

Study on Coping Strategies on Menopausal Symptoms on Middle Aged Women in Chattogram City

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Abstract

Background: Menopause is a physiological change in the life of women. Menopausal women require more information about their physical and psychosocial needs. Most interventions for menopause women have focused on educational intervention, physical activity/exercise, healthy diet, stress management. The objectives of the study were to determine the commonly reported menopausal symptoms among middle age women and to correlate identified menopausal problems with coping strategies found in participants.

Materials and methods: The cross-sectional observational study was conducted in Chattogram for One year (January 2021 to December 2021). Study population was women of 40 to 60 years who had given consent to participate in this study. They were residing in Chattogram metropolitan city. Using purposive sampling technique, a total number of 109 subjects were included. This study is conducted by using modified MRS questionnaire, to document of 12 symptoms (Divided into somatic, psychological and urogenital domain) commonly associated with menopause. The respondents were divided into two groups, case 59 and control 50.

Results: The findings of the study are 84.7% (50) of the respondents are 45-50 years range and 15.3% in the age range of 51-60 years in case. The study found that most of the women around 89% are suffering from depression, anxiety, 75% of the study population has joint pain and weakness and lack of confidence about self-wellbeing. 9% presented with hot flashes, 47% with sleep disturbances and 72 % presented with comorbidities. 80% of the respondent expressed their satisfaction in communication with friends and relatives, having rest and taking light exercise like walking, etc. Change in life style, diet and social adjustment in post intervention testing. It indicated that menopausal syndrome of participants was significantly improved in the intervention group compared to the control group ($p < 0.001$).

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Conclusion: Proper knowledge and empowerment of menopausal women will guarantee their health. It will also help them to overcome the barriers in health promotion and empowerment.

Key words: Coping strategies; Empowerment; Menopause; menopausal symptoms.

Introduction

Menopause is a physiological change in the life of women. Menopause which is defined as complete cessation of menstruation for twelve months or more.¹ It is a normal physiological change experienced by middle age women.² Some of menopausal symptoms experienced by these women can be severe enough to affect their normal lifestyle.²⁻³ Majority of these women are not aware of the changes brought about by menopause.³⁻⁵ The common climacteric symptoms experienced by them can be group into: vasomotor, physical, psychological or sexual complaints. It was also noted in some postmenopausal women with long term estrogen deficiency, changes to the cardiovascular or bone which leads to osteoporosis. It is well documented that menopausal symptoms experienced by women affect their quality of life.⁶ In Western countries, menopausal symptoms such as hot flushes, sweating and vaginal dryness are considered as the main climacteric complaints. In other cultures, these symptoms dramatically vary from those observed in Western women, while North American and European samples were reported higher rates of symptoms than that of Asian women.⁷⁻⁹ It has been suggested that Asian women suffer more from the atypical symptoms and fewer, and with lesser severity, the typical psychological and vasomotor symptoms in comparison to those reported in Caucasian women in the west.⁶⁻⁷ Menopausal women require more information about their physical and psychosocial needs. Most interventions for menopause women have focused on educational intervention, physical activity/exercise, healthy diet, stress management.⁹⁻¹⁰ The objectives of the study were to determine the commonly reported menopausal symptoms

among middle age women and to correlate identified menopausal problems with coping strategies found in participants.

Materials and methods

The cross-sectional observational study was conducted in Chattogram for One year (January 2021 to December 2021). Study population was women of 40 to 60 years who had given consent to participate in this study. They were residing in Chattogram metropolitan city, especially Katalgonj Residential Area, Katalgonj, Chattogram. Using purposive sampling technique, a total number of 109 subjects were included. This study is conducted by using modified MRS questionnaire, to document of 12 symptoms (Divided into somatic, psychological and urogenital domain) commonly associated with menopause. The respondents were divided into two groups, case 59 and control 50.

Results

The findings of the study are 84.7% (50) of the respondents are 45-50 years range and 15.3% in the age range of 51-60 years in case. The study found that most of the women around 89% are suffering from depression, anxiety, 75% of the study population has joint pain and weakness and lack of confidence about self-wellbeing. 9% presented with hot flashes, 47% with sleep disturbances and 72 % presented with comorbidities. 80% of the respondent expressed their satisfaction in communication with friends and relatives, having rest and taking light exercise like walking, etc. Change in life style, diet and social adjustment.

Table I Distribution of participants by age group

Ser No	Age Group	Frequency	Percentage (%)
1.	40 to 50 Years	92	84.7%
2.	50 to 60 Years	17	15.3%
	Total	109	100.0

Table II Age of menopause among participants

Ser No	Age Years	Frequency	Percentage (%)
1.	Less Than 44 Years	17	15
2.	45 to 54 Years	83	76
3.	More Than 55 Years	9	09
	Total	109	100.0

Table III Distribution of participants by education

Ser No	Education Level	Frequency	Percentage (%)
1.	No Formal education	34	31
2.	Primary	54	49.5
3.	Secondary	21	19.5
	Total	109	100.0

Table IV Distribution of participants by marital status

Ser No	Marital Status	Frequency	Percentage (%)
1.	Living with Husband	78	72
2.	Window	21	19
3.	Divorce	8	7
4.	Separated	12	11
	Total	109	100.0

Table V Distribution of participants by economical dependency

Ser No	Economical Dependency	Frequency	Percentage (%)
1.	Self	33	30
2.	Husband	63	58
3.	Children	19	17
4.	Others	06	5
	Total	109	100.0

Table VI Income of participants families

Ser No	Income	Frequency	Percentage
1.	5 to 10 thousand Taka	58	53
2.	10 to 15 thousand Taka	33	30
3.	More Than 15 Taka	18	17
	Total	109	100

Discussion

The study found that 71.17% of women had menopause at the age of 45 - 54 year. This result is consistent with the report of a WHO scientific group research on the menopause where the age was mentioned 47-48 years for developing management.¹¹⁻¹⁴ Similar result was found in India where mean menopausal age was 47.35 years in urban Indian women and 49.56 years in rural Indian women.¹⁵⁻¹⁶ Similar result also found in a study done among south Asian women.¹⁷

2. The study found a high prevalence of somatic problems related to menopause. Anxiety is the most prevalent symptom followed by muscle and joint pain. The findings in this study are similar to the findings among post-menopausal women in Iran and India.¹⁸⁻²⁰ Coping strategies adoption remain on personal choice and feasibility of the

respondents.²¹⁻²² Problem based and emotion-based strategies are applied among the respective respondents depending on MRS scores. These rules are applied in most studies.²²⁻²³ Our study followed the procedure to get better result.

Distribution of participants by Post intervention testing indicated that menopausal syndrome of participants was significantly improved in the intervention group compared to the control group ($p < 0.001$).

Limitations

This study was done among a number of subjects in a selected area. Study among groups of subjects in different areas would be more accurate.

Conclusion

Proper knowledge and empowerment of menopausal women will benefit their health. It will also help them to overcome the barriers in health promotion and empowerment.

Recommendations

Further studies should be done among subjects of different areas. Sample size should be large. Follow-up study should be done for identifying better strategies for copying menopausal symptoms.

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Contribution of authors

Whole work conducted by auther herself.

Disclosure

Both the authors declared no conflict of interest.

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