



Research Article

COMPARISON OF QUALITY OF LIFE IN WORKING AND NON-WORKING POST MENOPAUSAL FEMALES USING MENOPAUSAL RATING SCALE

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ABSTRACT

Objective: To compare health related quality of life in working and non working post menopausal females using menopausal rating scale.

Background: Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. Age of menopause ranges between 45-55 years of age average being 50 years. Menopause is a part of critical phases of a women life which characterizes the transition from fertility to infertility. MRS is a health related quality of life scale used to assess menopausal symptoms. It was developed with an aim of establishing an instrument to measure QOL that can be easily completed by women. QOL is the general well being of individual societies outlining the positive and negative features of life.

Methodology: 60 women who willingly participated were taken as subjects for this study. Before starting the study, a written informed consent was taken from the selected participants in the language best understood by them. The women were separated into two different categories based on their history; working post-menopausal women and non-working post-menopausal women. The self administered scale, The Menopause rating scale was then administered to all the participants from both the categories to determine the effect on quality of life due to post-menopause. The data was collected. The score was noted and recorded. Data was analysed using statistical test.

Result and Conclusion: Total score was calculated and the results were interpreted. The results showed that there was significant difference between the QOL in working and non working post menopausal females with the psychological domain more affected in working population and the other two domains in non working population than the working ones.

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INTRODUCTION

Menopause means permanent cessation of menstruation at the end of the reproductive life due to loss of ovarian follicular activity. Age at which menopause occurs is genetically predetermined. The age of menopause ranges between 45-55 years of age average being 50 years. Menopausal symptoms are vasomotor, genital and urinary, psychological and health hazards.^[3]

Menopause is part of the critical phases of a woman's life, which characterizes the transition from fertility to infertility. Menopause is inevitable and goes back to the early history of human creation. Its occurrence in women has been associated with different cultural, economic, and religious attitudes. According to the World Health Organization (WHO), menopause is the actual cessation of menstruation for at least 12 months due to loss of ovarian follicular activity.

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Menopause is held between the ages of 40 and 60 years and on average at the age of 51 years. With increased longevity, women spend about one third of their life in the postmenopausal period. Menopause is followed by endocrine, physical, and mental disorders and can last for several years.^[9] Menopause is a point in time and not a process. It is the time point in at which a woman's last period ends. Of course, a woman will not know when that time in point has occurred until she has been 12 consecutive months without a period. The symptoms of menopause, on the other hand, may begin years before the actual menopause occurs and may persist for some years afterwards as well^[15]

Due to aging, in many cases menopause causes the start or aggravation of underlying diseases such as diabetes, osteoporosis, cardiovascular diseases, atherosclerosis, respiratory diseases, musculoskeletal disorders, and reduced physical activity, which are further complicated along with the changes in social status, leaving home by the children, birth of grandchildren, and the death of parents. Given the different roles of women as a mother and wife, all of these complications affect the QOL of women and their family members,

especially their spouse. Due to aging, the husband has the same physical and psychological conditions.^[14]

Some women have severe symptoms that greatly affect their personal and social functioning, and 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, and 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 levels 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 occur in non-postmenopausal women as well. Studies find that most women experience at least one or more of these symptoms as they transition through the postmenopausal stage of life.^[10]

Menopause Rating Scale

The Menopause Rating Scale (MRS) is a health-related quality of life scale (HRQOL) and was developed in response to the lack of standardized scales to measure the severity of aging-symptoms and their impact on the HRQOL in the early 1990s. Actually, the first version of the MRS was to be filled out by the treating physician but methodological critics lead to a new scale which can easily be completed by *women*, not by their physician.

The MRS was developed and validated some years ago (5–8) aiming at establishing an instrument to measure HRQOL that can easily be completed by *women*. The aims of the MRS were to enable comparisons of the symptoms of aging between groups of women under different conditions, to compare severity of symptoms over time, and to measure changes pre- and post-treatment.^[8]

Health Related Quality of Life

Quality of life (QOL) is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, religious beliefs, finance and the environment.

QOL has a wide range of contexts, including the fields of international development, healthcare, politics and employment. It is important not to mix up the concept of QOL with a more recent growing area of health related QOL. The WHOQOL assesses individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It has been developed collaboratively in several culturally diverse centres over four years. Piloting of the WHOQOL on some 4500 respondents in 15 cultural settings has been completed. On the basis of this data the revised WHOQOL Field Trial Form has been finalized, and field testing is currently in progress. The WHOQOL produces a multi-dimensional profile of scores across six domains and 24 sub-domains of quality of life.^[2]

MATERIAL AND METHOD

Study Design

Type of study: Cross sectional, comparative study.

Duration of study: 1 year.

Place of study: Metropolitan city

Study Design

Sample size: 60

Sample population: - Working and non-working postmenopausal women.

Sampling: Convenient.

Selection Criteria

Inclusion criteria

1. Post menopausal women willing to participate.
2. Working and non-working women with cessation of menstruation atleast 12 months ago.
3. Women within the age group 50-60 years.

Exclusion criteria

1. Women undergone hysterectomy.
2. Neurological condition.
3. Women on hormone replacement therapy.
4. Recent fractures less than 6 months.
5. Women with anti-anxiety, anti-depression, sleeping pills.
6. Women with cardiovascular disease

Material Used

Pen /Pencil

Paper

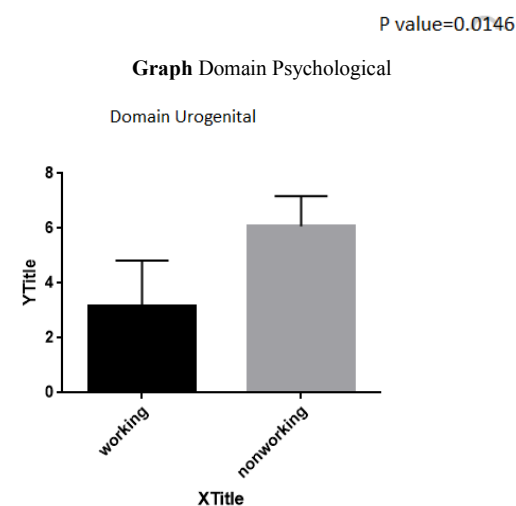
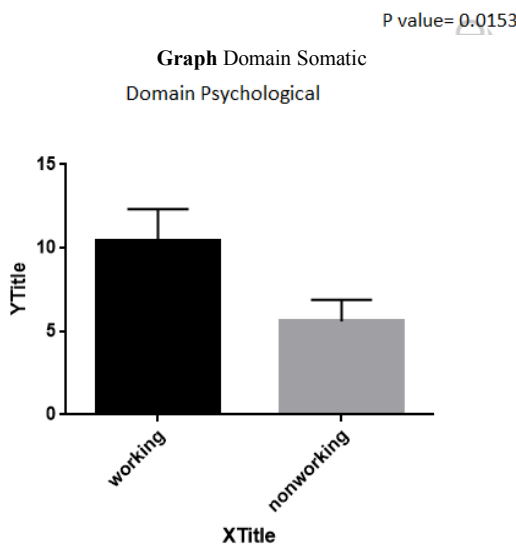
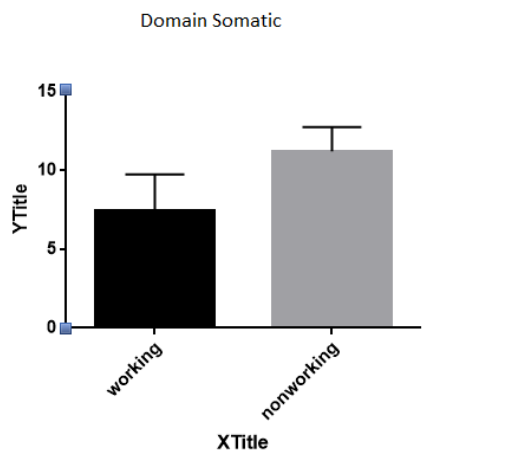
A valid and standardized menopause rating scale

Procedure

Women were screened as per the inclusion criteria. Selection of sample size was convenient sampling method. Before starting the study, a written informed consent was taken from the selected participants in the language best understood by them. The women were separated into two different categories based on their history; working post-menopausal women and non-working post-menopausal women. The self administered scale, The Menopause rating scale was then administered to all the participants from both the categories to determine the effect on quality of life due to post-menopause. The data was collected. The score was noted and recorded. Data was analysed using statistical test.

RESULTS

class	average	median	Coeffecient of variation
working	9.68	9.5	0.2831938
Non working	22.15	22.5	0.1465776



DISCUSSION

The purpose of the study was to compare the quality of life in working and non working postmenopausal females within age group of 50-60 years. The need of the study was the dearth of literature in this field and also to find out the population with more affected quality of life. The study was done in a metropolitan city with sample size of 60 women with post menopause. Informed consent was taken and women who were

willing to participate were provided with menopausal rating scale. The data was analyzed using unpaired t-test.

Menopausal Rating Scale is a health related quality of life scale which is widely used for screening menopausal symptoms. It basically consists of eleven items which are divided into three domains (psychological, somatic & urogenital).

The average age of menopause in the metropolitan city females under this study was found to be 48+_{2.3} yrs. Based on this; we selected participants who underwent menopause at least one year ago and on the basis of inclusion and exclusion criteria. We hypothesized that there will be significant difference in quality of life in both the selected population.

In this study we observed that the psychological component was affected more in working females than in non working females. The other two domains were affected more in non working population. In this study we observed that most of the non working females mostly had a sedentary lifestyle whereas very few females were indulged in yoga and other activities. Due to lack of physical activities in most of the non working population the somatic and urogenital component is affected more as compared to working one. In our study it is also observed that most of the working females experienced a lot of stress towards personal and professional life. The incidence of menopausal symptoms is influenced by stress and many other parameters (nisar and soho *et al.*2010). It is also observed that somatic and urogenital component were better in working population.

Physically active lifestyle can reduce the perceived intensity of menopausal symptoms.(s ebusky and E Mc auley *et al.*2009). Recently it has been confirmed in the studies which evaluate the effects of exercise programs which contain aerobic and muscle strength training attempts has positive effects on body composition of post menopausal women(J.M. Jakicic and B.H. Maulus *et al.*2008)^[7].

CONCLUSION

This study concluded that there is significant difference between the quality of life in working and non-working post menopausal females. The psychological domain was affected much in working females whereas the other two domains were affected in non-working females.

Limitations

1. Limitation is small sample size and also the age group.
2. Suggestion is population should be specified.

Aknowledgment

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