



Original Research Article

Health Problems of Women above Forty Years of Age in Rupandehi District of Nepal

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Received: 28/01/2013

Revised: 27/02/2013

Accepted: 06/03/2013

ABSTRACT

Introduction: Many women over the age of forty years experience symptoms associated with the transition of menopause. At the same time, these women face increased risk of morbidity due to cardiovascular disease, diabetes, cancer and other chronic diseases. In combination, these changes can lead to psychological problems that affect their quality of life. The study was conducted to find out physical, psychological and menopausal problems among women above 40 years of age.

Methods: This was community based cross-sectional study, conducted in two purposively selected VDCs of Rupandehi District. A total number of 300 women above forty years were interviewed by using semi structured interviewed schedule. Data were analyzed by using SPSS software version 12

Results: The mean age of menopause was 46.81 years. General health problems as reported by respondents were gastritis (38.3%), headache (33.3%), eye problems (32%), sleep disturbance (30.7%) and musculoskeletal problems (27.3%) followed by hypertension (19%), diabetes (17.7%). Menopausal problems as reported by respondents were dizzy spell (44.78%), hot flushes (23.88%), painful period (19.40%) were more common in the age group 40-44 and palpitation (53.64%), history of fracture (44.90%), cold hand and feet (10.20%) were more common in the age group 50-54. Psychological problems were found most common in the age group 60 and above.

Conclusion: Large efforts are required to educate and make these women and community aware of health problems of this segment of population. Family members need to be more responsive to their needs during this period in their lives. Proactive measures need to be taken to avoid health related problems like health diet, regular exercise, yoga, meditation and regular checkups to avoid problems and for early diagnosis and management of the problems as and when they arise.

Keywords: Menopause, Menopausal problems, Hot flushes.

INTRODUCTION

A women's health starts with her birth or even from the moment of conception and continuous till her death. Her health is the complete physical, mental and social well being which is influenced by man and women relations, her interaction in the family and the society. The fourth World Conference on Women, Beijing defined women's health as "Women have the right to the enjoyment of the highest standard of physical and mental health. The enjoyment of this right is vital to her life and wellbeing and their ability to participate in all areas of private and public life. Women health involves their emotional, social and physical well being and is determined by the social, political and economic context of their lives, as well as biology. However, health and wellbeing elude the majority of women. A major barrier for women to the achievement of the highest attainable standard of health is inequality both between man and women and also among women in different geographical, social classes and indigenous and ethnic group. (1)

The word menopause simply refers to the permanent cessation of menstruation in a woman. Menopause is not a disease but a natural transition in a woman's life that results from a decrease in the ovarian production of sex hormones – estrogen and progesterone as a woman gets older. These hormones allow a woman to become pregnant, cause menstruation, and affect many other functions in the body, such as the circulatory system, urogenital system and the bones. Menopause often happens between the ages of 45-55 years. A woman is said to be in menopause when she has not had a period for 12 consecutive months. According the studies the mean age of natural menopause is 51 years but may vary

with individual. Menopause occurring before the age of 45 is called an early menopause and before the age of 40 is a premature menopause. (2)

Many women over the age of 40 experience symptoms associated with the transition of menopause. Common symptoms are hot flashes, mood alterations, musculoskeletal pain, and sexual dysfunction. These symptoms appear concurrently with aging, changing family and social roles, decreased physical activity. At the same time, these women face increased risk of morbidity and mortality due to cardiovascular disease, diabetes, cancer and other chronic diseases. In combination, these changes can lead to physical and psychological problems that affect their quality of life. The type, severity and length of symptoms are different for every woman. Globally, 20% of women have no noticeable changes, other than their periods stopping. However 70% consider menopausal changes a mild to moderate nuisance. About 10 % find their symptoms severely distressing. (3)

As many as 75% of women going through menopause experience hot flushes i.e. sudden, brief increases in their body temperature followed by intense sweating and a wave of shivering. Hot flushes at night can lead to sleeplessness and insomnia. In about 30% of women, these symptoms can be severe. In some cultures, women experience more aching joints, vaginal dryness leading to painful sexual activity and urinary symptoms, and flushes are less commonly experienced. Smoking is associated with the early onset of menopause. Menopause can also affect a woman's physical and mental health in positive ways. For instance, if she had migraine headaches or endometriosis, the symptoms may disappear after menopause.

Additionally, fibroids usually shrink and take care of symptoms. ⁽⁴⁾

The proportion of menopause increases with age from 5% to 64% at the age of 30-34 to 48-49. Due to increase in life expectancy and growing population of above 40 years of women their health demands priority in Nepal. Large efforts are required to educate and aware about the health problems of these segments of population. Proactively managing menopause is an opportunity for women to prevent disease and improve their long-term health and quality of life. ⁽⁵⁾

The study is helpful in early recognition of symptoms, reduction of discomfort and fears and seeks to appropriate medical care if necessary. The present study first of its kind from this region had the objective of ascertaining the prevalence of menopausal and other health problems in women above the age of 40 as well as to evaluate the factors associated for these symptoms among women in Rupandehi District of Nepal.

MATERIALS AND METHODS

This was the community based cross sectional study which was conducted in two purposively selected village development committee of Rupandehi district namely Shankarnagar and Saljhandi. A sample size of 300 women above 40 years of age was determined on the basis of prevalence of menopausal symptoms (66.6%) among the middle socioeconomic women in Jammu, India. ⁽⁷⁾ The data were collected from three randomly selected wards from each VDC. A total number of fifty randomly selected respondents were interviewed from each ward by using semi structured interview

schedule from 1st January to 28th February 2008. The Data were compiled in Microsoft excel 2007 and analyzed by using SPSS software and appropriate statistical tests were performed to draw the inference.

RESULTS

The result of the study showed that more than the halves of the respondents (56.32) were in age group 40-54 followed by 13.33% and 29.33 in age group 50-59 and 60 and above respectively. Most of them were Hindus (94.7%). More than half of them (56.3%) were housewives. Most of respondents were illiterate (82.3%). More than three quarter of the respondents (78.3%) were married and 20% were widow. Out of 96 respondents who were not in menopausal stage, half of the respondents (51.04%) had regular menstrual periods and only 41.67% of these respondents were using contraceptives.

Similarly more than two third of the respondents 68.0% were menopausal stage and less than one third (32.0%) were pre and peri-menopausal stage. About two third of the respondents (64.24%) were reported menopause before the age of 50 year while only one third (35.67%) were reported menopause after the age of 50 years. The range of age at menopause in this study found 38-56 years with mean age of menopause 46.81 years.

General health problems of respondents are presented in figure 1. Common health problems as reported by respondents were gastritis (38.3%), headache (33.3%), eye problems (32%), urinary problems (30.7%), musculoskeletal problems (27.3%), hypertension (19%), and diabetes (17.7%).

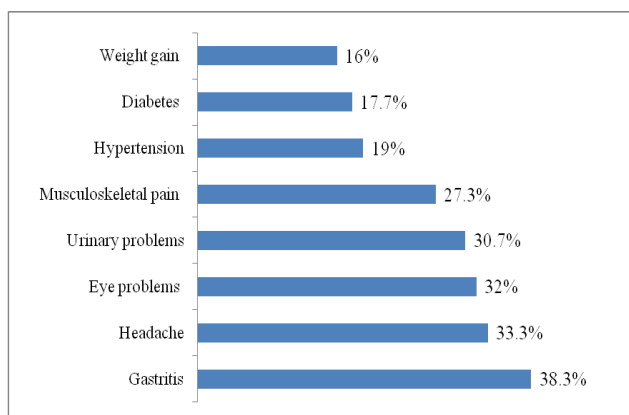


Figure 1: General health problems of the respondents

Menopausal problems of the respondents are presented in figure 2. The reported pre, peri and menopausal problems were dryness of vagina (32%), painful periods (28.12%), excessive bleeding (26.04%), dizzy spells (23%), sexual discomfort (20.7%), hot flushes (15.3%), pain in the breast (8.3%), cold hand and feet (7.3%) and night sweats (2.0%).

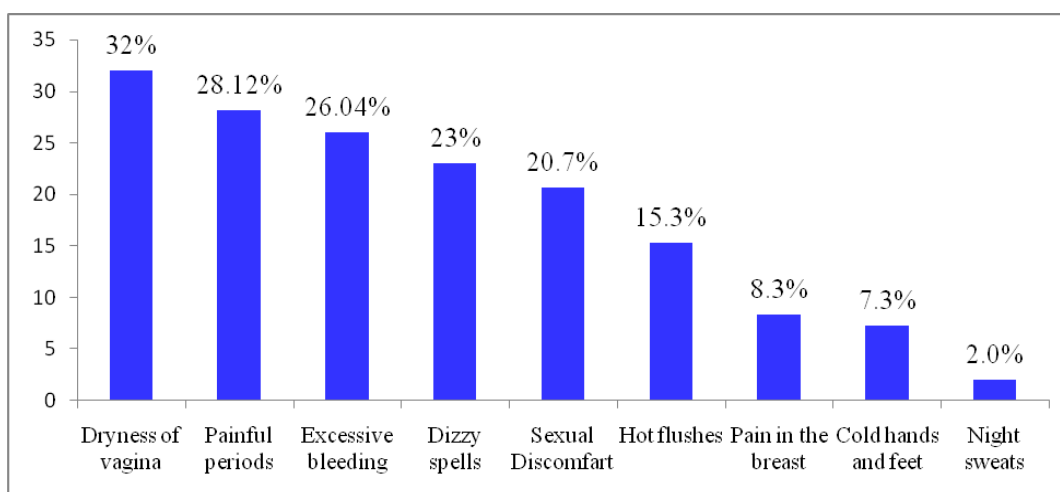


Figure 2: Menopausal problems of the respondents

Psychological problems as reported by the respondents are presented in table 1. Nearly half of the respondents reported insomnia (49.7%), followed by anxiety (35%), palpitation (26.3%), depression (22.7%), fear of cancer (19.3%) and only 10.3% reported irritability.

Table 1: Psychological problems as reported by the respondents (multiple responses)

Problems	Frequency	Percentage
Insomnia	149	49.7
Anxiety	105	35.0
Palpitation	79	26.3
Depression	68	22.7
Fear of cancer	58	19.3
Forgetfulness	42	14.0
Mood swings	36	12.0
Irritability	31	10.3

Moreover, age wise distribution of general health problems are presented in table 2. Most of the general health problems (diabetes, hypertension, urinary problems, eye problems and musculoskeletal problems) were found in increasing trend as the age of the respondent's increases.

Table 2: General health problems of the respondents by age groups

Health problems	Age group of the respondents					Total
	40-44 yrs n=67	45-49 yrs n=53	50-54 yrs n=49	55-59 yrs n=43	60 above n=88	
Diabetes	8 (11.94)	10 (18.86)	7 (14.28)	7 (16.27)	21 (23.86)	53 (17.7)
Hypertension	11 (6.41)	6 (11.32)	9 (18.36)	10 (23.25)	21 (23.86)	57 (19.0)
Weight gain	9 (8.95)	12 (22.67)	11 (22.45)	8 (18.60)	8 (9.09)	48 (16.0)
Headache	40 (59.70)	15 (28.30)	13 (26.53)	10 (23.25)	22 (25.0)	100(33.3)
Urinary problem	12 (17.91)	7 (13.20)	9 (18.36)	11 (25.58)	53 (60.22)	92 (30.7)
Gastritis	19 (28.35)	22 (41.50)	17 (34.69)	15 (34.88)	42 (47.72)	115 (38.3)
Eye problems	2 (2.98)	2 (3.77)	16 (32.65)	11 (25.58)	65 (73.86)	96 (32.0)
Musculoskeletal problem	4 (5.97)	7 (13.20)	10 (20.40)	8 (18.60)	53 (60.22)	82 (27.3)

*Numbers in parentheses shows percent

Pre, Peri-menopausal and menopausal problems by age group of respondents are presented in table 3. The study showed that most of the menopausal problems were increasing trend before 50 years of age and reached in peak during the age 50-54 years and decreasing as the age of the women increases.

Table 3: Age-wise Distribution of pre, peri-menopausal and menopausal problems

Health problems	Age of the respondent					Total
	40-44 n=67	45-49 n=53	50-54 n=49	55-59 n=43	60+ n=88	
Excessive bleeding	11 (16.42)	10 (18.87)	4 (8.16)	0 (0.00)	0 (0.00)	25 (26.04)
Painful periods	13 (19.40)	9 (16.98)	5 (10.20)	0 (0.00)	0 (0.00)	27 (28.12)
Pain in the breast	9 (13.43)	5 (9.43)	2 (4.08)	3 (6.98)	6 (6.82)	25 (8.3)
Hot flushes	16 (23.88)	10 (18.87)	9 (18.37)	6 (13.95)	5 (5.68)	46 (15.3)
Cold hands and feet	5 (7.46)	4 (7.55)	5 (10.20)	4 (9.30)	4 (4.55)	22 (7.3)
Dryness of vagina	14 (20.90)	22 (41.51)	26 (53.06)	14 (32.56)	20 (22.73)	96 (32.0)
Dizzy spells	30 (44.78)	13 (24.53)	12 (24.49)	6 (13.95)	8 (9.09)	69 (23.0)
Sexual discomfort	2 (2.99)	7 (13.21)	22 (44.90)	11(25.58)	20 (22.73)	62 (20.7)

*Numbers in parentheses shows percentage

Table 4 presents the psychological problems as complained by age groups. As reported in the study most of the psychological problems suddenly appear in early 40s, reach in peak in 50s and remains constant even during 60s and above.

Table 4: Psychological problems of respondents age groups

Problems	Age of the respondents					Total
	40-44 n=67	45-49 n=53	50-54 n=49	55-59 n=43	60 above n=88	
Mood swings	10(14.93)	8(15.09)	5(10.20)	7(16.28)	6(6.82)	36 (12.0)
Irritability	3(4.48)	6(11.32)	7(13.21)	6(13.95)	9(10.23)	31 (10.3)
Depression	9(13.43)	6(11.32)	14(28.57)	12(27.91)	27(30.68)	68(22.7)
Insomnia	13(19.40)	18(33.96)	25(51.02)	21(48.83)	72(81.82)	149 (49.7)
Forgetfulness	4(5.98)	7(13.20)	6(12.24)	5(11.63)	20(22.73)	42 (14.0)
Palpitation	23(34.33)	10(18.87)	10(20.40)	12(27.91)	24(27.27)	79 (26.3)
Fear of cancer	19(28.36)	11(20.75)	9(18.37)	7(26.28)	12(13.64)	58 (19.3)
Anxiety	22(32.84)	19(35.85)	14(28.57)	15(34.88)	35(39.77)	105 (35.0)

*Numbers in parentheses shows percentage

Although majority of the women of this age group had menopausal problems, most of them did nothing to solve the problems; only 11% and 7.3% of the respondents reported using modern medicine and traditional medicine respectively.

DISCUSSION

Age at menopause: The average age of menopause is 50 years in the industrialized countries and in developed countries comprise from 48.0 to 51 yrs but it ranges from 40.32 to 48.84 yrs for South Asian women. ^(6,7) According to a study conducted in Malaysia in 2010, age at menopause ranges from 47-56 year with mean age 51.3 years. ⁽⁸⁾ A study conducted in Jammu, India in 2007 reported 47.35 years as the mean age for menopause. ⁽⁷⁾ Similarly another study on menopausal symptoms in mid-life women in southern China in 2008 reported 48.9 years as mean as of menopause. ⁽⁹⁾ The range of age at menopause in this study found 38-56 years with mean age of menopause 46.81 years. It is supported by the studies conducted in Nepal in 1999 and 2001, in which the mean age of menopause in Nepal were found 49.5 and 47 years respectively. ^(10,11)

General health problems: The common general health problems reported in this study were gastritis (38.3%), headache (33.3%), eye problems (32%), urinary problems (30.7%) and musculoskeletal problems (27.3%) followed hypertension (19%) and diabetes (17.7%). A study conducted in Malaysia reported headache (32%), and urine incontinence (26%) as general health problem. ⁽¹²⁾ According to a study on menopausal symptoms in mid-life women in southern China in 2008 reported joint and muscle pain in 33.7% women. ⁽⁹⁾ A study conducted in India by Govil D in 2007 reported headache (38.8%), abdominal pain (31%), eye problem (28.1%), hypertension (23.8%), muscle and joint pain (32.8%) and

diabetes (8.5%) as common general problems. ⁽¹²⁾

Psychological problems: The common psychological problems reported in this study were insomnia (49.7%), anxiety (35%), palpitation (26.3%), depression (22.7%), fear of cancer (19.3%), forgetfulness (14.0%), mood swings (12.0%) and irritability (10.3%). It is supported by a study conducted in Taiwan which reported insomnia (42%), heart palpitation (34%), an irritable temper (34%) and depression (20%) as the common psychological problems among above 40 years of age. ⁽¹³⁾ Moreover a study in conducted in the state of Pune, India shows irritability (32.2%), palpitation (27.4%) and mood swings (13.9%) as common psychological problems. ⁽¹⁴⁾

Menopausal problems: The reported pre, peri and menopausal problems in this study were dryness of vagina (32%), painful periods (28.12%), excessive bleeding (26.04%), dizzy spells (23%), sexual discomfort (20.7%), hot flushes (15.3%), pain in the breast (8.3%), cold hand and feet (7.3%) and night sweats (2.0%). It is supported by a study conducted in Taiwan which reported hot flushes (38%), dizzy spells (28%), night sweating (18%), and loss of sexual discomfort (16%). ⁽¹³⁾ A study conducted in Singapore reported menopausal symptoms as, hot flushes (17.6%), vaginal dryness (20.7%) and night sweats (8.9%). ⁽¹⁵⁾ A study on menopausal symptoms in mid-life women in southern China in 2008 reported hot flushes 17.5% women. ⁽⁹⁾

CONCLUSION

Health of the women forty years of age is neglected issue. This segment of population faces many general, psychological and menopausal problems. Immediate actions and efforts are necessary to aware the community about the health problems of this segment of population. Moreover there is strong need to address their health problems through national health care system through the formulation and implementation of appropriate policy.

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ACKNOWLEDGEMENTS

We would like to express our sincere gratitude to Prof. (Dr.) Vinita Dayal, former Dean, Faculty and Dr. Varidmala Jain, Associate Professor, Faculty of Health and Medical Sciences, Sam Haggin Bottom institute of Agriculture, technology and Sciences, Allahabad, India for their academic guidance. All the respondents of the study for their kind cooperation and support during the study.

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How to cite this article: Acharya D, Gautam S, Neupane N et. al. Health problems of women above forty years of age in Rupandehi district of Nepal. Int J Health Sci Res. 2013;3(3):29-36.
