

Research Article

Menopause-Specific Quality of Life among Indonesian Women: A Descriptive Study

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Abstract: *Introduction* – The hormonal changes in postmenopausal women could affect their physical and psychosocial conditions. Moreover, it can influence the quality of life among postmenopausal women. The study aimed to describe the quality of life among Indonesian postmenopausal women. *Method* – The study was applied descriptive design with a cross-sectional approach. The sample was selected using consecutive technique sampling. The inclusion criteria were post-menopause women who willing to participate in this study and physiological menopause. The exclusion criteria were post-menopause women with severe illness (i.e. cancer, autoimmune diseases, bone diseases, thyroid dysfunction), and under steroid treatment. The demographic and Menopause-Specific Quality of Life (MENQOL) questionnaire were used to gathering the data. The descriptive analysis was used to answer the study questions. *Results* – Forty-one postmenopausal women participated in this study. The mean age was 66.76 years old (SD ± 8.89), age of menarche was 13.88 (SD ± 1.74) and the age of menopause was 50.85 (SD ± 4.40). The mean of the MENQOL dimensions were vasomotor (1.71, SD = 1.08), psychosocial (1.93, SD = 0.65), physical (2.32, SD = 0.09), and sexual (2.54, SD = 0.87). Most postmenopausal women experience complaints on three of four dimensions of MENQOL i.e. psychosocial, physical, and sexual dimensions. *Discussion* – Responsibility as a woman was influence the complaints among postmenopausal women. The climate and duration of menopause were associated with the vasomotor complaint. For another reason, educational level, occupation, and marital status were influenced by psychosocial, physical, and sexual dimensions.

Keywords: Indonesian Women, Menopause-Specific Quality of Life, Postmenopausal Women.

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INTRODUCTION

Menopause is the last menstrual period, which is defined to be menopause if for 12 consecutive months do not get menstruation. This period is naturally and normally experienced by a woman at the end of her reproductive period (Zain, et al, 2015). According to World Health Organization (WHO), menopause is defined as the period or phase of the cessation of the menstrual cycle forever for a woman who had previously menstruated because of atresia ovarian follicular activity that continues to increase, until the follicle is no longer available (Darus, 2019).

In 2030, the number of women around the world entering menopause is estimated at 1.2 billion (Selvia, 2016). The age of menopause for women in developed countries such as the United States and the

United Kingdom is 51.4 years while in Southeast Asian countries it is 51.09 years (World Health Organization [WHO], 2014). In Indonesia, by 2025 it is estimated that there will be 60 million menopausal women. In 2017 in Indonesia reached 34 million menopausal women or 13% of the total population (Ministry of Health Republic of Indonesia, 2018). In line with these, the life expectancy of women in Indonesia increased from 70.59 years in 2014 to 71.2 years in 2018. The increase in life expectancy causes the number of women experiencing menopause to increase (Central Statistics Agency, 2019).

Menopause is marked by the menstrual period and a woman's reproduction has ended. This happens because of a decrease in ovarian function, which causes decreased estrogen hormone production and an increase in the FSH and LH hormones. This increase in the FSH

hormone causes the follicular phase of the menstrual cycle to shorten until menstruation does not occur again (Darus, 2019). Hormonal changes that begin during the menopause transition affect many biological systems, which include systems related to central nervous disorders; metabolism, weight gain, cardiovascular and musculoskeletal changes; urogenital and skin atrophy; and sexual dysfunction. The physiological basis of these manifestations was interrelated and not limited to estrogen deficiency (Moteleone, 2018).

Changes in this hormonal system cause various physical and psychological changes for women. This is a complex stage for women because it is related to their physical and mental condition. Besides women experiencing physical stress can also experience psychological stress that affects the emotional state of women. The physical symptoms including hot flushes, insomnia, vaginal dryness, bone disorders, joint pain, wrinkled and dry skin, and cardiovascular discomfort (Kusmiran, 2012). Furthermore, psychological changes that occur are easily offended, mood swings, anxiety, stress, memory decline, depression, and difficulty concentrating (Sugiyanto, 2014). These signs and symptoms of postmenopausal can affect the quality of life of women in living their personal and social lives. This study aimed to describe the quality of life and complaints-experienced by Indonesian postmenopausal women.

METHOD

The study applied descriptive design with a cross-sectional approach. The study was conducted in the period from March to April 2020. The quality of life among menopause women was assessed using the Menopause Spesifik Quality Of Life Questionnaire (MENQOL) questionnaire developed by Hilditch *et al.*

(2008). This questionnaire assess the specific of quality of life for postmenopausal women (Guangning, 2017). The MENQOL explores the presence and level of the complaints involved four dimensions namely vasomotor, psychosocial, physical, and sexual. Additionally, this questionnaire was used worldwide in diverse cultural background (Gazibara, 2018). The data was gathered by the primary investigator (PI). The populations of this study were post-menopause women in the out-patient department of Saiful Anwar Hospital Indonesia. By using n-formula, the sample size of this study is 41 participants. The inclusion criteria were post-menopause women who willing to participate in this study and physiological menopause. As the exclusion criteria were post-menopause women with severe illness (i.e. cancer, autoimmune diseases, bone diseases, thyroid dysfunction), and under steroid treatment. The sample was selected using consecutive sampling. The demographic and Menopause-Specific Quality of Life (MENQOL) questionnaire were used to gathering the data. The descriptive analysis was used to answer the study questions. The study was approved by the Institutional Review Board with the number 400/156/K.3/303/2020.

RESULTS

Characteristic of the respondents

Forty-one postmenopausal women participated in this study, their average age was 66.76 years old (Standard Deviation [SD] \pm 8.89), ranged from 51 to 86 years old. The age of menarche, age of menopause, and duration of menopause was 13.88 (SD \pm 1.74), 50.85 (SD \pm 4.40), and 16.07 (SD \pm 9.86), respectively. Two-third (75.61%) participants are Javanese. Most participants (63.41%) are married, senior high school level in the educational background (43.9%), and household (80.5%).

Table 1. Characteristic of the participants

Variable	Mean	Standard Deviation
Age	66.76	8.89
Age of Menarche	13.88	1.74
Age of Menopause	50.85	4.40
Duration of Menopause	16.07	9.86
Variable	n	%
Ethnic		
- Javanese	31	75.61
- Chinese	10	24.39
Marital Status		
- Married	26	63.41
- Widow	14	34.15
- Single	1	2.44
Educational Background		
- Elementary	7	17.07
- Senior high school	18	43.90
- Higher education	16	39.02
Occupation		
- Household	33	80.50
- Employee	5	12.20

- Entrepreneur	3	7.30
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Quality of life among postmenopausal women

The MENQOL was classified into four dimensions i.e. vasomotor, psychosocial, physical, and sexual. The mean of these dimensions were 1.71 (SD = 1.08), 1.93 (SD = 0.65), 2.32 (SD = 0.09), and 2.54 (SD = 0.87), respectively. Based on the results of the one-sample t-test analysis, only three dimensions were significantly homogeny i.e. vasomotor dimension $t(40) = -6.609$, $p = 0.000$; psychosocial dimension $t(40) = -7.742$, $p = 0.000$; and sexual dimensions $t(40) = -2.605$, $p = 0.013$.

The presence or absence of complaints in postmenopausal women was evaluated based on the total item each dimensions of quality of life. The results show that the most complaints-experienced by postmenopausal women was on three of four dimensions of MENQOL i.e. psychosocial, physical, and also sexual dimensions (**Table 2**). Meanwhile, there are 53.6% participants have not complaint in vasomotor dimension. The menopause symptoms felt by participants based on the MENQOL dimension were distributed in **Table 3**.

Table 2. The distribution of complaints based on the four dimensions of the MENQOL

Dimensions	Level of Complaint									
	No Complaint		Mild		Medium		Heavy		Very Heavy	
	N	%	N	%	N	%	N	%	N	%
Vasomotor	22	53.6	7	17.1	10	24.4	2	4.9	0	0
Psikososial	0	0	30	73.2	10	24.4	1	2.4	0	0
Fisik	0	0	10	24.4	31	75.6	0	0	0	0
Seksual	3	7.3	8	19.5	29	70.8	1	2.4	0	0

Table 3. The distribution of menopause symptoms based on the MENQOL.

Dimension/Symptom		No Complaint		Complaint	
		N	%	N	%
Vasomotor					
1	Hot flushes	28	68.3	13	31.7
2	Night sweats	23	56.1	18	43.9
3	Sweating	29	70.7	12	29.3
Psychosocial					
4	Dissatisfied with personal life	35	85.4	6	14.6
5	Feeling anxious or nervous	16	39.0	25	61.0
6	Experiencing poor memory	8	19.5	33	80.5
7	Accomplishing less than before	10	24.4	31	75.6
8	Feeling depressed, down or blue	31	75.6	10	24.4
9	Impatient with other people	25	61.0	16	39.0
10	Desire to be alone	35	85.4	6	14.6
Physical					
11	Flatulence or gas pains	14	34.1	27	65.9
12	Aches in muscles and joints	0	0	41	100.0
13	Feeling tired or worn out	4	9.8	37	90.2
14	Difficulty in sleeping	13	31.7	28	68.3
15	Aches in back of neck or head	6	14.6	35	85.4
16	Decrease in physical strength	2	4.9	39	95.1
17	Decrease in physical stamina	1	2.4	40	97.6
18	Feeling a lack of energy	2	4.9	39	95.1
19	Drying skin	14	34.1	27	65.9
20	Weight gain	29	70.7	12	29.3
21	Increase in facial hair	38	92.7	3	7.3
22	Changes in tone of skin	17	41.5	24	58.5
23	Feeling bloated	35	85.4	6	14.6
24	Low backache	5	12.2	36	87.8
25	Frequent urination	21	51.2	20	48.8
26	Involuntary urination during laughing and coughing	36	87.8	5	12.2
Sexual					
27	Change in sexual desire	5	12.2	36	87.8
28	Vaginal dryness during intercourse	6	14.6	35	85.4

	Dimension/Symptom	No Complaint		Complaint	
		N	%	N	%
29	Avoiding intimacy	19	46.3	22	53.7

DISCUSSION

Postmenopausal women experience various physical and physiological changes. Consequently, they need to adapt to these changes. Otherwise, they will be facing physical and psychosocial distress. According to the results, the physical dimension was not homogeneity (p -value >0.05) with the common population. The possible reason is that the participants were already adapted to the physical changing. It was related to the duration of menopause that was 16 years on average. According to the occupation, the majority of participants were household (80.50%). The participants were distracted by their housing activities. These results were in accordance with a study conducted by Monteleone, Mascagni, Giannini, Genazzani, and Simoncini (2018), which was complaint and experience of postmenopausal were influenced by individual characteristics.

Another interesting finding is that most of the participants had not vasomotor dimension complaints. This finding was supported by Bairy, Adiga, Bhat, and Bhat (2009) that vasomotor dimension was less complaining by postmenopausal women. The vasomotor dimension of the MENQOL questionnaire included hot flash, night sweaty, and sweating. Theoretically, Monteleone *et al.* (2018) states that the vasomotor complaint was perceived in premenopausal and early menopause stages. It could be felt in two years before menopause to one year after menopause. The vasomotor complaint will disappear in the postmenopausal stage (Sun *et al.*, 2018). This is in line with the study result, which is the mean duration of menopause was more than 16 years and mean age was 66.76 years old. The age and duration of menopause were affected factors of the quality of life among postmenopausal women (Jenabi, Shobeiri, Hazavehei, & Roshanaei, 2015; Kalarhoudi, Taebi, Sadat, & Saberi, 2011; Norozi, Mostafavi, Hasanzadeh, Moodi, & Sharifirad, 2013; Som & Ray, 2012). The study was conducted in East Indonesia that geographically the temperature is hot $> 30^{\circ}\text{C}$ and humidity is 99%. This atmosphere makes the postmenopausal women did not aware of the vasomotor complaint (Monteleone *et al.*, 2018).

All the participants had complaints in the psychosocial and physical dimensions. These results were consistent with previous studies (Ghazanfarpour, Abdollahian, Zare, & Shahsavari, 2013; Poomalar & Arounassalame, 2013; Sun *et al.*, 2018; Yanikkerem, Koltan, Tamay, & Dikayak, 2012). These complaints were related to the participants' educational levels. The educational levels among participants of this study were middle to high levels. The more high levels of

education, the more possible to get psychosocial distress (Jenabi *et al.*, 2015; Monteleone *et al.*, 2018; Norozi *et al.*, 2013; Shobeiri, Jenabi, Hazavehei, & Roshanaei, 2016).

The participants also had complaints concerning physical and sexual dimensions. It was associated with age (Jenabi *et al.*, 2015; Sun *et al.*, 2018) and marital status (Norozi *et al.*, 2013). The Elderly has several degenerative processes that decline in physical function. All the systems were affected such as musculoskeletal and reproductive organs. This is why all respondents have complaints related to physical and sexual dimensions (Monteleone *et al.*, 2018; Yanikkerem *et al.*, 2012). Most of the participants of this study were married (63.41%). It is possible that participants were actively doing sexual activity.

CONCLUSION

Menopause is a physiological process with so many consequences of hormonal change. As a result, physical and psychosocial would be influenced. Accordingly, it will affect the quality of life among postmenopausal women. As healthcare providers, midwives must know about this situation. Furthermore, the midwife can give proper preventive interventions and also health education among postmenopausal women.

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