

Quality of Life of the Post-Menopausal Women in Selected Rural Areas of Sonitpur District, Assam

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Abstract: Background: Menopause marks a time of dramatic hormonal and often social change for women. Menopause has profound effects on the health of women that effects the Quality of their life. The aim of the study was to assess the Quality of Life of the Post-Menopausal women in selected Rural areas of Sonitpur district, Assam. Methods: The study was conducted using Descriptive Cross-Sectional research design in selected rural areas of Sonitpur district, Assam with 165 Post-Menopausal women selected by Multi-stage systematic random sampling. Data were collected through Self-administered Menopause-Specific Quality of Life Questionnaire (MENQOL). Results: The study findings revealed that Quality of Life scores in the Physical domain (39.37 ± 16.34), Psychosocial domain (16.56 ± 8.921), Sexual domain (7.25 ± 3.101) and Vasomotor domain (6.07 ± 3.780). The overall Quality of Life of the Post-Menopausal women was significantly associated with variables like Educational status, Marital status, Type of family, Personal habits, Number of Children and Duration of attaining Menopause. Positive correlation found among the domains of Quality of life of the Post-Menopausal women. Conclusions: The study concluded that Menopause effects the Quality of life of the Post-Menopausal women. The Quality of Life of the Post-Menopausal women can be improved by Health Education, counselling and follow-up services.

Keywords: Menopause, Quality of Life, Post-Menopausal women, Menopause-Specific Quality of Life Questionnaire (MENQOL)

1. Introduction

Menopause is a marker of biological ageing in women. Apart from the biological limit it imposes for human reproduction, Menopause also has profound effects on the health of women because it introduces a period when new health problems emerge. Menopause is a stage when the menstrual cycle stops for over 12 months and there is a drop in the levels of the two most important hormones in the body of women, namely, estrogen and progesterone.^[1]

The study of Women's Health Across the Nation (SWAN) has been examining the physical, biological, psychological and social changes experienced by women during midlife years. They have found that women who have more hot flashes earlier during menopause also seem to have a higher risk for heart disease. (Randolph JF). Women are 4 times as likely as men to develop osteoporosis in the year before the final menstrual period and continuing for about three years after. According to The American College of Obstetricians and Gynecologists (ACOG), menopause causes body to gain fat and lose lean tissue mass approximately two years before last menstrual period.^[2]

A systematic review conducted by Prasad JB, Tyagi NK, Verma P on age at menopause in India showed that the average age at menopause in India, with minimal publication bias, is 46.6 years. The age at menopause showed positive association with age at menarche.^[3]

Study of Women's Health across the Nation (SWAN) characterized changes in reproductive axis and menstrual cycle patterns informed the development of the reproductive aging staging system Staging of Reproductive Aging Workshop+10 (STRAW+10); Menopause transition-related

symptoms and mental health (vasomotor symptoms, sleep complaints, psychological symptoms, cognitive performance, and urogenital and sexual health); and physiological systems and functions (cardiovascular and cardiometabolic health, bone health, physical function performance) that are influenced by the Menopause transition.^[4]

A study conducted by Whiteley J, DiBonaventura Md, Wagner JS, Alvir J, Shah S (2013) concluded that women experiencing menopausal symptoms reported significantly lower levels of HRQoL and significantly higher work impairment, and healthcare utilization than women without menopausal symptoms. Menopausal symptoms can be a significant humanistic and economic burden on women in middle age.^[5]

1.1 Statement of the Problem

“Quality of Life of the Post-Menopausal women in selected Rural areas of Sonitpur District, Assam.”

1.2 Objectives of the study

- 1) To assess the Quality of Life of the Post-Menopausal women in selected rural areas of Sonitpur District, Assam
- 2) To determine the association between the Quality of Life of the Post-Menopausal women and selected demographic and clinical variables.
- 3) To determine the Correlation among the domains of Quality of Life. i.e., Vasomotor, Psychosocial, Physical and Sexual domain.

2. Review of Literature

Review of Literature has been presented into 3 sections

2.1 Literature related to awareness, Perception and Quality of Life among Pre, Peri, Menopausal and Post-menopausal women

Barati M, Akbari-heidari H, Samadi-yaghin E, Jenabi E, Jormand H, Kamyari N (2021) conducted a study on “The factors associated with the quality of life among postmenopausal women”. The study aimed at determining the prevalence of menopausal symptoms and factors associated with the Quality of life among postmenopausal women. The findings revealed the mean MENQOL Score in menopausal was 2.45 ± 1.04 . Also, vasomotor symptoms had the highest score, and sexual symptoms had the lowest score rather than other dimensions. There was a significant association between the total menopausal quality of life score and job, economy status, smoking, exercise, supplemental Omega-3 s intake, and Postmenopausal stage.^[6]

2.2 Literature related to Prevalence of menopausal symptoms among Pre, peri, Menopausal and Post-Menopausal women.

Satapathy SP, Karmee N, Dash R (2020) conducted a study on “Prevalence of Menopausal symptoms and its association with various factors among women in post-menopausal age group: a cross-sectional study”. The findings revealed the common post- menopausal symptoms were joint and muscular discomfort, bladder problems, symptoms of dryness of vagina, physical and mental exhaustion. Factors like education, occupation, socio-economic status, marital status, parity, mode of delivery, age at menopause and BMI was related to one or more menopausal symptoms.^[7]

2.3 Literature related to effectiveness of intervention on Quality of Life among Pre, Peri, Menopausal and Post-menopausal women

Dastgerdi FA, Zandiyeh Z, Kohan S (2020) conducted a study on “Comparing the effect of two health education methods, self-directed and support group learning on the quality of life and self-care in Iranian postmenopausal woman”. The findings indicated that Immediately after the intervention, the mean scores of QOL in the self-directed group, support group, and control group were 41.82 ± 7.61 , 40.31 ± 4.80 , and 48.17 ± 8.45 , respectively. In addition, the mean scores of self-care were significantly different between the self-directed and support groups compared to the control group. After 1 month from intervention, QOL scores in the self-directed group, support group, and control group were significantly different. In addition, the mean scores of self-care were 64 ± 6.79 and 65 ± 8.32 in the self-directed and support groups, respectively, compared to the control group (49.09 ± 9.43). Post hoc test (least significant difference) revealed higher effectiveness of the support group.^[8]

3. Methodology

A Descriptive Cross-sectional Research design was adopted for the present study. The study was carried out in selected

rural areas of Sonitpur district after obtaining formal permission from Institutional Ethics Committee, Regional College of Nursing, Guwahati-32, Joint Director of Health services, Sonitpur District, Assam and Sub-divisional Medical and Health Officer, North Jamuguri BPHC, Naharbari, Sonitpur, Assam. 165 Post-Menopausal women between age group 45-60 years who met the inclusion and exclusion criteria were chosen from 6 villages under North Jamuguri Block PHC coverage using Multi-stage systematic Random Sampling Technique. Post-Menopausal women who have attained natural Menopause, willing to participate in the study and are present at the time of data collection were included for the study. Post-Menopausal women who are on Hormone Replacement Therapy, have undergone induced Menopause and are ill at the time of data collection were excluded from the study. The data were collected from 16/05/2022 to 11/06/2022. The participants were explained the nature and purpose of the study and informed consent was taken from the Post-Menopausal women before data collection. The background data of the Post-Menopausal women which contributes to the Quality of Life were collected using structured Demographic Proforma which consists of 11 items. The standardized Menopause Specific Quality of Life Questionnaire (MENQOL) was used to assess the Quality of Life of the Post-Menopausal women. The Menopause Specific Quality of Life Questionnaire (MENQOL) is a validated tool developed by Hilditch et.al. 1996 at University of Toronto, Canada relevant for Post-Menopausal women. The scale includes frequency of menopausal symptoms and also indicated how much the respondents had been bothered by a symptom over past 30 days. It also has good sensitivity and specificity to assess the Quality of Life of the Post-Menopausal women. The test-retest reliability measures, using intraclass correlation coefficients were 0.81, 0.79, 0.70 and 0.55 for the physical, psychosocial, sexual domains and the Quality of Life question.^{[9][10]} The collected data were organized, tabulated and interpreted using Descriptive and inferential statistics in terms of objectives and hypotheses of the study. Frequency, Percentage, Mean and Standard Deviation was used to assess Quality of Life of the Post-Menopausal women. Analysis of Variance (ANOVA) was used to determine the association between the Quality of Life of the Post-menopausal women and selected variables. The Karl Pearson's Correlation coefficient was used to determine the Correlation among the domains of Quality of Life.

4. Results

Section-I: Findings related to Demographic and Clinical variables of Post-Menopausal women

Majority of the Post-Menopausal women (35.8%) belonged to Age group of 50-55 years. Majority of the Post-Menopausal women (32.1%) Educated up to High school. Majority of the Post-Menopausal women (85.5%) were Home-makers. Majority of the Post-Menopausal women (77%) were Married. Majority of the Post-Menopausal women (69.7%) belonged to Nuclear family. Majority of the Post-Menopausal women (30.9%) had Total monthly income of the family (in Rs.) in between 6,175 - 18,496. Majority of the Post-Menopausal women's (66.1%) Personal habit was Betelnut. Nothing specific activity was adopted by majority of the Post-Menopausal women (51.5%). Majority of the

Post-Menopausal women (53.9%) had 1-2 number of children. Majority of the Post-Menopausal women (36.9%) had duration of attaining Menopause between 5-10 years. Majority of the Post-Menopausal women's (60%) BMI ranged between 18.5-24.9.

Section-II: Findings related to the Quality of Life of the Post-Menopausal women

Quality of Life score in the Physical domain (39.37±16.34), Psychosocial domain (16.56±8.921), Sexual domain (7.25±3.101) and Vasomotor domain (6.07±3.780). The overall Quality of Life score of the Post-Menopausal women was 69.25±26.29.

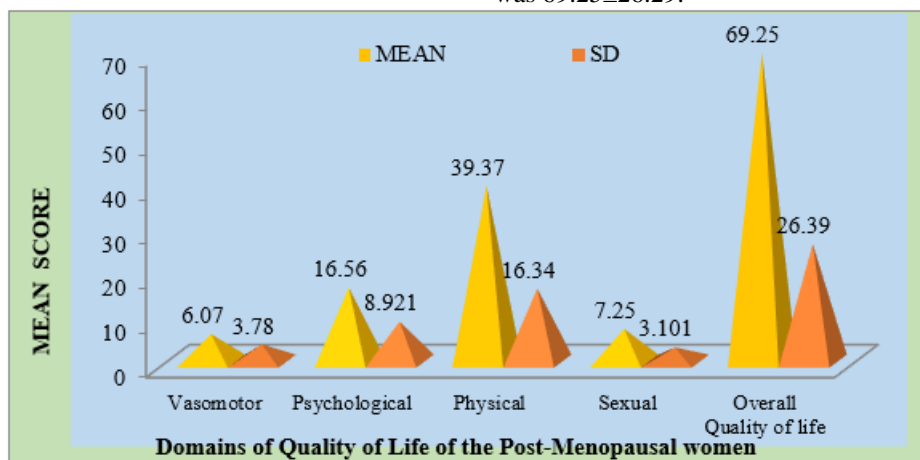


Figure 1: Distribution of domain-wise and overall Scores of Quality of Life of the Post-Menopausal women, n=165

Section III- Findings related to the association between Quality of Life of the Post-Menopausal women with selected Demographic and Clinical variables

The study findings revealed significant association found between Vasomotor Domain and variables like Profession/Occupation, Type of family, Number of Children of the Post-Menopausal women at p<0.05 level of significance. However, there was no significant association between Vasomotor domain and variables like Age, Educational status, Marital status, Total Monthly income of the family (in Rs.), Personal habits, Activity/Activities adopted, Duration of attaining Menopause and BMI at p<0.05 level of significance. There was significant association found between Psychosocial Domain and variables like Age, Educational status, Marital status, Type of family, Total Monthly income of the family (in Rs.), Number of children and Duration of attaining Menopause at p<0.05 level of significance. However, there was no significant association between Psychosocial domain and variables like Profession/Occupation, Personal habits, Activity/Activities adopted and BMI at p<0.05 level of

significance. Physical Domain of Quality of Life was significantly associated with Educational status, Marital status, Type of family, Personal habits, Number of Children and Duration of attaining Menopause at p<0.05 level of significance. However, there was no significant association between Physical domain and variables like Age, Occupation/Profession, Total Monthly income of the family (in Rs.), Activity/ Activities adopted and BMI at p<0.05 level of significance. No significant association found between Sexual domain and selected variables at p<0.05 level of significance. The overall Quality of Life of the Post-Menopausal women were significantly associated with variables like Educational status, Marital status, Type of family, Personal habits, Number of Children and Duration of attaining Menopause p<0.05 level of significance. However, there was no significant association between overall Quality of Life and variables like Age, Profession/Occupation, Total Monthly income of the family (in Rs.), Activity/ Activities adopted and BMI at p<0.05 level of significance.

Table 1: Association between Quality of Life of the Post-Menopausal women with selected variables, n=165

Demographic and Clinical variables	Vasomotor	Psychosocial	Physical	Sexual	Overall Quality of Life
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Age in Years					
45-50 years	6.40±4.17	15.18±7.55	36.45±14.76	6.89±3.32	64.93±23.31
50-55 years	5.86±3.13	16.76±8.89	39.53±16.48	7.44±3.16	68.59±26.20
55-60 years	5.96±4.05	18.96±9.94	42.33±17.53	7.43±2.78	74.69±29.14
df=2	F=0.315 p=0.730 ^{NS}	F=2.899 p=0.044*	F=1.731 p=0.180 ^{NS}	F=0.564 p=0.570 ^{NS}	F=1.857 P=0.159 ^{NS}
Educational Qualification					
No Formal Education	7.28±4.27	20.59±9.76	46.41±18.46	8.28±2.69	82.56±27.81
Upto Primary school	5.67±3.83	16.91±9.43	41.02±17.95	6.78±2.60	70.39±28.43
Upto High school	5.70±3.71	15.83±9.04	35.72±15.48	7.08±3.33	64.32±26.40
Upto Higher secondary	5.79±3.32	14.0±5.91	37.46±9.69	7.33±3.70	64.58±16.30
Graduation and above	6.70±2.90	12.0±3.55	33.20±11.73	6.90±3.41	58.80±17.77
df=4	F=1.183 P=0.320 ^{NS}	F=3.033 P=0.019*	F=2.819 P=0.027*	F=1.231 P=0.301 ^{NS}	F=3.271 P=0.013*

Profession/Occupation					
Home-makers	5.70±3.65	16.67±8.84	39.84±16.80	7.33±3.17	69.53±26.98
Government Employee	8.12±2.99	12.0±4.20	37.88±12.74	6.75±3.41	64.75±17.53
Private Employee	7.45±3.69	16.36±11.35	33.45±14.33	6.45±1.86	63.73±26.77
Daily wage earner	10.20±5.31	21.20±10.03	41.60±12.85	7.80±3.19	80.80±21.28
df=3	F=3.913	F=1.160	F=0.567	F=0.387	F=0.558
	P=0.010*	P=0.327 ^{NS}	P=0.637 ^{NS}	P=0.763 ^{NS}	P=0.643 ^{NS}
Marital status					
Married	5.98±3.75	15.57±8.18	38.96±15.90	7.35±3.40	67.87±25.32
Unmarried	6.14±2.67	14.29±7.56	27.43±9.10	5.43±1.39	53.29±16.78
Widow	6.42±4.17	21.10±10.76	43.74±18.10	7.29±1.61	78.55±29.99
df=2	F=0.165	F=5.272	F=3.093	F=1.275	F=3.482
	P=0.848 ^{NS}	P=0.006*	P=0.048*	P=0.282 ^{NS}	P=0.033*
Type of family					
Nuclear	5.64±3.15	15.02±8.19	37.19±15.01	7.07±3.28	64.92±24.11
Joint	8.64±4.71	20.09±10.44	45.91±22.35	7.00±3.22	81.64±35.34
Extended	6.62±4.81	20.10±9.46	43.95±17.24	7.87±2.41	78.54±27.24
df=2	F=3.799	F=6.001	F=3.537	F=1.014	F=5.455
	P=0.024*	P=0.003*	P=0.031*	P=0.365 ^{NS}	P=0.005*
Total Monthly income of family (in Rs.)					
≥ 1,23,322	6.67±4.04	19.67±17.67	39.33±21.50	4.67±1.15	70.33±42.12
61,663-1,23,321	6.00±4.12	14.0±4.79	40.60±16.59	7.40±4.33	68.0±24.41
46,129-61,662	5.29±2.75	15.0±8.15	48.14±16.97	8.14±4.14	76.57±25.29
165,831-46,128	5.64±4.23	12.52±6.86	34.40±15.21	6.84±2.71	59.40±22.94
18,497-165,8165	5.29±3.89	14.68±6.93	35.14±12.32	7.93±3.61	63.04±21.09
6,,175-18,496	6.31±3.72	18.8±9.62	41.63±17.88	6.96±3.08	73.78±29.89
≤ 6.174	6.85±3.81	18.10±9.51	39.33±16.17	7.28±2.395	71.56±25.70
df=6	F=0.669	F=2.416	F=1.568	F=0.910	F=1.339
	P=0.675 ^{NS}	P=0.044*	P=0.160 ^{NS}	P=0.489 ^{NS}	P=0.243 ^{NS}
Personal habits					
Nothing specific	5.62±3.33	14.25±8.28	36.27±14.08	6.54±2.609	62.67±23.16
Smoking	9.50±9.19	20.0±5.65	66.0±19.79	11.0±1.41	106.50±33.23
Alcohol	3.00±0	18.0±12.72	44.50±14.84	8.00±0	73.50±27.57
Betelnuts	6.28±3.88	17.57±9.10	40.27±15.96	7.51±3.25	71.63±27.09
df=3	F=1.365	F=1.768	F=2.845	F=2.238	F=2.808
	P=0.255 ^{NS}	P=0.155 ^{NS}	P=0.041*	P=0.086 ^{NS}	P=0.041*
Activity/Activities adopted					
Morning/Evening Walk	6.68±3.58	18.62±9.71	40.68±17.26	6.98±3.13	72.96±27.80
Yoga	4.20±1.63	16.20±10.82	35.40±11.82	6.40±1.81	58.0±11.31
Meditation	11.0±0	40.0±0	61.0±0	4.00±0	54.0±18.38
Exercise	4.81±2.13	16.56±9.43	41.81±14.29	7.38±3.59	76.57±30.89
Morning/Evening Walk and Yoga	6.05±4.20	15.27±7.85	37.93±16.45	7.60±2.99	62.20±23.59
Morning/Evening Walk and Meditation	3.00±0	13.50±0.707	38.50±12.02	3.00±0	116.0±0
Morning/Evening Walk and Exercise	5.50±3.53	12.50±2.12	27.0±9.89	9.00±2.82	70.56±23.51
Nothing specific	6.86±3.38	17.29±11.38	46.0±18.25	6.43±3.69	66.85±26.10
df=7	F=1.089	F=1.752	F=0.803	F=1.124	F=0.961
	P=0.373 ^{NS}	P=0.101 ^{NS}	P=0.586 ^{NS}	P=0.351 ^{NS}	P=0.462 ^{NS}
Number of children					
No children	4.62±2.66	15.23±7.90	33.0±13.43	7.31±2.92	60.15±22.06
1-2	5.39±3.27	15.04±7.76	36.48±15.01	7.21±3.47	64.13±24.31
> 2	7.33±4.29	18.97±10.16	44.76±17.37	7.30±2.57	78.37±27.73
df=2	F=6.289	F=3.853	F=6.167	F=1.017	F=6.628
	P=0.002*	P=0.023*	P=0.003*	P=0.983 ^{NS}	P=0.002
Duration of attaining Menopause					
< 5 years	5.79±3.79	13.83±7.11	36.02±14.50	7.32±3.51	62.96±23.14
5-10 years	6.14±3.38	16.02±8.22	37.78±16.03	6.61±2.89	66.54±24.31
> 10 years	6.27±4.24	19.88±10.20	44.86±17.36	7.94±2.76	78.96±29.06
df=2	F=0.157	F=4.448	F=3.001	F=1.717	F=3.685
	P=0.825 ^{NS}	P=0.005*	P=0.032*	P=0.166 ^{NS}	P=0.013*
BMI					
≤ 18.5	6.67±3.57	22.58±9.32	47.33±13.82	7.75±3.38	84.33±25.57
18.5-24.9	5.86±3.63	16.20±8.94	38.08±15.50	7.07±2.90	67.21±25.38
25-29.9	6.55±4.26	16.45±8.81	40.79±18.21	7.66±3.41	71.45±28.34
≥ 30	4.86±2.61	12.0±3.65	34.43±16.91	6.29±3.30	57.57±20.85
df=3	F=0.695	F=2.560	F=1.499	F=0.709	F=2.111
	P=0.556 ^{NS}	P=0.057 ^{NS}	P=0.217 ^{NS}	P=0.548 ^{NS}	P=0.101 ^{NS}

F-ANOVA Test, P<0.05 Level of Significance, NS-Non Significant

Section IV: Findings related to the Correlation among the domains of Quality of Life, i.e., Vasomotor domain, Psychosocial domain, Physical domain and Sexual domain.

There was significant moderately positive Correlation between Vasomotor and Psychosocial domain, Vasomotor and Physical domain of Quality of life. There was

significant strong positive Correlation between Psychosocial and Physical domain of Quality of Life. There was significant weak Positive Correlation between Psychosocial and Sexual domain, Physical and Sexual domain of Quality of Life.

5. Discussion

The present findings revealed that Quality of Life score in the Physical domain was 39.37 ± 16.34 , mean score in the Psychosocial domain was 16.56 ± 8.921 , mean score in the Sexual domain was 7.25 ± 3.101 and mean score in the Vasomotor domain was 6.07 ± 3.780 . The overall Quality of Life score of the Post-Menopausal women was 69.25 ± 26.29 . In support of the present study, a similar study conducted by **Ganapathy T, Al Furaikh SS (2018)**^[11] found that the overall mean MENQOL score in Physical ($27.1 + 0.72$), Psychological ($2.01 + 0.27$), Vasomotor ($4.08 + 0.79$), and Sexual ($3.89 + 0.59$). Another study conducted by **Adhikari B, Biswas R (2019)**^[12] found that the means and standard-deviation found in different domains were, Vasomotor domain (5.35 ± 2.94), Physical domain (27.95 ± 10.25), Psychosocial domain (13.81 ± 4.70) and Sexual domain (1.99 ± 2.91). In contrast to the present study, a study conducted by **Abedzadeh Kalarhoudi M, Taebi M, Sadat Z, Saberi F (2011)**^[13] found that the highest the mean score in Vasomotor domain (2.82 ± 1.64), Psychosocial domain ($2.71 \pm 1.3=2$), physical domain (2.46 ± 0.99) and sexual domain (2.89 ± 1.73). The present findings revealed significant association between Vasomotor Domain of Quality of Life and variables like Profession/Occupation, Type of family, Number of Children of the Post-Menopausal women. There was significant association found between Psychosocial Domain of Quality of Life and variables like Age, Educational status, Marital status, Type of family, Total Monthly income of the family (in Rs.), Number of children and Duration of attaining Menopause. Physical Domain of Quality of Life was significantly associated with Educational status, Marital status, Type of family, Personal habits, Number of Children and Duration of attaining Menopause. No significant association found between Sexual domain and selected demographic and clinical variables. The overall Quality of Life of the Post-menopausal women were significantly associated with variables like Educational status, Marital status, Type of family, Personal habits, Number of Children and Duration of attaining Menopause.

In support of the present study, a study conducted by **Adhikari B, Biswas R (2019)**^[12] found that Vasomotor domain was significantly associated with the Occupation and Number of children. Another study conducted by **Raj P, Deshmukh N, Borkar A (2019)**^[14] found that Psychosocial domain was significantly associated with Educational status, Occupation, Socio-economic status, marital status and Physical domain was significantly associated with the

However, No significant Correlation between Vasomotor and Sexual domain of Quality of Life.

Table 2: Test of Correlation among domains of Quality of Life, n=165

Correlation	r value	p value
Vasomotor vs Psychosocial	0.443	0.001*
Vasomotor vs Physical	0.467	0.001*
Vasomotor vs Sexual	0.018	0.817 ^{NS}
Psychosocial vs Physical	0.707	0.001*
Psychosocial vs Sexual	0.222	0.004*
Physical vs Sexual	0.191	0.014*

Correlation significance is at the level of $*p < 0.05$

Duration of attaining menopause. A study conducted by **Malik M, Mahjabeen M, Rana S, Hussain A, Hashmi A (2021)**^[15] found that Psychosocial domain mean scores were significantly different in the variables like age, level of education, number of children and Physical domain mean scores were significantly different in the variables like level of Education and Number of children. In contrast to the present study, a study conducted by **Shobeiri F, Jenabi E, Hazavehei SM, Roshanaei G (2016)**^[16] found significant difference in the mean scores of age, Employment status, Body Mass Index and educational status in the Vasomotor domain. Significant difference in the mean scores were also observed in age, financial status, Body Mass Index and education in the physical domain. Sexual domain mean scores were significantly different in age, Body Mass Index and education.

The present study findings revealed significant Correlation between Vasomotor and Psychosocial domain, Vasomotor and Physical domain, Psychosocial and Physical domain, Psychosocial and Sexual domain, Physical and Sexual domain of Quality of Life. In support of the present study, a similar study conducted by **Surender R, Durgapriya G, Arthi M, Srikanth S (2019)**^[17] found a positive Correlation among the domains of menopausal symptoms (vasomotor vs Psychosocial, Vasomotor vs Physical, Psychosocial and Physical) at p-value < 0.01 . Sexual symptoms were positively correlated with Psychosocial at p value < 0.05 .

6. Conclusions

From the findings of the present study, it can be concluded that Post-Menopausal women were bothered in one or more domain items in the MENQOL Questionnaire. The Demographic and Clinical variables such as Educational status, Marital status, Type of family, Personal habits, Number of Children and Duration of attaining Menopause were significantly associated with overall Quality of Life of the Post-Menopausal women. There was a positive Correlation among the domains of Quality of Life except no significant Correlation between Vasomotor and Sexual domain of Quality of Life. Nurses play a major role in preventing and management of common Post-Menopausal symptoms which can affect the Quality of Life after Menopause.

7. Recommendations

- The study can be replicated on a larger sample to have more valid results which can lead to more reliable interpretation.
- A similar comparative study can be done for various groups or can be conducted between rural and urban settings.
- A similar study can be done in a view to develop information booklet.
- Interventional study can be done to improve the Quality of Life of the Post-Menopausal women.
- An analytical study can be done on Factors affecting Quality of Life of the Post-Menopausal women can be done in similar or in different settings.

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