased life expectancy ^[7]

Concurrent psychological physical vasomotor and sexual changes occurring in the post menopausal period may disturb a women quality of life ^[10] Although menopause is associated with changes in the hypothalamic and pituitary hormones that regulate the menstrual cycle, menopause is not a central event, but rather a primary ovarian failure. At the level of the ovary, there is a depletion of ovarian follicles. The ovary, therefore, is no longer able to respond to the pituitary hormones, that is, follicle-stimulating hormone (FSH) and luteinizing hormone (LH), and ovarian estrogen and progesterone production cease. Androgen production from the ovary continues beyond the menopausal transition because of sparing of the stromal compartment.^[8]

Menopausal women continue to have low levels of circulating estrogens, principally from peripheral aromatization of ovarian and adrenal androgens. Adipose tissue is a major site of aromatization, so obesity affects many of the sequelae of menopause. The ovarian-hypothalamic-pituitary axis remains intact during the menopausal transition; thus, FSH levels rise in response to ovarian failure and the absence of negative feedback from the ovary. Atresia of the follicular apparatus, in particular the granulosa cells, results in reduced production of estrogen and inhibit, resulting in reduced inhibit levels and elevated FSH levels, a cardinal sign of menopause.^[4]

Menopausal transition, or 'peri-menopause', is a defined period of time beginning with the onset of irregular menstrual cycles until the last menstrual period, and is marked by fluctuations in reproductive hormones. This period is characterized by menstrual irregularities;

prolonged and heavy menstruation intermixed with episodes of amenorrhea, decreased fertility, vasomotor symptoms; and insomnia. Some of these symptoms may emerge 4 years before menses ceases. During the menopausal transition, estrogen levels decline and levels of FSH and LH increase ^[5].

The menopausal transition is characterized by variable cycle lengths and missed menses, whereas the postmenopausal period is marked by amenorrhea. The menopausal transition begins with variability in menstrual cycle length accompanied by rising FSH levels and ends with the final menstrual period^[6]

Materials and Method

Research methodology deals with the description of the method and different steps in collection and organization data from the investigation. It includes description of the research approach, research design, setting, population, samples and sample size, the sample technique, sampling criteria, development and description of the tool, data collection procedure and the plan or analysis in the study.

The research design used in this study is Non experimental, Descriptive Research Design, A non-probability purposive sampling technique is used to collect data from the samples. The sample size was 100 samples at selected rural community.

Title of the Study: Assessment of adverse symptoms of menopause among post menopausal women in a selected rural community at Kanchipuram district, Tamilnadu, India.

Objectives:

- To assess the adverse symptoms of menopause among the post menopausal women
- To associate the degree of adverse symptoms of menopause with selected demographic variables.

Methodology:

Research Approach:

Quantitative non Experimental-Descriptive Approach.

Research Design: Non Experimental, Descriptive Research Design.

Samples: 100 Samples

Sampling Technique: Non probability-purposive sampling technique was adopted.

Inclusion Criteria:

- Post-menopausal women with amenorrhea for minimum one year
- Post menopausal women who have attained menopause within five years

Exclusion Criteria: Women with a known history of chronic disease such as hypertension, diabetes, migraine, cardiovascular disease, tumors, tuberculosis, rheumatoid arthritis and osteoarthritis were excluded in the study

Tool Description:

- A. Selected demographic variables of women such as Age of women, Age at menopause, No of children, Marital status, Education, Occupation, Family income.
- B. Distribution and prevalence of menopausal symptoms by Menopause rating scale developed by Berlin center for epidemiology and health research

Data Collection Procedure:

- The researcher collected the data for the period of two weeks, per day 10-20 samples was collected
- Prior permission and consent was obtained from the participant before conducting the study. In this present study the researcher was assessed the menopausal symptoms among post menopausal women during home visit by Structured Interview Schedule.

Data Analysis: Descriptive statistics like frequency distribution, percentage, mean, standard deviation & inferential statistics like chi square was used to analyze the data.

Study Findings:

- It is observed that most of the post menopausal women in selected rural community had 95% were belongs to low level of symptoms, 5% of them moderate level of symptoms and 0% of them high level of symptoms.
- It was observed that the mean and standard deviation aspect of adverse effect of women with post menopause symptoms. Overall mean in adverse effect of women with post menopause symptoms

found to be 36.3% and standard deviation as 3.07.

- The association between demographic variable in relation with adverse effect of women with post menopause symptoms It shows that age of women, Age attaining menopause, No of children, Marital status, Educational qualification, Occupation, Monthly income does not have significant association with adverse effect of women aspect at p value < 0.05 level of significance.

Conclusion

In India, though various studies have been carried out to study menopausal symptoms, majority of them are either hospital based are focus on the urban population with not much work done on rural women, therefore this study proposes to assess the menopausal symptoms among rural women.

Information education and communication activities to increase awareness about menopause problems among general public, family members, and middle-aged women population should be undertaken^[1].

Conflict of Interest: NIL

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Ethical Clearance: Chettinad Academy of Research and Education, Institutional Human Ethics Committee.

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