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Experience of menopausal symptoms and use of coping strategies among women

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Abstract

Background: Menopause has been defined as the period during which menstruation permanently ceases. It marks the natural biological end of reproduction.

Objective

1. To assess the experience of menopausal symptoms among post-menopausal women under study.
2. To identify the use of coping strategies adopted by the post-menopausal women under study.

Methods: Descriptive research design used to conduct the study among menopausal women. Totally 319 menopausal women were selected by Purposive sampling technique. The samples included in this study were who fulfilled the inclusion criteria with were in the age group of 45-60yrs, had undergone natural menopause, were available during the time of data collection. A tool was prepared for present study comprised of three sections that is a structured interview schedule for sociodemographic data. Modified Menopause specific quality of life questionnaire and Likert type Coping Scale.

Results: 278(87.14%) had less bothersome, 38(11.91%) moderately bothersome and only 3(0.94%) had extremely bothersome menopausal symptom experience. Maximum postmenopausal women 227 (71.15%) used coping strategies infrequently while 92(28.84%) used them frequently.

Conclusion: The study concluded that the postmenopausal women were assessed to know about menopausal symptoms and use of coping strategies.

Keywords: Menopausal symptoms, coping strategies and postmenopausal women

Introduction

Menopause has been defined as the period during which menstruation permanently ceases. It marks the natural biological end of reproduction [1]. Majority of the woman experience varying degree of adverse symptoms such as vasomotor, instability, hot flushes, headache dizziness, diaphoresis, sleeplessness, wrinkling and dying of the skin and loss of hair [2]. Several psychological factors are related to the process of physical change. A woman may experience fear of his losing her appearance, uncertainty about her purpose in life as middle aged woman, sadness at the passing of the fertile prime of life. These feeling may even outweigh the physical discomfort caused by complex hormonal changes [3].

The list of symptoms that have been attributed to menopause is large and includes (in no particular order) vasomotor symptoms, insomnia, vaginal atrophy, dizziness, palpitations, breathing difficulties, flatulence, panic attacks, headaches, joint and muscular pain, restless legs, tiredness, breast tenderness, anxiety and depression, wanting to be alone, loss of libido, bladder incontinence and poor memory [4].

According to the research, 76% of menopausal women will benefit from coping strategies, i.e., choice depending on various factors such as individual's mental health and social relationships [5]. This way of thinking about stress coping has relevance for women experiencing problematic symptoms during the menopause transition and post menopause. Individual personality predispositions could influence the extent to which symptoms are appraised as a threat. The extent to which a woman perceives that the threat (symptom) is amenable to change could influence the type of coping style used. Hence the researcher considered it of vital importance to study a cross section of women in a small town in Maharashtra, India to understand menopausal symptom experience with the adopted use of coping strategies which will add strength as well as new knowledge to the finding of the research previously done by others.

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Methods

Descriptive research design used to conduct the study among menopausal women. Totally 319 menopausal women were selected by Purposive sampling technique. The samples included in this study were who fulfilled the inclusion criteria with were in the age group of 45-60yrs, had undergone natural menopause, were available during the time of data collection. A tool was prepared for present study comprised of three sections that is a structured interview schedule for sociodemographic data. Modified Menopause specific quality of life questionnaire and Likert type Coping Scale.

Results

Table 1: Distribution of frequency and percentage of postmenopausal women according to socio-demographic variables.

Sr. No.	Demographic variable	Frequency	Percentage (%)	
1.	Age	45-48yrs	96	30.09
		49-52yrs	89	27.89
		53-56yrs	35	10.97
		57-60yrs	99	31.03
2.	Age at menopause	40-43yrs	117	36.67
		44-47yrs	122	38.24
		48-51yrs	56	17.55
		52-55yrs	24	7.52
3.	Education	Illiterate	78	24.45
		Primary education	125	39.18
		Secondary education	107	33.54
		Graduation	9	2.82
		Post graduate	0	0
4.	Occupation	Housewife	283	88.71
		Laborer	10	3.13
		Service of officer	3	0.94
		Any other	23	7.21

Description of Sample Characteristics

The data presented in Table 1 reveals that among the samples of the study most of postmenopausal women 99(31.03%) belonged to 57-60 years of age and minimum 35(10.97%) belonged to 53-60 years of age. Most of women 122(36.67%) belonged to 44-47 years of age at menopause and minimum 24(7.52%) attained menopause at 52-55years of age, majority of women 125(39.54%) had primary education and none were postgraduates. Majority of 283(88.71%) postmenopausal women were housewives and minimum 3(0.94%) of postmenopausal women worked at offices.

Table 2: Frequency and percentage distribution of samples according to experience of menopausal symptoms.

Group	Experience of menopausal symptoms		
	Less bothersome (1-23)	Moderately bothersome (24-48)	Extremely bothersome (49-72)
Postmenopausal women	278(87.14%)	38(11.91%)	3(0.94%)

Table No. 2 reveals the percentage distribution of samples according to experience of menopausal symptoms. 278(87.14%) had less bothersome, 38(11.91%) moderately bothersome and only 3(0.94%) had extremely bothersome menopausal symptom experience.

Table 3: Frequency and percentage distribution of postmenopausal women according to use of coping strategies adopted.

Group	Use of coping strategies		
	Frequent (54-80)	Infrequent (28-53)	Seldom (1-27)
Postmenopausal women	92(28.84%)	227(71.15%)	0(0%)

Table No. 3 reveals that maximum postmenopausal women 227 (71.15%) used coping strategies infrequently while 92(28.84%) used them frequently.

Discussion

The experience of menopausal symptoms of postmenopausal women out of 319 postmenopausal women 278(87.14%) of postmenopausal women in less bothersome experience of menopausal symptoms, 38(11.91%) of postmenopausal women in moderately bothersome experience of menopausal symptoms and 3(0.94%) of postmenopausal women in extremely bothersome experience of menopausal symptoms. Identification of the use of coping strategies adopted by the postmenopausal women out of 319 postmenopausal women 227(71.15%) of postmenopausal women in infrequent use of coping strategies, 92(28.84%) of postmenopausal women in frequent use of coping strategies, 0(0%) of postmenopausal women in seldom use of coping strategies.

Similar finding noted was in a cross-sectional study conducted by Kalahroudi MA, Taebi M, Sadat Z, Saberi F, Karimian Zaim to determine the prevalence and severity of menopausal symptoms and related factors among women 40-60 years in Kashan, Iran in Kashan City, where majority 19.1% of postmenopausal women had no experience of hot flushes and only 23.3% postmenopausal women had severe experience of hot flushes, majority 13.9% of postmenopausal women had no experience of night sweats and only 34.1% of postmenopausal women had extremely bothersome experience of night sweats, Majority 27.7% of postmenopausal women had no experience of sweating and only 18.3% of postmenopausal women had extremely bothersome experience of night sweating. The study also revealed that majority 22.7% of postmenopausal women had mild while 25.4% of postmenopausal women had severe experience of feeling of lack of energy^[6].

A pilot study was conducted on importance of continued exercise participation in quality of life and psychological wellbeing in previously active postmenopausal women, and study concluded that healthy postmenopausal women gain significant psychological benefit from moderate intensity exercise and exercise participation continue to maintain improvements in psychological wellbeing and quality of life. Thus it is evident that distraction through various means can allay health issues in postmenopausal women.⁷

Conclusion

The study concluded that the postmenopausal women were assessed to know about menopausal symptoms and use of coping strategies. After assessment came to know maximum postmenopausal women had more experience of menopausal symptoms.

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