Ilkogretim Online - Elementary Education Online, 2021; Vol 20 (Issue 1): pp. 5688-5697
http://ilkogretim-online.org
doi: 10.17051/ilkonline.2021.01.599

Comparative Study Of Quality Of Life In Post-Menopausal Group – Working Women Vs. Homemakers Using Whoqol - Bref Scale

Dr. Aditi Kulkarni[1] , Ruchi Patel[2] , Amreen Samnani [3] , Shivani Nambiar [4]

[12,3,4](School of Occupational Therapy, D.Y. Patil Deemed to be University, India)

ABSTRACT: Quality of life 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, safety, and security to freedom, religious beliefs, and the environment. The expression of quality of life as the degree of satisfaction or dissatisfaction felt by people with various aspects of their lives. Or, put more simply, quality of life is the provision of the 'necessary conditions for happiness and satisfaction. The aim of this study is to compare quality of life in post-menopausal age group- wworking vs. hhomemaker women using WHOQOL-BREF scale. It's a cross-sectional study of comparison between two groups. In this study sample of forty women (twenty working and twenty home-makers) in the age range of 50-60 years were approached to carry out the study. The comparison was done in four domains namely physical health, psychosocial, social relationships and environment of quality-of-life scale. P Value of Domain 1 (Physical Health) and Domain 2 (Psychological) value were below 0.05 viz. 0.33 & 0.001 respectively which indicates significant difference in values of working and homemakers. The study concludes that women of post-menopausal period both working and homemakers are very important to be considered for occupational therapy since it influences psychological, social, and emotional aspects due to physiological changes.

Keywords - Depression, Menopause, Quality of Life

1. Introduction

Quality of Life-Quality of life 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, safety, and security to freedom, religious beliefs, and the environment. The expression of quality of life as the degree of satisfaction or dissatisfaction felt by people with various aspects of their lives. Or, put more simply, quality of life is the provision of the 'necessary conditions for happiness and satisfaction.

1.1 Menopause

Menopause refers to the time at which a woman's menstruation stops. It is defined as the absence of menses (a period) for 12 consecutive months. The average age of menopause is 51 years, although this can vary widely.

1.2 Symptoms

In the months or years leading up to menopause (perimenopause), you might experience these signs and symptoms:

- Irregular periods
- Vaginal dryness
- Hot flashes
- Chills
- Night sweats
- Sleep problems
- Mood changes
- Weight gain and slowed metabolism
- Thinning hair and dry skin
- Loss of breast fullness

1.3 Osteoporosis

Osteoporosis**,** (post-menopausal complication), which literally means porous bone, is a disease in which the density and quality of bone are reduced. As bones become more porous and fragile, the risk of fracture is greatly increased. The loss of bone occurs silently and progressively. Often there are no symptoms until the first fracture occurs. Osteoporosis may be due to lower-than-normal maximum bone mass and greater-than-normal bone loss. Bone loss increases after menopause due to lower levels of estrogen.

1.4 How is osteoporosis related to menopause?

There is a direct relationship between the lack of estrogen after menopause and the development of osteoporosis. After menopause, bone resorption (breakdown) overtakes the building of new bone. Early menopause (before age 45) and any long phases in which the woman has low hormone levels and no or infrequent menstrual periods can cause loss of bone mass.

1.5 Depression

Depression is a kind of illness called a mood disorder that affects a person's ability to experience normal mood states. Mood disorders are biological illnesses believed to be caused by changes in brain chemistry, and the tendency to depression is sometimes inherited genetically. Physical or emotional stress can trigger the biological changes that occur in depression, and the hormonal changes leading up to menopause may also trigger such changes, especially in women who may be prone to depression because of underlying brain chemistry or family history. The symptoms of major depression include: • Depressed mood most of the day, nearly every day for 2 weeks or longer and/or • Loss of interest or pleasure in activities that the person usually enjoys. Other symptoms can include: • Fatigue or lack of energy • Restlessness or feeling slowed down • Feelings of guilt or worthlessness • Difficulty concentrating • Trouble sleeping or sleeping too much • Recurrent thoughts of death or suicide.

1.6 The Menopause – Depression Connection

The common mood swings during this time are related to the fluctuating levels of ovarian hormones during the transition to menopause. Plus, if a woman is not sleeping well due to night sweats, her mood would no doubt be affected, too. Women who had severe PMS in their younger years may have more severe mood swings during perimenopause. Also, women with a history of clinical depression seem to be particularly vulnerable to recurrent clinical depression during menopause. P erimeno pause can begin as early as a woman's mid-30s, and can last anywhere between two to eight years, as a woman's body begins to wrap up the reproductive years. Holtorf's own Dr. Liz Lyster talks about perimenopause in this video. The deterioration of the quality of the eggs a woman produces can cause unpredictable cycles for a decade before actual menopause. As some of the 'poorer quality' eggs start to develop, they may not develop normally and may not be released in ovulation. If this occurs, it may upset the hormonal balance, which may result in a skipped cycle and perimenopausal symptoms. As eggs aren't released as often, progesterone levels drop, and this can cause estradiol levels to fluctuate, which might lead to symptoms of estrogen dominance—heavier menses, bloating, irritability, PMS, breast tenderness, anxiety, hot flashes, heart palpitations and fibroids. Because these symptoms can often be confused with other health issues, women may overlook perimenopause as a cause. Dr Kent Holtorf from Holtorf Medical Group says that "most doctors fail to detect the causative hormonal imbalance because standard blood tests generally miss the hormone imbalance causing the symptoms. "Genetic factors, weight gain, insulin resistance, and even environmental toxins, such as plastics and pesticides, can also affect the timing of perimenopause and menopause. Depression (as well as weight gain) is typically due to a combination of progesterone and thyroid deficiency. In fact, over 20% of menopausal women in the U.S. are diagnosed with thyroid

dysfunction. And it might be worth having these imbalances treated. When these deficiencies are addressed, the overwhelming majority of women will find significant improvement in symptoms.

1.7 Empty Nest Syndrome (ENS)

Empty nest syndrome is a phenomenon in which parents experience feelings of sadness and loss when the last child leaves home. In the past, research suggested that parents dealing with empty nest syndrome experienced a profound sense of loss that might make them vulnerable to depression, identity crisis and marital conflicts. However, recent studies suggest that an empty nest might reduce work and family conflicts, and can provide parents with many other benefits. When the last child leaves home, parents have a new opportunity to reconnect with each other, improve the quality of their marriage and rekindle interests for which they previously might not have had time. Women who are going through menopause are prone to experience empty nest syndrome. In this circumstance, she may be under emotional stress associated with hormonal and physical changes. In a sense, a woman may feel as if part of their life, the part where they are able to have children, is over. As a result, they can struggle with empty nest syndrome through this emotional loss.

2.Aim of the Study

To compare quality of life in post- menopausal age group- Working Vs. Homemaker women using WHOQOL-BREF scale.

3. Review of literature

Notman (1984) describes the physical and psychological disturbances that may accompany menopause and the treatment of these disturbances. Disorders common to menopause include not flashes, osteopathists, depression, insomnia and prosthesis. These symptoms may be hormonal or psychosocial in origin, although depression is more likely to be associated with such psychosocial factors as family and socioeconomic experiences of mildlife than with endocrine changes. The view that women see menopause as a loss of faminity is not supported.

Review of literature related to sign and symptoms of menopausal syndrome - Rajiv Gandhi university of health sciences, Bangalore, Karnataka. A woman can experience a variety of menopause symptoms which occur during the perimenopause stage, including hot flashes and night sweat, depression, mood swings dry skin and hair anxiety insomnia weight gain vaginal dryness. Some women experience difficulty sleeping, backache, joint pain and other manifestations of osteoporosis. The calcium loss leads to an increased

predisposition to bone collapse or fracture. A decrease or absence of estrogen has been shown to inhibit bone breakdown and loss. About 75 to 80% of American women are estimated to get hot flushes when they are in menopause. Not all women experience hot flushes, but more than half do. In some estrogen production decreases gradually producing few hot flush. But for others, the ovaries stop estrogen production abruptly. For these women, hot flushes can be a real roller coaster side. In a recent survey report identified 638 women aged 45 to 54, living in the London area indicate that hot flushes and night sweats are clearly associated with the onset of a natural menopause and that they occur in the majority of women.

Defey et al (1996) conducted research in women's perception of themselves and their health care needs during menopause. They were evaluated on the variables of loneliness, partnership, beauty and the 20 empty-nest syndrome by gynaecologists and by other participating women. The results showed that women stressed the relevance of menopause as a life crisis laden with opportunities for self accomplishment and positive changes in life style towards greater autonomy.

Neugarten et al (1965) it is believed that women experience throughout adulthood, both within and between generations familial transition like empty-nest. The empty-nest is a twentieth century phenomenon. In earlier times, women often did not live to see their youngest child leave home, with increasing longevity, the decreasing number of children born to women and the younger ages at which child bearing is completed, and the empty nest has become a focus of researchers.

Kivett (1979) found “Empty nest syndrome in the elderly was associated with widowhood, empty nest, poor vision and self rated health, problems with transportation, frequent use of the telephone and low participation in organized social activities. That the syndrome was also typical for persons whom health and transportation were not major problems but for those who had neither children nor mate around”.

Kitson (1982) found “42% of divorced aged women who expressed moderate or showing attachment were associated with greater difficulties of empty nest syndrome and doubts about being able to cope with single life”. Kitson (1982) in a study of two women experiencing empty nest syndrome found “women encountered complicated emotions in which the following themes were elicited, feeling sad, feeling relieved, wondering about one-self, loving children, dealing with missing someone, dealing with transition, coping with anxieties and denial, seeking supports and feeling positive”.

In a research article Pearlman (1993) observed that some women (50-60 years) pass through the feeling of despair and vulnerability at the diminished physical/sexual changes, because such a transition initiates a disruption of sense of self-concept, or self identity. But it can overcome during mid-life transition by psychotherapy which enables

reconciliation of the multiple losses and traumas connected with the increase of age for such women.

4. Material and Methodology

A cross-sectional study of comparison between two groups- working vs. homemaker women (post-menopausal) (Age- 50-60) was carried out using WHOQOL-BREF Scale.

4.1 Sample

In this study sample of forty women (twenty working and twenty home-makers) in the age range of 50-60 years were approached to carry out the study.

4.2 Tools

4.2.1 WHOQOL-BREF

The WHOQOL-100 quality of life assessment was developed by the WHOQOL Group with fifteen international field centres, simultaneously, in an attempt to develop a quality of life assessment that would be applicable cross-culturally. The development of the WHOQOL-100 has been detailed elsewhere (i.e. Orley & Kuyken, 1994; Szabo, 1996; WHOQOL Group 1994a, 1994b, 1995). This document gives a conceptual background to the WHOQOL definition of quality of life and describes the development of the WHOQOL-BREF, an abbreviated version of the WHOQOL-100. It also includes a generic English language version of the WHOQOL-BREF, instructions for administering and scoring, and proposed uses for this short form of the WHOQOL.

The WHOQOL-BREF questionnaire contains two items from the Overall QOL and General Health and 24 items of satisfaction that divided into four domains: Physical health with 7 items (DOM1), psychological health with 6 items (DOM2), social relationships with 3 items (DOM3) and environmental health with 8 items (DOM4).

Each item of the WHOQOL-BREF is scored from 1 to 5 on a response scale. Raw domain scores for the WHOQOL were transformed to a 4-20 score according to guidelines. Domain scores are scaled in a positive direction (i.e., higher scores denote higher QOL). The mean score of items within each domain is used to calculate the domain score.

4.2.2 Procedure

In this study, questionnaires have been filled by participants and for enhance accuracy; all participants were informed that their responses would remain confidential. Subjects were explained about the purpose of study and were educated and made aware about post-menopausal symptoms and complications. With all due consent, this study was carried out efficiently.

4.2.3 Statistical Procedure

Data obtained was compiled on a MS Excel sheet (v 2010, Microsoft Redmond Campus, Redmond, Washington, United States).Data was subjected to statistical analysis using Statistical SD package for social sciences (SPSS v 21.0 IBM).Descriptive statistics like frequencies and percentage for categorical data, Mean & SD for numerical data has been depicted. Inter group comparison (2 groups) was done using t-test. Comparison of frequencies of categories of variables with groups was done using chi square test. For all the statistical tests, $p<0.05$ was considered to be statistically significant, keeping (alpha) error at 5% and (beta) error at 20%, thus giving a power to the study at 80%.

---

5. Results Statistical analysis was done using Independent Sample T Test in SPSS version 20.

Significant values are *

Table 1 : Domain 1

TABLE 1	Group	N	Mean	Standard Deviation
Domain 1	Working	20	27.50	3.791
Physical Health	Homemaker	20	23.35	4.320

Table 2: Domain 2

TABLE 2	Group	N	Mean	Standard Deviation
Domain 2	Working	20	25.30	3.045
Psychological	Homemaker	20	21.05	3.605

T Value: 4.02, P Value: 0.001*

Table 3: Domain 3

TABLE 3	Group	N	Mean	Standard Deviation
Domain 3	Working	20	12.80	2.042
Social Relationships	Homemaker	20	11.60	2.280

T Value: 1.75, P Value: 0.08

Table 4: Domain 4

TABLE 4	Group	N	Mean	Standard Deviation
Domain 4	Working	20	33.65	4.464
Environment	Homemaker	20	33.40	3.691

T Value: 0.19, P Value: 0.8

6. Discussion

Table 1 & 2 shows P Value of Domain 1 (Physical Health) and Domain 2 (Psychological) value below 0.05 viz. 0.33 & 0.001 respectively which indicates significant difference in values of Working and Homemakers Osteoporosis is the most common disease associated with menopause, because of the negative impact on bones caused by declining estrogen levels. Bones can become especially brittle in women's hips, wrists and spine. Assumptions: Women may have inadequate knowledge regarding menopausal syndrome. Structure teaching programme may improve knowledge regarding menopausal syndrome and about management.

Implications: Though menopause is a normal biological process, it is a physical, psychological and cultural experience of women, which is influenced by multiple factors. It is challenging healthcare professionals to appreciate the symptoms experienced by women during menopause and the ways to manage the same. Even in developed countries, there is limited focus on menopausal related research and hence it is challenging to meet the demands of the menopausal women. The importance of research in the area of women's health has to be emphasized to identify the awareness on menopause, the symptoms experience and appropriate interventions to manage the same. Awareness needs to be created among women on menopause and self-care management for menopausal related health problems to maintain optimal QOL. There is a need to explore the current perceptions of menopause among women; evaluate the prevalence of menopausal symptoms and identity the coping strategies adopted by them to consider women's individual health values. Based on these values, the healthcare professionals can use different approaches to educate and treat women with menopausal symptoms and concerns that are culturally relevant. With appropriate counselling, health information and an understanding of the menopause and its dimensions, menopause can become a time of beginning, rather than an end. Caring for menopause entails more than providing medication. Successful strategies for coping with menopause across cultures are self-care practices, role models and education, privileges and rewards, having an accepting and positive attitude toward life transitions, and medication including herbs.

The Preparation, Care and Acceptance (PCA) for menopausal women is a model of intervention for the signs and symptoms of menopause with the aim of improving the Quality Of Life of women during menopausal period. It is the responsibility of the nurse to prepare, give care and teach the client the importance of acceptance in promoting and improving the quality of life of menopausal women.

7. Conclusion

Indian society being a patriarchal one, often the health problems of women are side lined or neglected by themselves. The experience of menopause has an impact on women's psychological wellbeing. Although ENS can contribute to or deepen depression in both sexes, women may be particularly susceptible and homemakers may become more prone to emotional disturbances owing to lack of self-esteem contributed by lack of care and attention. ENS can coincide with the onset of menopause, which may result in mood swings, sleep deprivation, hot flashes, and other symptoms. Women of post-menopausal period are very important to be considered for occupational therapy since it influences psychological, social, and emotional aspects due to physiological changes. Psychological problems affect ones physical well-being, resulting in chronic fatigue, sleep problems, and changes in appetite. It affects mood, with feelings of sadness, emptiness, hopelessness. It affects the way one thinks, interfering with concentration and decision making. And, it affects ones behaviour, with increased irritability and loss of temper, social withdrawal, and a reduction in your desire to engage in pleasurable activities.

8. Acknowledgements

We would like to express our sincere gratitude to Dr. Deepa Pradhan, dean of Dr. D.Y patil school of occupational therapy for giving us the opportunity to conduct and carry out our study. We would also like to convey our wholehearted thanks to our guide & mentor Dr. Aditi Kulkarni without whom we couldn't have been able to carry out the study efficiently. Lastly, we would like to thank the subjects, whose valuable time and participation made it all possible.

References

1. http://shodhganga.inflibnet.ac.in/bitstream/10603/119738/9/09_chapter%202.pdf
2. http://www.iosrjournals.org/iosr-jnhs/papers/vol2-issue4/A0240110.pdf
3. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5879841/
4.https://health.howstuffworks.com/wellness/aging/empty-nest/stages-of-empty-nest-syndrome.htm
5. https://www.emedicinehealth.com/menopause/article_em.htm
6.https://www.mayoclinic.org/diseases-conditions/menopause/symptoms-causes/syc-20353397
7. https://www.seniorliving.org/retirement/empty-nest-syndrome/
8.https://womensmentalhealth.org/wp-content/uploads/2008/04/menopause_guide.pdf
9. https://www.mheducation.co.uk/openup/chapters/033520872X.pdf