

Menopausal Transitions and Quality of Life: The Impact of Work Status

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Abstract

Quality of life (QoL) is a multifaceted concept used to assess the overall well-being of individuals. With the rise in life expectancy and changing societal roles, the focus on quality of life has extended to specific groups, including menopausal women. The present study explored the impact of employment status on menopausal quality of life and used a descriptive research design. The study includes a total number of 60 menopausal women. Out of the total 60 menopausal women, there are 30 working women at menopause age and 30 working women at menopause age. The participants of the present study were chosen using a purposive sampling technique. The Menopause-Specific Quality of Life (MENQOL) questionnaire and a personal data sheet developed by the investigator to gather participant information were used. Statistical analysis, such as a t-test, was used to find the difference in the quality of life between the two groups. Findings revealed that the effect of menopause on quality of life does not differ much in working women as compared to non-working women.

Keywords: Menopause; Quality of Life; Work Status

Abbreviations

QoL: Quality of Life; MENQOL: Menopause-Specific Quality of Life; WHO: World Health Organization.

Introduction

The term “quality of life” describes how a person views their place in the world concerning the value systems they adhere to and their objectives, standards, expectations, and worries [1]. Quality of life, or QOL, is a concept that incorporates a single all-encompassing individual's viewpoint on their physical health, psychological state, degree of autonomy, social relationships, personal values and beliefs, and

interaction with the world around them [2]. According to the World Health Organization (WHO), Quality of Life (QOL) is structured into five domains [3]. The physical domain measures physical problems like joint pain, hearing, vision, and sleep difficulties. The psychological domain measures self-perception and cognitive ability. The social domain measures social life, personal relations, social support, family acceptance, and social interaction. The environmental domain measures living conditions, security, availability of medical assistance, recreation opportunities, and facilities. The spiritual domain measures personal belief, faith in God, and opportunity for religious pilgrimages. Psychologists generally consider QOL as an individual's satisfaction, well-being, and happiness [1]. Quality of life (QoL) is a

multifaceted concept used to assess the overall well-being of individuals. QoL has a pivotal role in the material aspects of life and how individuals perceive their life circumstances and function in day-to-day activities. With the rise in life expectancy and changing societal roles, the focus on quality of life has extended to specific groups, including menopausal women [4].

Menopause is a natural part of ageing when a woman stops having periods, marking the end of her reproductive years. It usually happens between ages 45 and 55 but can occur earlier in some cases. Women who have their ovaries removed experience sudden menopause, known as surgical menopause. Transition to menopause relates to several changes both in physical and mental aspects [5]. Past literature revealed that the majority of women faced severe menopausal complaints affecting their quality of life [6]. There are apparent physical symptoms (hot flashes, night sweats, and urogenital atrophy), psychological symptoms (depression, mood swings, irritability, and anxiety), and life conditions (functioning at work) which can be detrimental to the overall quality of life [5]. In many cases, individuals also had to endure multiple chronic diseases related to menopause, such as osteopenia, osteoporosis and associated fractures, and cardiovascular disease [7].

Sociodemographic factors also have an impact on quality of life. For example, the daily life of individuals with menopause symptoms tends to influence work, social and leisure activities, etc [5]. These challenges can vary based on employment status, with working and non-working women facing different stressors and coping mechanisms during menopause. Women live longer, work more, and retire later, and approximately 45 per cent of the workforce that is 50 and older are women. Although most have mild to moderate symptoms during menopause, half will probably encounter some work-related problem; however, 5 per cent will face serious difficulty. Menopausal women face different symptoms such as poor concentration, tiredness, poor memory, depression, feeling low, lowered confidence, sleepiness and particularly hot flashes, which might affect their productivity [8]. This study investigates these different issues related to women experiencing menopause according to their type of work. Working women would then have issues dealing with workplace demands while considering the symptoms, such as an inability to concentrate, extremely tiredness, and mood swings, making them less productive and increasing their dissatisfaction at work. Non-working women's psychological and social well-being may also be distressed by several alterations in sources of social support and daily routines. This study explores these differences to help healthcare providers, employers, and policymakers create better support systems and improve the quality of life for women during menopause.

Methods

Aim

To explore the impact of employment status on menopausal quality of life.

Objective

To find the significant difference in Menopause Quality of Life among working and non-working women.

Hypothesis

There will be significant differences in Menopause Quality of Life among working and non-working women.

Research Design

The present study uses a descriptive research design.

Sample

The study includes a total number of 60 menopausal women. Out of the total 60 menopausal women, there are 30 working women at menopause age and 30 working women at menopause age. The participants of the present study were chosen using a purposive sampling technique.

Tool

The Menopause-Specific Quality of Life (MENQOL) questionnaire and a personal data sheet developed by the investigator to gather participant information were used. The MENQOL is a self-administered instrument designed to assess the intensity of menopausal symptoms, as well as their impact on women's lives. This tool, created by Hilditch and Lewis in 1996, comprises 29 items across four domains: vasomotor, psychosocial, physical, and sexual. The vasomotor domain, which includes three items, addresses symptoms such as hot flashes, night sweats, and sweating. The psychosocial domain, consisting of seven items, evaluates psychological well-being, focusing on aspects like anxiety, memory issues, and feelings of depression. The physical domain, with 16 items, covers a range of symptoms, including flatulence, bloating, pain, fatigue, sleep disturbances, energy levels, and weight gain. Finally, the sexual domain, which also has three items, examines changes in sexual desire, vaginal dryness, and intimacy.

Each domain of the MENQOL is scored systematically similarly, with scores ranging from 2 to 4 indicating mild symptoms, 5 to 6 indicating moderate symptoms, and 7 to 8 indicating severe symptoms. The Menopause-Specific Quality of Life Questionnaire is widely recognized as a valid and reliable tool, with its reliability confirmed by a Cronbach's Alpha coefficient of 0.721, demonstrating acceptable internal

consistency.

Procedure

The study utilizes a comparative design to examine the menopause-specific quality of life among 60 menopausal women, divided equally into two groups: 30 working and 30 non-working women. The population was categorized into these two broad groups to facilitate this comparison. Before distributing the questionnaire, participants were assured of the confidentiality of their responses. In this study, the Menopause-Specific Quality of Life (MENQOL) questionnaire was employed to assess menopause-related quality of life. The questionnaires were distributed to participants using Google Forms and sent via email and WhatsApp, with instructions on completing them promptly. The MENQOL questionnaire, based initially on a 7-point Likert scale, was modified to an eight-point scale ranging from 1 to 8. After the collection of completed questionnaires, appropriate statistical techniques

were applied to analyse the data.

Statistical Analysis

The statistical analysis used in the study was an independent sample T-test. A T-test was used to compare the mean of the two groups.

Results and Discussion

In the present study, MENQOL Domains, Vasomotor, Psychosocial, Physical and Sexual, of 60 working and non-working women were collected and analyzed using descriptive statistics and t-tests. For this, the mean and standard deviation of the scores of MENQOL Domains, Vasomotor, Psychosocial, Physical and Sexual, were evaluated separately. The collected data were organized, edited and tabulated. All the data were tested based on the hypotheses formulated.

Variable		Working women		Non-working women		t-value	Sig.
		Mean	SD	Mean	SD		
Domains of MENQOL	Vasomotor	2.996	1.519	3.057	1.666	-0.15	0.881
	Psychosocial	2.479	1.234	2.743	0.795	-0.985	0.329
	Physical	2.589	1.136	2.895	1.056	-1.08	0.285
	Sexual	3.328	1.112	3.536	1.605	-0.584	0.561

Table 1: T-test of Domains of MENQOL among women Working and Non-working Women.

The Table 1 indicates that the vasomotor domains of MENQOL among working and non-working menopausal women mean standard deviation and T -value. The mean and standard deviation of the working menopausal women are 2.996 and 1.519, respectively. The mean and standard deviation of the non-working menopausal women are 3.057 and 1.666, respectively. The t-value of the vasomotor domains of MENQOL in working and non-working menopausal women is -0.150. Comparing the means of working and non-working menopausal women revealed that no significant difference was found in the vasomotor domains of MENQOL. Therefore, the null hypothesis was accepted since "There is no significant difference in the level of the vasomotor domain of MENQOL among working and non-working menopause women". Therefore, we can say that there is no significant difference in the level of vasomotor domains of MENQOL among working and non-working menopausal women. Thus, it can be understood that the vasomotor domain of MENQOL for working women is slightly different from that of non-working women. The table shows the mean, Standard deviation and T-value of psychosocial domains of MENQOL among working and non-working menopausal women. The mean and standard deviation of the psychosocial domains of MENQOL in working menopausal women are 2.479 and

1.234, respectively, and the mean and standard deviation of the psychosocial domains of MENQOL in non-working menopausal women are 2.743 and 0.795, respectively. The calculated t-value of the psychosocial domains of MENQOL in working and non-working menopausal women is -0.985. Comparing the means of working and non-working menopausal women shows that there is no significant difference among them related to the psychosocial domains of MENQOL. Therefore, the null hypothesis, "There is no significant difference in the level of psychosocial domains of MENQOL among the working and non-working menopause women", was accepted. There does not exist a significant difference in the level of psychosocial domains of MENQOL among working and non-working menopausal women. Thus, it can be said that there is a slight difference in the psychosocial domains of MENQOL between working and non-working women. The table shows that the physical domains of MENQOL among the working and non-working menopausal women had a mean, standard deviation of 2.589 and 1.136, respectively, for working menopausal women. The mean and standard deviation of non-working menopausal women are 2.895 and 1.056, respectively. The t-value of physical domains of MENQOL in working and non-working menopausal women is -1.080. From a comparison of the

means of working and non-working menopausal women, there is no significant difference in the physical domains of MENQOL. Hence, the null hypothesis, "There is no significant difference in the level of physical domains of MENQOL among the working and non-working menopause women," was accepted. Thus, there is no significant difference regarding the physical domains of MENQOL among working and non-working menopausal women. Thus, it can be reflected that the physical domains of MENQOL for working women are slightly different from those for non-working women. From the table, the result shows that the sexual domains of MENQOL among the working and non-working menopause women means, standard deviation and T -value. The mean and standard deviation of the working menopausal women are 3.328 and 1.112, respectively. The mean and standard deviation of non-working menopausal women are 3.536 and 1.605, respectively. The t-value of sexual domains of MENQOL in working and non-working menopausal women is -0.584. Comparing the means of working and non-working menopausal women will not show a significant difference in the sexual domains of MENQOL. Hence, the null hypothesis, "There is no significant difference in the level of sexual domains of MENQOL among the working and non-working menopause women", was accepted. There are no significant differences in the level of sexual domains of MENQOL among working and non-working menopausal women. Thus, it can be understood that the sexual domains of MENQOL for working women are slightly different from those for non-working women. Bairy L, et al. [9] studied age at onset of menopause and the prevalence of menopause and menopausal symptoms in South Indian women. Three hundred and fifty-two postmenopausal women presenting to the outpatient clinics of obstetrics and gynaecology department of Dr TMA Pai Hospital, a tertiary care Hospital in South India, were included in the study. Findings showed that aching in muscles and joints, feeling tired, poor memory, lower backache, and difficulty sleeping were the most common symptoms related to menopause. The vasomotor and sexual domains were less complained when compared to physical and psychological domains. This study supports the current study. The independent sample t-test was computed for the vasomotor domains of MENQOL among the working and non-working menopause women. The finding showed that no significant difference is found in study variables, namely vasomotor domains of MENQOL among working and non-working menopausal women. From this finding, it can be obtained that a slight variation in vasomotor domains of MENQOL is grounded in working and non-working menopausal women. An independent sample t-test was computed for psychosocial domains regarding MENQOL among working and non-working menopausal women. The finding showed that there is no significant difference found in the study variables- psychosocial domains of MENQOL among the working as well as non-working menopausal

women. From the findings, it can be inferred that there is a slight variation in psychosocial domains of MENQOL based on working and non-working menopausal women. An Independent sample t-test was computed for physical domains of MENQOL among working and non-working menopausal women. The finding showed that there is no significant difference found in the study variables-physical domains of MENQOL among working and non-working menopausal women. From this finding, it can be concluded that there is no significant difference in the physical domains of MENQOL based on working and non-working menopause women. The independent sample t-test was computed for sexual domains of MENQOL among the working and non-working menopause women. The finding showed that no significant difference was found in study variables, sexual domains of MENQOL among the working and non-working menopause women. Based on the findings, it can be interpreted that there will be minor variation in sexual domains of MENQOL based on working and nonworking menopausal women.

The current study findings showed that the effect of menopause on quality of life does not differ much in working women as compared to non-working women. The findings of the present study suggest that quality of life is affected by menopause to the same extent in working and non-working women, although there are small differences which could be attributed to differences in lifestyles, stress handling and availability of support. This implies that the physiological changes associated with menopause have a more significant impact on the quality of life than the occupational factors, thus resulting in similar effects across the employment categories.

Conclusion

The study helps add insights to the existing literature on quality of life among menopausal women, as it has not been explored much. The vasomotor, psychosocial, physical, and sexual domains of specific quality of life provide a detailed insight into how menopause affects various areas of life. Further research should employ increased sample sizes and subject variability to increase the external validity of the findings. Longitudinal designs could help establish causality between employment status and MENQOL. There can be other factors, such as socio-economic status, level of education, and healthcare facilities, which can also influence quality of life. Furthermore, focusing on the effects of various forms of employment or investigating the use of coping mechanisms and social support may prove more productive.

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