"A STUDY TO ASSESS MENOPAUSAL PROBLEMS AND TO COMPARE THE MENOPAUSE SPECIFIC QUALITY OF LIFE (MENQOL) AMONG MIDDLE AGED WORKING VS NON-WORKING WOMEN IN SELECTED URBAN AREAS IN MADURAI."

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Abstract:

Background of the study:

Background of the study: Menopause is the universal phenomenon and its commonly associated changes including interruption of sleep pattern, hot flashes and stress. There is great lack of awareness about the problem of menopause among women in India. Studies on issues related to menopause, especially in urban among urban women are also lacking. With this background, the present study was conducted with an aim to determine the menopausal problems and to compare the Menopause Specific Quality Of Life (MENQOL) among middle aged working women Versus non-working women in an urban area of Madurai. **Methods:** A descriptive comparative study carried out among 300 middle aged working and non-working women (40-55 years) in urban areas of Madurai, Tamil Nadu. Stratified random sampling technique was adopted. The questionnaire used as study tool had three sections; Section-I, as a screening tool Greene Climacteric Scale, Section-II, demographic variable and Section–III, Menopause Specific Quality Of Life (MENQOL) due to menopausal problems and Quality Of Life. **Result:** The mean score according to the menopausal problem in non-working women group according to the menopausal problems majority of the women had problem in physical factor 32.93 (3.52) and mean % 78.4. The psychological factor 73.48(6.79) mean% 76.5 and sexual factors 13.61 (1.80) mean% 75.6 and few of them were reported that they had problem in vasomotor factor13.19 (1.63) mean % 973.3. The association between MENQOL levels and selected demographic variables in working women and not significantly associated. And in non-working women it shows that weight (0.004), BMI (0.04) and Peri-menopause stage (0.022) have significant association with the demographic variables and other demographic variables were not significantly associated. **Conclusion:** The results support finding that menopause causes psychological and sexual problems in working and non -working middle aged women. Creating education awareness and proven suitable lifestyle modification to improve their quality of life.

Introduction:

Aging is the natural progression of changes in structure and performance that occur in the absence of known diseases. Aging of the female reproductive system begins in relation to follicle atresia at 20 weeks of gestation and proceeds as a continuum. **(Jacobs Pamela Hyland & Ley.2000)**

Menopause is a unique phase of the female reproductive life cycle, the transition from a reproductive to a non-reproductive phase. The word "menopause" literally means "the end of the menstrual cycle" **(Miles, 2016).**

Menopause is not a disease, but a natural process for every woman. In a woman's life, there comes a time when her reproductive cycle and system weakens and eventually shuts down. This is a normal and natural phenomenon. However, with the expansion of life expectancy it is one of the difficult phases in a woman's life, today's women are believed to spend a third of their lives in the post-menopausal phase. A large number of women associate menopause with the physical changes that occur in old age. Menopause is hardly accepted by most women and everyone reacts to it differently. Some women consider it normal and experience distinct changes in their mood or body, while others consider it abnormal and feel very distressed and upset **(Proctor Gramble 2010)**

Nearly, 71 million people over the age of 60 and menopausal women number about 43 million. According to the third consensus meeting of the Indian Menopause Society 2008. It is projected that the menopausal population in India will reach 103 million by the year 2026 **(Satpathy et al 2020).**

During the menopausal transition, hormone levels fluctuate greatly, making peri and post-menopausal women more susceptible to various mental and physical disorders. Due to increase in life expectancy, many women are expected to live for another 20-30 years. After menopause, they spend about a third of their lives in a state of estrogen deficiency. There are approximately 467 million women aged 50 and above in the world, a number expected to grow to 1200 million by 2030.

(**Maturitas, 1996).** Data from the Indian Menopause Society Research shows that there are about 65 million Indian women above the age of 45 and it is estimated that in the year 2026, the population in India will be 1.4 billion, with those above the age of 60 going to be 173 million. And so the menopausal population is going to be 103 million. The average age of Indian menopausal women is 47.5 years.

Conde et al found in their study that the most common menopausal symptoms were nervousness (67%) and hot flushes and sweating (51%). Factors associated with worse quality of life included sweating, palpitations, nervousness, dizziness, depression. insomnia, and dyspareunia. And the

authors observed that menopausal symptoms negatively affect quality of life in the postmenopausal phase.

Demographic transitions and epidemiological transitions have increased life expectancy of middle-aged women, resulting in the burden of morbidity associated with menopausal symptoms affecting their QOL. Individual response to menopause varies greatly due to genetic, cultural, lifestyle, socioeconomic, education, behavioral and dietary factors. Poor QOL among the high proportion of women in the menopausal stage will impose a significant large burden on public health care in developing countries such as India. **(Kalhana. et al)**

Quality of life (QOL) is an addition to health that plays a large role in the conduct and evaluation of health interventions. While research on QoL thus helps pave the way for simpler treatment and rehabilitation programs, new developments within medical science show that life expectancy has increased globally. Today, many women spend a third of their lives after menopause. Therefore, the QOL of postmenopausal women is of great public-health interest **(Nazarpour et al.2020).**

The process of menopause can extend over many years leading to complex Bio physiological and psychosocial changes. The poor QOL among the high proportion of women in the menopausal stage will impose a significant burden on public health care in countries such as India **(Ganapati, Al Furaikh 2018).**

Nurses are considered to be a part of decision-making tool as well as promoting healthy living women. This study will facilitate a better understanding of menopause to help women cope effectively. It will also help in developing IEC and counselling packages for healthy transition and healthier life.

Problem Statement:

"A study to assess menopausal problems and to compare the Menopause Specific Quality Of Life (MENQOL) among middle aged working Vs Non-working women in selected urban areas in Madurai."

Objectives:

To assess the menopausal problems among middle aged working and non-workingwomen.

To compare the Menopause Specific Quality of Life (MEN-QOL) among working and non-working women.

Hypothesis:

H_1: There will be a significant difference in the Menopause Specific Quality of Life (MENQOL) score between working and non-working middle aged women.

Research Approach:A Quantitative research approach was used for this study.

Research Design: The research design used in this study was under Non-Experimental design, Descriptive comparative study to describe the condition and related factors are measured at specific point in time for a defined population.

Settings of the Study: Study was conducted in different urban areas at Madurai, namely Railway colony, and Duraisamy Nagar. These places are at a distance of 5 to 10 kms from Sacred Heart Nursing College, Madurai.

Setting-I - Southern railway divisional office works under central government of India.

Population: In this study the targeted populations were women in the stage of menopause, working and non-working in selected urban areas.

Sample: In this study, middle aged menopause women from working and non-working category from selected urban areas of Madurai district, who fulfil the inclusion and exclusion criteria, were selected as the sample.

Sample Size: The study sample size was 300 nos. 150 in Working group and 150 in non-working group.

Sampling Technique: Stratified random sampling technique was adopted.

Sampling Criteria:

Inclusion Criteria

In menopausal stage with irregular cycle/variability in flow and in length of cycle/cessation for the past one year

Having menopausal problems at least for past 3months

Betweentheageof40-55years

Who gives consent

Exclusion Criteria

With surgical menopause

Who suffers from other gynaecological issues

Who are receiving any kind of hormone therapy

With severe illness like medical and mental problems

Research Tools and Techniques: The research tools were finalized after wide literature review and experts'

Opinions. The research tool consists of Data collection instrument and structured questionnaire

Section – I:

Screening checklist (Greene Climacteric Scale)

Greene Climacteric Scale: It is a Rating scale to measure menopausal symptoms and consists of 21 items; Psychological (Questions; 1-11 items), Physical (Questions 12-18 items) and Vasomotor (Questions;19-21items)

Scoring:

1 Not at all
2 A Little
3 Quite a bit
4 Extreme

Interpretations:

The level of symptoms will be calculated by converting the raw scores in to percentage.

01 – 33 % Mild
34 – 66 % Moderate
67 = 100 % Severe

Section – II:

Demographic Variables:

This includes age, education, height, weight, Body Mass Index, religion, type of diet, marital status duration of marriage in years, type of family, type of occupation, number of days absent per cycle from work due to menopausal problems, family and social support for health problems, economic independence, occupation of the family head, family income, number of children, type of delivery, leisure time and day time naps.

Physiological Variables:

Stressful events, exercise and workout, day time naps, sleep pattern and disturbances.

Clinical Variables:

This includes menopausal status: age of menarche, any menstrual problem fibroid, PCOD, dysmenorrhea, dysfunctional uterine bleeding etc.), menopause problems and medical variables such as chronic illness seeking for health care facilities.

Section – III:

Menopause-Specific Quality of Life questionnaire **(MENQoL) by Hilditchetal (1996)**

The development of MENQOL in considered a condition-specific self-report outcome of menopausal problems it consists of 29itemswith4sub-domain of MENQOL namely,

Vasomotor	Items (1-3)
Physical	Items (4-10)
Psycho-Social	Items (11 – 26)
Sexual	Items (27 – 29)

Interpretation: Lesser the score better the MENQOL; higher the score worsen the MENQOL

Validity and Reliability:

The established Cronbach's alpha for MENQOL is 0.87 for physical, 0.82 for vasomotor, 0.81 for psychosocial and 0.89 for sexual domains. It was translated to Tamil language and re-established by Split-half method.

Data Collection Procedure:

The prior approval obtained from the ethical committee of the Sacred Heart College of Nursing the pilot study and main study were conducted. Formal permission obtained from the Railway Divisional Office, Madurai Branch and selected apartment of Durainagar. The period of data collection was for 6 weeks and descriptive study design was used in this study.

Data was collected individually from 5-10 samples daily. During the five weeks of data collection, a total of 300 samples were interviewed and were recruited for the study using stratified sampling technique. The women were interviewed individually to collect the data, which lasted for 45 minutes. By using the eligible criteria will be selected by approaching the women at their choice of places.

For the Working Women:

All those who fulfil the criteria was contacted. Permission and informed consent were obtained a date and time convenient to them which does not disturb their work was fixed. The recruited samples in various categories were given the question in-person in their cabin. They were instructed to read and place their responses along the questionnaire provided if they are literates. Initially, the menopausal problems were assessed by Greene climacteric scale followed by which the administration of MENQOL Questionnaire was done.

As per the convenience of the working women data was collected by 5 in the morning and 5in the evening.

For the Non-Working Women:

After obtaining the permission from those non-working women, who were residing in selected urban areas in Madurai. the questionnaire were distributed in-person and samples was instructed to read and place their responses along the questionnaire provided, if they are literates as above said on the scale for menopausal symptoms and MENQOL was filled by the middle aged women . For those who had no formal education, using the questionnaire they will be interviewed by the investigator personally

1st week– 60women (10women per day)

2nd week–60women (10 women per day)

3rd week–60women (10 women per day)

4th week–60women (10 women per day)

5th week–60women (10women per day)

Data Analysis and Interpretation:

Section – A: Distribution of Samples

Table 1: Frequency and percentage wise distribution of middle-aged working Vs non-working women based on their demographic data

(n = 300)

S. No	Demographic Variables		Working Women		Non – Working Women	
			Frequency	Percentage	Frequency	Percentage
1.	Age (Years)	40-50	104	69.33	91	60.67
		51-55	46	30.67	59	39.33

2.	**Educational Status**	Primary	0	0.00	0	0.00
		Middle school	30	20.00	42	28.00
		High school	0	0.00	0	0.00
		Higher secondary and above	120	80.00	108	72.00
3.	**Height (Cm)**	145-155	27	18.00	20	13.33
		156-165	63	42.00	46	30.67
		166-175	48	32.00	78	52.00
		176-185	12	8.00	6	4.00
4.	**Weight (Kg)**	50-60	0	0.00	16	10.67
		61-70	21	14.00	41	27.33
		71-80	125	83.33	74	49.33
		>80	4	2.67	19	12.67
5.	**Religion**	Christian	34	22.67	40	26.67
		Hindu	82	54.67	70	46.67
		Muslim	34	22.67	40	26.67
		Others	0	0.00	0	0.00
6.	**Diet**	Vegetarian	12	8.00	4	2.67
		Non-vegetarian	15	10.00	47	31.33
		Both	123	82.00	99	66.00
7.	**Marital Status**	Married	84	56.00	148	98.67
		Unmarried	10	6.67	0	0.00
		Widow	32	21.33	2	1.33
		Divorced	24	16.00	0	0.00
8.	**Duration of Marriage**	<20	6	4.00	13	8.67
		21-30	131	87.33	103	68.67
		>30	13	8.67	34	22.67
9.	**Type of Family**	Nuclear	57	38.00	107	71.33
		Joint	93	62.00	43	28.67
		Extended	0	0.00	0	0.00
10.	**Type of Conception**	Coolie	30	20.00	0	0.00
		Teacher clerk	70	46.67	0	0.00
		Govt. employee	50	33.33	0	0.00
		Housewife	0	0.00	150	100
11.	**Family Support for Health Problems**	Family support	150	100	150	100
		Not family support	0	0.00	0	0.00
		Not	0	0.00	0	0.00

		applicable				
12.	**Social Support**	Social support	147	98.00	150	100
		No social support	3	2.00	0	0.00
13.	**Economic Independent**	Economic dependent	150	100	150	100
		Economic independent	0	0.00	0	0.00
14.	**Occupation of the Head**	Business	0	0.00	7	4.67
		Professional	16	10.67	23	15.33
		Salaried	69	46.00	52	34.67
		Others	65	43.30	68	45.33
15.	**Family Income (Rs)**	Below20000	30	20.00	6	4.00
		20000-40000	52	34.67	60	40.00
		41000-60000	67	44.67	80	53.33
		Above 60000	1	0.67	4	2.67
16.	**Number of Children**	None	10	6.67	1	0.67
		One	24	16.00	45	30.00
		Two	113	75.33	98	65.33
		Three	3	2.00	6	4.00
		Above three	0	0.00	0	0.00
17.	**Deliveries**	Nil	10	6.67	2	1.33
		LSCS	8	5.33	12	8.00
		NVD	60	40.00	91	60.67
		BOTH	72	48.00	45	30.00
18.	**Age of the Child**	None	10	6.67	2	1.33
		0-10	0	0.00	0	0.00
		11-18	35	23.30	48	32.67
		>18	105	70.00	100	66.67
19.	**Leisure time activities**	Yes	106	70.67	69	46.00
		No	44	29.33	81	54.00
20.	**Day time naps**	1-2 Hrs daily	0	0.00	8	5.33
		Sometime	122	81.33	134	89.33
		Never	28	18.67	8	5.33

Table 1 shows that the demographic variables among working Vs non- working women such as age in years, educational status, height, weight, BMI, religion, diet, marital status, type of family, occupation, family and social support, family income, deliveries, stress full event, exercise and

work out, leisure time activities, sleep pattern, age at menarche, peri-menopausal stage, menopausal problem, medical problem.

Regarding age in working women 104(69.33) belong to 40-50 years and 46(30.67) were 50-55 years in non-working women 91(60.67) belongs to 40-50 then 59(39.33) were 50-55 years.

Regarding to the educational status of the working women majority of them were studied up to higher secondary and above 120(80) were in working women and then 108(72) in nonworking women, majority of the women belongs to Hindu's 82(54.67) in working category and in non-working women 70(46.67) , diet they concentrated mostly mixed diet pattern about 123(82) working women and 99(66)in non-working women.

Regarding the marital status in non-working women 148(98.67) were married and remarkably 2(1.33) widower. And in working women the marital status were 84(56) in this category the working women were Unmarried 10 (6.67). And duration of the marriage 21 -30 years were about 131(87.33) in working women and in non- working women 103(68.67) and majority of them belong to joint family in working women 93(62) then in non-working category women prefers nuclear family107 (71.33).

In regarding to occupation of the women were in working category are teacher, clerk 70, (46.67), in occupation of the head of the family were salaried 69(46) in working women in non-working category the head of the family occupation were others such as contractor, drivers 68(45.33) and their income is about 40,000-60,000 67 (44.67) in working women and in non-working women their family head income about 40,000-60,000 were 80 (53.33).

With regard number of children majority of the working women were adapted 2 child norm 113 (75.33), and in non-working women 98(65.33), mode of deliveries were both normal vaginal delivery and LSCS in working women 72(48), but remarkably in non-working women normal vaginal delivery is common about 91(60.67), regarding with the age of the last child were >18 in both working and non- working women 105(70) and 100(66.67),

In concern with the leisure time activities in working women ranges between 106(70.67) and in non-working women group majority of the women stated that they are not having any type of leisure time activity 81(54). And day time naps in working women were sometime 122(81.33) and in non-working women was134 (89.33).

Table 1.2: Frequency and percentage distribution of middle-aged working Vs non-working women based on their physiological variables

(n = 300)

S. No	Physiological Variables		Working Women		Non – Working Women	
			Frequency	Percentage	Frequency	Percentage
1.	Stressful event in lastyear	Yes	26	17.33	5	3.33
		No	124	82.67	145	96.67
2.	Exercise or Physical Workout	Everyday	0	0.00	37	24.67
		3 - 4 times a Week	24	16.00	52	34.67
		Sometimes	90	60.00	57	38.00
		Not at all	36	24.00	4	2.67
3.	Sleep Pattern	Sound Sleep	58	38.67	96	64.00
		Disturbed sleep	86	57.33	52	34.67
		Sleepless night	6	4.00	2	1.33
4.	Sleep Disturbances	None	60	40.00	95	63.33
		Restless	9	6.00	6	4.00
		Sleepapneas	25	16.67	9	6.00
		Rest lesssyndrome	52	34.67	39	26.00
		Narcolepsy	4	2.67	1	0.67
		Any other	0	0.00	0	0.00

Table1.2: predicts that the women in both working women 124 (82.67) and non-working women 145 (96.67) having the stressful event in last one year. The women having the practice of exercise or physical workout working women were 90 (60) and in non-working women 57 (38).

Regarding Sleep pattern majority of the women facing the problem with disturbed sleep 86 (57.33) but were in non-working women they feel sound sleep 96 (64), and sleep disturbance majority of the women were 60 (40) in working women and 95 (63.33) in non-working women other than this woman facing restless leg syndrome were 52 (34.67) in working women and 39 (26) non-working women.

Table1.3: Frequency and percentage distribution of middle-aged working Vs non-working women based on their clinical variables related to menopause

(n=300)

S. No	Clinical Variables		Working Women		Non – Working Women	
			Frequency	Percentage	Frequency	Percentage
1.	Age at Menarche	<=15	107	71.33	118	78.67
		>15	43	28.67	32	21.33
2.	Peri-menopausal Stage	<2years	121	80.67	107	71.33
		2-4years	29	19.33	43	28.67
		>4 years	0	0.00	0	0.00
3.	Menopause Problems	Regular	16	10.67	11	7.33
		Irregular	60	40.00	55	36.67
		Heavy bleeding	44	29.33	56	37.33
		Not menstruated last 1 year	30	20.00	28	18.67
4.	Menstrual Problems	Dysmenorrhea	43	28.67	81	54.00
		PCOD	15	10.00	24	16.00
		Fibroids	39	26.00	13	8.67
		Abortion	43	28.67	27	18.00
		DUB	10	6.67	5	3.33
		Others	0	0.00	0	0.00

Table 1.3: Regards with the clinical variables related to menopausal problemlikeageatmenarchemajorityofthewomeninworkingandnon-working were107 (71.33) and 118 (78.67), and peri-menopausal stage women experience <2 years 121 (80.67) in working women and 107 (71.33) were non-working women. And in menopause problem it starts with irregular periods 60 (40) in working women and 55 (36.67) were non-working women. In order with menstrual problem in working women were dysmenorrhoeal and abort iron were 43 (28.67) and 43 (28.67) then in non-working women dysmenorrhoeal were 81 (54) and abortion were 27 (18),

Section B:

Distribution of working women and non-working women based on menopausal problem

Objective 1 to assess the menopausal problems among working and non-workingwomen

Table 2.1: Mean, SD and mean % of Menopausal problems among middle aged working women

(n = 300)

Menopausal Problem	Max score	Workingwomen		
		Mean	SD	Mean%
Vasomotor factor	18	13.22	1.60	73.40
Physical factor	42	32.83	3.99	78.20
Psychological factor	96	75.51	7.66	78.70
Sexual factor	18	14.91	2.14	82.80
Overall	174	136.4	13.6	78.40

Table 2.1 shows that in working women group the mean sore according to the menopausal problems. It depicts that majority of the working women had problem in sexual factor14.91(2.14) and mean % 82.8, the physical factor 32.83 (3.99) mean % 78.2 and psychological factors 75.51(7.66) mean % 78.7 and few of them had reported that they had problems in vasomotor factor 13.22 (1.60)mean% 73.4.

Table 2.2: Mean, SD and mean% of Menopause problems among middle aged non-workingwomen.

(n = 300)

Menopausal Problems	Max score	Non-Workingwomen		
		Mean	SD	Mean%
Vasomotor factor	18	13.19	1.63	73.30
Physical factor	42	32.93	3.52	78.40
Psychological factor	96	73.48	6.79	76.50
Sexual factor	18	13.61	1.80	75.60

Overall	174	133.2	12.0	76.60

Table 2.2 indicates that the distribution of non- working women group according to the menopausal problems. It depicts that majority of the non-working women had problem in physical factor 32.93 (3.52) and mean %78.4, the psychological factor 73.48 (6.79) mean % 76.5 and sexual factors 13.61 (1.80) mean% 75.6 and few of them were reported that they had problem in vasomotor factor 13.19 (1.63) mean % 73.3.

Section C: Distribution to compare the MENQOL among middle aged working Vs non-working women.

Objective 2: to assess and to compare Menopausal Specific Quality of Life (MENQOL) among working and non- working women

Table2.3: Mean, SD and mean% of comparison between the Menopause Specific Quality of Life (MENQOL) among middle aged working Vs non-working women

(n = 300)

MENQOL	**Max Score**	**Working women group**			**Non-working women group**			**Difference in Mean%**
		Mean	***SD***	***Mean %***	***Mean***	***SD***	***Mean%***	
Vasomotor factor	18	13.22	1.6	73.4	13.19	1.63	73.3	0.1
Physical factor	42	32.83	3.9	78.2	32.93	3.52	78.4	0.2
Psychological factor	96	75.51	7.6	78.7	73.48	6.79	76.5	2.2
Sexual factor	18	14.91	2.1	82.8	13.61	1.80	75.6	7.2
Overall	174	136.4	13.6	78.4	133.2	12.00	76.6	1.8

Table 2.3: show the comparison between the MENQOL of working and non-working women represent that

1. The mean score of quality of life relating to vasomotor factor in working women 73.4 and non- working women 73.3 and their difference is 0.1
2. The mean score of quality of life relating to physical factor in working women 78.2 and non -working women 78.4 and their difference is 0.2
3. The mean score of quality of life relating to psychological factor in working women 78.7 and non- working women76.5 and their difference is 2.2
4. The mean score of quality of life relating to sexual factor in working women 82.8 and non-working women 75.6 and their difference is 7.2.

Objective 2 to assess and to compare the Menopausal Specific Quality Of Life (MENQOL) among working and non-working women.

Table-2.5: Unpaired "t"-test was found to assess and to compare the Menopause Specific Quality of Life (MENQOL) among middle aged working and non-working women

(n = 300)

MENQOL	Workingwomen Score			Non-Workingwomen Score			FERENCE	
	Mean	SD	Mean %	Mean	SD	Mean %	Mean Difference	't' & 'p' value
Vasomotor Factor	13.2	1.6	73.4	13.1	1.6	73.3	0.02	0.146 p=0.887 (NS)
Physical factor	32.8	3.9	78.2	32.9	3.5	78.4	0.10	0.22, P=0.818 (NS)
Psychological Factor	75.5	7.6	78.7	73.4	6.7	76.5	2.02	2.42, P=0.016 *(S)
Sexual factor	14.9	2.1	82.8	13.6	1.80	75.6	1.30	5.68 P<0.001 ***(HS)
Overall	136.4	13.6	78.4	133.2	12.0	76.6	3.25	2.19 P=0.029 *(S)

*** Significant at 0.001

Table 2.5 reveals that unpaired "t" test to compare MENQOL among middle aged working and non –working women.The mean, standard deviation score of non-working groupregarding MENQOL in vasomotor factor (13.19+1.63) in work in group (13.22+1.60) the mean difference is (0.027).This indicates that the mean score of working women group was lower than the mean score of non-working group. The t-value obtained (0.146) which was statistically not significant p = 0.887.

The mean, standard deviation score of non–working group regarding MENQOL in physical factor (32.83+3.99) whereas in working women group (32.93+3.52), the mean difference is (0.1). This indicates that the mean score of working women group was lesser than the mean score non-working women group. The t-value obtained (0.22) was statistically not significant at p = 0.818. Hence research hypothesis is accepted.

The mean, standard deviation sore of working women group regarding MENQOL in psychological factor (75.51+7.66) whereas in non-working group (73.48+6.79), the mean difference is 2.02.This indicates that the mean score of non-working women group was lesser than the mean score of working women group. The t-value obtained (2.42) which was statistically significant at p = 0.016.

The mean, standard deviation sore of working women group regarding MENQOL in sexual factor (14.91+2.14) whereas in non-working group (13.61+1.80) the mean difference is 1.3. This indicates that the mean score of non-workingwomen group was lesser than the mean score of working women group. The t - value obtained (5.68) which was highly significant at p<0.001level.

The study concluded that there was remarkable difference in the psychological and sexual factor of MENQOL between the working and non-working women. So, The Lower the score higher the QOL and the higher the score worse the QOL.

Recommendations:

- Similar study can be conducted in rural setting
- An interventional study can be undertaken to determine the effectiveness of selected intervention in reducing menopause problems and improving the quality of life.
- A similar study can be replicated to intervene some therapies among the menopausal women.

Conclusions

- Menopausal problem is very common among post-menopausal women at the age group of 40-55 years.
- Menopausal problem may affect the women's quality of life in both the working and non-working women.

References:

1. Jacobs. A. Pamela, Hyland. E.M and Ley.A (2000) Self-related menopausal status and quality of life in women aged 40-63 years, Plymouth PL8AA,UK (e-mail.p.jacobs@plymouth.ac.uk)
2. Myles, M. F., Bennett, V. R., & Brown, L. K. (1993). Myles textbook for midwives. Edinburgh: Churchill Livingstone.
3. ProcterandGamble.,Menopausesymptoms,AmericanMenopausalFoundation,3(1)120-136,5 September, 2010, from http://www.im society.org, http://www.medscape.com.
4. Satapathy SP, Karmee N, Dash R. Prevalence of menopausal symptoms and its association with various factors among women in post-menopausal age group: a cross-sectional study. Int J Reprod Contracept ObstetGynecol2020;9:3837-4.
5. Conde DM, Pinto-Neto AM, Santos-Sá D, Costa-Paiva L, Martinez EZ. Factors associated with quality of life in a cohort of postmenopausal women. Gynecol Endocrinol. 2006 Aug; 22(8):441-6. doi: 10.1080/09513590600890306. PMID: 17012106.
6. Kalhan M, Singhania K, ChoudharyP, VermaS, KaushalP, Singh T. Prevalence of menopausal symptoms and its effect on quality of life among rural middle aged women (40–60years) of Haryana, India. Int J App Basic Med Res2020;10:183-8.
7. Nazarpour, S.,Simbar,M.,RamezaniTehrani,F. *etal*. Factors associated with quality of life of postmenopausal women living in Iran. *BMC Women's Health* **20,**104(2020).https://doi.org/10.1186/s12905-020-00960-4
8. Polit, D. F., & Beck, C. T. (2018). Essentials of nursing research: Appraising evidence for nursing practice (9th ed.).Wolters Kluwer Health
9. Maturitas. The demography of menopause. 1996 Mar;23(2):113-27. doi: 10.1016/0378-5122(95)00968-x. **https://pubmed.ncbi.nlm.nih.gov/8735350/**

10. GanapathyT,AlFuraikh SS(2018) Health –related quality of life among menopausal women, Arch Med Health Sci; 6:16-23 IP:122.174.121.97www.ijrhs.com

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