

**ORIGINAL ARTICLE**DOI: <https://doi.org/10.3329/mediscope.v12i2.84130>**Health Problems and Remedial Measures among Post-menopausal Women in A Selected Suburban Area of Chattogram City****\*N Nazeen<sup>1</sup>, D Akhter<sup>2</sup>, MS Islam<sup>3</sup>****Abstract**

**Introduction:** Menopause means the permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. The age of menopause ranges between 45 -55 years, the average being 50 years. It has become a major public health concern around the world. **Objectives:** The aim was to reveal the common health problems and the remedial measures adopted by women in the post-menopausal stage. At the same time attempt was made to explore the relationship between post-menopausal symptoms with other factors like age of menarche, socioeconomic condition, conjugal life, and contraception. **Methods:** A cross-sectional study was conducted in a suburban area of Chattogram among 208 post-menopausal women. Data were collected through face-to-face interviews using an interview schedule. **Results:** A total of 208 (55.85%) postmenopausal women experienced at least one or more menopausal symptom(s). The most common complaints of post-menopausal women were hot flush (43.3%), joint pain (19.3%), insomnia (16.6%) & night sweats (14.5%). Among the respondents who seek health care services, the majority of the respondents consult the pharmacy directly rather than the hospital for psychological & urogenital problems, but 70.2% of respondents were found to be consulted in the hospital for somatic problems. **Conclusion:** The study findings revealed that the majority of the respondents were ignorant regarding health problems in menopause, so it is necessary to critically introspect the health needs of postmenopausal women and specific components that can be incorporated into the national health programs.

**Keywords:** Menopause, Menopausal symptoms, Postmenopausal women.

**Introduction**

Menopause is the permanent cessation of menstruation resulting from the loss of follicular activity of the ovaries. It is a stage when the menstrual cycle stops for longer than 12 months, and there is a drop in the levels of estrogen and progesterone, the two most important hormones in the female body. The onset of this physiological development not only marks the end of women's reproductive function but also introduces them to a new phase of life. Many women experience symptoms around the time of menopause, most of which are self-limiting and not life-threatening, but are nonetheless unpleasant and sometimes disabling.<sup>1</sup> Some of the menopausal symptoms experienced by these women can be severe enough to affect their normal lifestyle. Unfortunately, the majority of these women are not aware of the changes brought about by

menopause.<sup>2,4</sup> The common climacteric symptoms experienced by them can be grouped into: vasomotor, physical, psychological, or sexual complaints. It was also noted in some postmenopausal women with long-term estrogen deficiency, changes to the cardiovascular system or bone, which led to osteoporosis. It is well documented that menopausal symptoms experienced by women affect their quality of life.<sup>5</sup> 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<sup>6</sup>, while North American and European samples reported higher rates of symptoms than those of Asian women.<sup>7,8</sup> It has been suggested that Asian women suffer more from atypical symptoms and fewer, and with lesser severity, the

1. Dr. Nazia Nazneen, Associate Professor & Head, Department of Community Medicine, Gazi Medical College, Khulna, Bangladesh.  
Email: nazianitu01@gmail.com ORCID: <https://orcid.org/0009-0008-6358-4329>

2. Dr. Dalia Akhter, Associate Professor & Head, Department of Gynaecology & Obstetrics, Khulna Medical College Hospital, Khulna, Bangladesh.

3. Dr. Md. Serajul Islam, Associate Professor, Department of Community Medicine, Ad-din Sakina Medical College, Jashore, Bangladesh.

typical psychological and vasomotor symptoms in comparison to those reported in Caucasian women in the West.<sup>5,6</sup> Postmenopausal women can be considered a risk population. More than 80% of women experience physical or psychological symptoms in the year approaching menopause, with various distress and disruptions in their lives, leading to a decrease in quality of life.<sup>9</sup> Modern medicine has significantly increased the life expectancy of women throughout the world. The world population of women aged over 60 years was below 250 million in 1960 and it is estimated that in 2030, roughly 1.2 billion women will be pre- or post-menopausal and this will increase by 4.7 million a year.<sup>10</sup>

Although menopause-related symptoms have been extensively studied in Western countries, few data are available in Asia, especially in South East Asia<sup>2</sup>, including Bangladesh. This study aimed to document the menopausal-related symptoms among middle-aged women in the Chattogram region of Bangladesh.

### Materials and methods

This is a cross-sectional study conducted from February 2019 to April 2019. All postmenopausal women between the ages of 40-54 years living in the study area who satisfied the inclusion and exclusion criteria were included in the study. Inclusion criteria for the study were postmenopausal women with at least 1 year of amenorrhea and those who had attained natural menopause in the last 5 years.

Women with a known history of chronic diseases such as hypertension, diabetes, migraine, cardiovascular disease, tumors, tuberculosis, rheumatoid arthritis, and osteoarthritis were excluded from the study.

A total of 208 women were approached by a house-to-house survey in the village. Convenient type of non-probability sampling was used, as the data was collected. Information was collected by using face-to-face interviews using a semi-structured questionnaire. Descriptive statistics are presented in terms of frequency and percentages. The data was analyzed by using Statistical Packages for Social Sciences (SPSS) version 25.0.

### Results

A total of 208 postmenopausal women were included in the study. It was observed that the maximum number of postmenopausal women, 110 (52.8%), were in the age group 45-49 years. The mean age of postmenopausal women was found to be  $45.5 \pm 3.0$  years. Table 01 shows the distribution of postmenopausal women according to their sociodemographic characteristics.

**Table 01: Sociodemographic characteristics of the respondents (n=208)**

Traits	Frequency	Percentage
<b>Age group (years)</b>		
35-39	12	5.8
40-44	62	29.8
45-49	110	52.8
50-54	24	11.5
<b>Marital Status</b>		
Married	167	80.3
Unmarried	2	0.9
Widow	39	18.8
<b>Number of Children</b>		
1-2	34	16.3
3-5	131	66.5
>5	42	20.2
<b>Type of family</b>		
Nuclear	68	32.7
Joint	140	67.3
<b>Educational Level</b>		
Illiterate	135	64.9
Literate	73	35.1
<b>Occupation</b>		
Housewives	193	92.7
Teachers	10	4.8
Business	5	2.5
<b>Socio-economic status</b>		
Upper class	13	6.3
Middle class	38	18.3
Lower middle class	132	63.4
Lower class	25	12.0

**Table 02: Menopausal characteristics of the respondents (n=208)**

Traits	Frequency	Percentage
<b>Age of Menopause (years)</b>		
35-39	12	5.8
40-44	62	29.8
45-49	110	52.8
50-54	24	11.5
<b>Use of family planning methods</b>		
Use a contraceptive pill	129	62
Use of more than one method	56	27
<b>Problems related to menopause(Multiple response)</b>		
Hot flushes	90	43.3
Bone pain	72	34.6
Insomnia	45	21.6
Night sweats	32	15.3
Anxiety	52	25
Bladder problem	38	18.3
Dryness of vagina	45	21.6

The study found that half of the respondents had menopause at the age of 45 years, 52.8% had menopause at the age of 45-49 years, and only 11.6% had their menopause after the age of 45 years (mean menopausal age  $45.5 \pm 3.0$  years). In our study sample, 43.3% used some kind of contraceptive method in their life, and 18.4% respondents had also used more than one method. Hot flushes were the major (43.3%) problem related to menopause, followed by bone pain (34.6%). Similarly among all, 25% had anxiety, 21.6% reported dryness of vagina, 18.3% had bladder problem and 15.3% had night sweats is related to the menopause (Table 02).

In general, at least one kind of menopausal problem was felt by 55.8% of the respondents. In our study, we have assessed seven types of symptoms related to menopause. Regarding the place of consultation, most of the respondents (51.4%) consulted in a hospital for their treatment, and 29.4% the respondents were

consulted in the nearby pharmacy. Among the respondents who do not seek health care, ignorance (74.2%) was the main reason for not seeking health care (Table 03).

**Table 03: Health care seeking practice for menopausal problems**

Traits	Frequency	Percentage
<b>Treatment received</b>		
Yes	146	70.2
No	62	29.8
<b>Place of consultation</b>		
Hospital	75	51.4
Pharmacy	43	29.4
Village doctor	28	19.2
<b>Reason for not taking healthcare</b>		
Ignorance	46	74.2
Financial problem	16	25.8

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**Table 04: Relationship between socioeconomic status and post-menopausal health problems**

Socio-economic Status	Post-menopausal health problems		
	Yes	No	Total
Lower class	22 (88%)	3 (12%)	25
Lower middle class	130 (98.4%)	2 (1.6%)	132
Middle class	36 (94.7%)	2 (5.3%)	38
Upper class	9 (69.2%)	4 (30.8%)	13
Total	197	11	208

This table shows that 98.4% women were in the lower middle class (who are suffering more in postmenopausal problems)

**Table 05: Relationship between educational status and health problems of post-menopausal women**

Educational status	Health problems		
	Yes	No	Total
Illiterate	127 (94%)	8 (6%)	135 (65%)
Literate	70 (95.8%)	3 (4.2%)	73 (35%)
Total	197	11	208

This table showed that 94% women were illiterate among those who were suffering from post-menopausal problems.

### Discussion

The study found that fifty percent of the women had menopause at the age of 45-49 years, whereas the mean menopausal age was found to be  $45.5 \pm 3.0$  years. Similar results were found in a study done among Nepalese women by Aryal et al, where the median age at menopause was found to be 47 years.<sup>11</sup> The result about menopausal age found from this study is consistent with the report of a WHO scientific group in research on the menopause, where the age was mentioned as 47 to 48 years for developing countries.<sup>1</sup> Similar result was found in India, where the mean menopausal age was 47.35 years in urban Indian women<sup>12</sup> and 49.56 years in rural women in India.<sup>13</sup> Slightly different menopause age (49.9 years) was found in Kaski district of western development region, Nepal<sup>14</sup>, and 51.3 years was in Malaysia.<sup>15</sup>

The current study found a high prevalence of problems related to menopause. That is, 97.1% respondents had presented at least one of the menopausal problems. One population-based survey among Caucasian populations has reported a lower prevalence (40-70%), while those from Asian countries have reported a prevalence (10-50%). Three studies from Turkey have reported varying prevalence (35-90%). The difference in prevalence and proportion of menopausal symptoms may be due to racial and ethnic groups.<sup>14</sup> In the current study, 47.4% postmenopausal women complained of hot flushes. This finding is comparable to finding in the studies carried out by Madhukumar et al.<sup>16</sup> (2012, Bengaluru), Nusrat et al.<sup>17</sup> (2008, Pakistan), Sharma et

al.<sup>18</sup> (2004-05, Jammu) and Dutta et al.<sup>19</sup> (2012, Tamil Nadu), in which the prevalence of hot flushes were found to be 55.9%, 59.4%, 53.86% and 60.9%, respectively.

A similar result was found in a study done by Rahman et al in Bangladesh, where they found that joint and muscular discomfort was 76.20%. But slightly higher result was found with irritability (36%), cardiac discomfort (19.10%), depressive mood (37.30%) and bladder problem (12.80%) and slightly lower result was found with physical and mental exhaustion (60.90%) and sleeplessness (54.40%) which are followed by dryness of vagina (36%), hot flushes and sweating (35.80%), anxiety (34.20%). Also, less frequent symptoms were sexual problems (31.20%).<sup>20</sup>

Yasmin et al. found that who had the menopausal problems, majority of respondents were visited to MBBS doctor. They have mostly visited for problems like burning sensation, cramps in upper & lower limbs, back pain, sexual disturbances, and urinary problems.<sup>21</sup> Another study done by Kaulagekar Aarti in Pune, India, found that only 54% of the total respondents reporting symptoms consulted various systems of medicine and among them, only nearly 43% obtained advice from modern medicine. Remaining consulted various other systems of medicine for getting relief from the symptoms.<sup>22</sup>

The study found that 98.4% women were in the lower middle class, who are suffering more from postmenopausal problems & 94% women were illiterate, who are suffering from postmenopausal problems.

Previous studies investigating factors influencing the prevalence, type, and severity of menopausal symptoms have found that lower educational level, lack of employment outside of the home, and lower socioeconomic status are associated with a longer duration or increased severity of menopausal symptoms. A few interesting findings arising from the study, the study confirmed the association between health-related quality of life and geographic area, and thereby the presence of Health-related quality of life inequalities.<sup>23</sup>

### Conclusion

Menopausal problems are a neglected issue in developing countries, including Bangladesh. The general population of women in Bangladesh did not give importance to these menopausal problems until it became a serious matter. Large efforts are required to educate women and make them aware of menopausal

problems. It must be focused on early recognition of problems and encouragement to seek healthcare so that discomforts related to menopausal problems can be reduced.

This study attempted to reveal conscious health problems and remedial measures among the women of a selective rural community with only 208 respondents. If this type of study can be performed to a greater extent, the results will be more appropriate. From this knowledge of this study, it will be helpful to relieve the hazards of post-menopausal symptoms to make the remaining period of life peaceful and happy.

## References

1. World Health Organization (WHO): Scientific Group on Research on the Menopause in the 1990s. Research on the menopause: Report of a WHO scientific group. WHO technical report series Geneva: WHO 866; 1996.
2. Rahman SASA, Zainudin SR, Kar Mun VL: Assessment of menopausal symptoms using modified Menopause Rating Scale (MRS) among middle age women in Kuching, Sarawak, Malaysia. *Asia Pacific Family Medicine* 2010, 9:5.
3. Williams RE, Levine KB, Kalilani L, Lewis J, Clark RV: Menopause-specific questionnaire assessment in US population-based study shows negative impact on health-related quality of life. *Maturitas* 2009, 62:153-159.
4. Lu J, Liu J, Eden J: The experience of menopausal symptoms by Arabic women in Sydney. *Climacteric* 2007, 10:72-77.
5. Dhillon HK, Singh HJ, Rashidah S, Abdul Manaf H, Nik Mohd Zaki NM: Prevalence of menopausal symptoms in women in Kelantan, Malaysia. *Maturitas* 2006, 54:213-221.
6. Fuh JI, Wang SJ, Lu SR, Juang KD, Chiu LM: The Kinmen women-health investigation (KIWI): a menopausal study of a population aged 40-54. *Maturitas* 2001, 39:117-24.
7. Dennerstein L: Well-being, symptoms and the menopausal transition. *Maturitas* 1996, 23:147-57.
8. Ayranci U, Orsal O, Orsal O, Arslan G, Emeksiz DF: Menopause status and attitudes in a Turkish midlife female population: an epidemiological study. *BMC Women's Health* 2010, 10:1
9. Nisar N, Sohoo NA. Frequency of menopausal symptoms and their impact on the quality of life of women: a hospital based survey. *J Pak Med Assoc.* 2009 Nov; 59(11):752-756.
10. Nisar N, Sohoo NA. Severity of Menopausal symptoms and the quality of life at different stages of Menopause: a community based survey from rural Sindh, Pakistan. *International Journal of Collaborative Research on Internal Medicine & Public Health.* 2010 May; 2(5):118-130.
11. Aryal T, Yadava KN. Age at Menopause among Nepalese Women. *Journal of Population and Social Studies.* 2005 July 1; 14(1):95-114.
12. Sharma S, Tandon VR, Mahajan A. Menopausal Symptoms in Urban Women. *JK Science.* 2007 March; 9(1):13-17.
13. Sagdeo M, Arora D. Menopausal Symptoms: A Comparative Study in Rural and Urban Women. *Institute of Medical Sciences & Research Centre.* 2011 March; 13(1):23-26
14. Chuni N, Sreeramareddy C. Frequency of symptoms, determinants of severe symptoms, validity of and cut-off score for Menopause Rating Scale (MRS) as a screening tool: A cross-sectional survey among midlife Nepalese women. *BMC Women's Health.* 2011 June 14; 11(30). doi:10.1186/1472-6874-11-30.
15. Rahman SA, Zainudin SR, Mun VL. Assessment of menopausal symptoms using modified Menopause Rating Scale (MRS) among middle age women in Kuching, Sarawak, Malaysia. *Asia Pacific Family Medicine.* 2010; 9(5):1-6. doi: 10.1186/1447-056X-9-5.
16. Madhukumar S, Gaikwad V, Sudeepa D. A community based study on perceptions about menopausal symptoms and quality of life of post-menopausal women in Bangalore rural. *Int J Health Sci Res* 2012;2:49-56.
17. Nusrat N, Nishat Z, Gulfareen H, Aftab M, Asia N. Knowledge, attitude and experience of menopause. *J Ayub Med Coll Abbottabad* 2008;20:56-9.
18. Sharma S, Tandon V, Mahajan A. Menopausal symptoms in urban women. *J K Sci* 2007;9:13-7.
19. Dutta R, Dcruze L, Anuradha R, Rao S, Rashmi MR. Population based study on the menopausal symptoms in a rural area of Tamil Nadu, India. *J Clin Diagn Res* 2012;6:597-601.
20. Rahman S, Salehin F, Iqbal A. Menopausal symptoms assessment among middle age women in Kushtia, Bangladesh. *BMC Research Notes.* 2011 June 15; 4(188). doi:10.1186/ 1756-0500-4-188.
21. Yasmin N, Sultana S, Habib S A, Khatun K. Intervention approach to the menopausal women in rural Bangladesh. *Bangladesh Medical Journal.* 2009 Jan; 38(1):9-14.

22. Aarti K. Age of Menopause and Menopausal Symptoms among Urban Women in Pune, Maharashtra. J Obstet Gynecol India. 2011 June 25; 61(3):323-326.
23. M. Kaczmarek, Pacholska - Bogalska, W. Kwasniewski, J. Kotarski, B. Halerz- Nowakowska, A. Gozdzicka-Jozefiak. The association between socioeconomic status and health related quality of life among Polish postmenopausal women from urban and rural communities.