



Hysterectomy: Interrelationship between Menopausal problems and marital Satisfaction among Middle Aged Women

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Abstract

To identify the prevalence and the problems during and after the hysterectomy. Secondary data was used by utilizing records from local gynecological clinics to the prevalence of surgical menopause in rural and urban are of Dharwad and Bagalkote districts. Higher prevalence of surgical menopause 25% was found in urban Bagalkote. Snowball sampling was used to conduct in-depth interview of around 20-25% of working and non-working respondents were included. Apart from secondary data snow ball sampling technique was used to select the respondents to know the problems faced during and after hysterectomy by randomization method. Menopause Rating Scale, Marital satisfaction, attitude towards menopause and female sexual distress scale were used to assess the age related physical and psychological decline. The analysis were done through t-test and F-test were used identify the comparison between working and non-working women regarding problems, and Pearson correlation tests were used to know the relationship between the problems and demographic factors. The results revealed that 43-47% of working women experienced severe and 40-50% of non-working women reported mild menopausal symptoms such as somatic, psychological and urogenital symptoms. There was a significant difference and association was observed between working and non-working women in menopausal symptoms. The mean value of marital satisfaction of working women (24.14 ± 7.94) higher than (17.40 ± 6.18) non-working women. Working women experienced significantly high stress compare to non-working women. Working women had high sexual distress (29%), whereas 25% of non-working women had low sexual distress. The study concluded there is need of education regarding self coping and well-being techniques for menopausal women.

Key words: Menopause, symptoms, marital satisfaction

Introduction

Menopause is the permanent cessation of menstruation resulting from reduced ovarian hormone secretion that occurs either naturally or is induced by surgery, chemotherapy, or radiation. Natural menopause can be recognized after 12 months of amenorrhea that is not associated with a pathologic cause. Surgical menopause is the cessation of menses resulting from surgical removal of the uterus, leaving one or both ovaries or the removal of both ovaries. Surgical menopause carries a number of side effects such as loss of bone density, low libido, vaginal dryness and infertility. The ovaries and adrenal glands produce progesterone and estrogen, the female sex hormones. When both ovaries are removed, the adrenal glands can't produce enough hormones to maintain balance. Hormonal imbalance can increase risk of developing a variety of conditions including heart disease and osteoporosis. Hence the study was undertaken with following objectives,

- To identify the prevalence and the problems after the hysterectomy.
- To assess the marital satisfaction and
- To know the inter-relationship between marital satisfaction and menopausal problems.

Methods

Population and sample

- The population of the study comprised of two districts i.e. Dharwad and Bagalkote both rural and urban area. To know the prevalence of menopause middle aged women were selected by random method.
- Based on high prevalence rate the samples were taken randomly from Bagalkote city. The criterion of the study was the middle aged women who underwent hysterectomy or surgical menopause.
- The in-depth interview was conducted to elicit the information regarding problems, coping strategies, stress and sexual distress.

Research Design

- The differential design was used with the aim to compare problems, coping strategies, stress and sexual distress of working and non-working women with hysterectomy.
- Correlation design was used to know the inter-relationship between problems, coping strategies, stress and sexual distress.
- The tools for the study were the self-structured questionnaire to elicit the information regarding was used to collect personal information like name of the family members with their age, relationship with respondents and coping strategies to overcome the menopausal problems. It has 13 problems each problem the way of coping method such as self-coping, medical and alternative coping method.

- Menopausal symptoms were assessed by using menopause rating scale developed by Berlin.1992 to know the age related decline of physical and mental capacity. It consists of 11 questions divided into 3 sub scale such as psychological subscale (4 to 7), somatic subscale (1, 2, 3 and 11) and urogenital Subscale (8 to 10). The respondent has to indicate her problems with intensity of each are by using 5 point likart scale. Then the responses on each item was scored as 0-4 as none to very severe. The total score was categorized as low (0-14), medium (15-29) and high (30-44).
- To assess Socio Economic Status (SES) of the family assessed by using SES scale used developed by Aggrawal *et al.*, 2005. The scale consists of 22 statements which assess education, occupation, monthly per capital income from all sources, family possessions, number of children, number of earning members in family, education of children, domestic servants in home, possession of agricultural land and non-agricultural land along with animals and social status of the family.
- The scale developed by Haynes *et al.*, (1992) scale with 24 items is used to know marital satisfaction. The scores are ranged from 23-141 as rated by 6 point likert scale. For items 1 to 21, a score of 1, 2, 3, 4, 5 and 6 is for responses 'very dissatisfied', 'dissatisfied', 'somewhat dissatisfied', 'somewhat satisfied', 'satisfied' and 'very satisfied' respectively. The 22 and 23 have four alternative responses and the scoring follows as 4, 3, 2, and 1 from upper to lower end. For 24 items there are six alternative responses and scoring of 5, 4, 3, 2, 1 and 0 respectively. The scores obtained from each of the statements were summated to obtain the total score of marital satisfaction with a range 23-141

Results and discussion

The demographic characteristics of the respondents included age, education, occupation, caste, number of family children and socio-economic status of family of the surgical menopausal women are presented in Table 1. Most (38.64%) of them aged between 40-45 years, while 23.86 per cent were aged between 46-50 years followed by 12.50 per cent and 10.45 per cent were aged between 51-55 and 35-39 years respectively. With respect to occupation half (50%) of the respondents were housewives , while 21.59 per cent were hostel cooks and daily wagers followed by 12.50 per cent and 10.23 per cent were involving in teaching and agricultural activities. Most (37.50%) of the respondents were illiterate followed by 26.14 per cent of the women were educated till primary school, while 20.45 per cent and 15.91 per cent of the women were educated till high school and degree level of education respectively. With respect to caste 45.46 per cent of the respondents belonged to OBC category, while 21.59 per cent and 9.09 per cent of the respondents belonged to dalits and tribals caste. With respect to number of children, 44.32 per cent of the respondents had 1-2 children while, 28.41per cent and 17.05 per cent had 3-4-5-6 children in the family respectively. Regarding income of the family, 38.64 per cent of the women had the family

income of 10,000- 19,999, while 31.81 per cent of the women had income between 5,000-9, 999 followed by 1000-2,499 (15.91%) and 20,000-49,000 (13.64%).

The prevalence of type of menopause are presented in Table 2. In Dharwad 41.27 per cent of women in postmenopausal stage, whereas in 48 per cent of women in Bagalkote district in postmenopausal stage. In Dharwad majority (87.04%) of women had natural menopause, while 12.96 per cent underwent surgical menopause. In Dharwad, majority (74.74%) of them had natural menopause, while 25.46 per cent were underwent hysterectomy. The mean age for natural menopause was 43.34 ± 2.27 years and for surgical menopause was 43.34 ± 2.61 years.

Distribution of reasons for surgery to underwent surgical menopause indicated in Table 3. Majority (42.05 %) of them didn't reported the reason while, 21.54 per cent of the respondents reported because of fibroids the women underwent surgery, while 14.77 per cent underwent endometriosis followed by cysts (10.83 %), polycystic ovaries (6.81 %) and blockage of uterine tube (4.54 %).

Distributions of anthropometric measures among surgical menopausal women are represented in Table 4. Among working women according to BMI half per cent (52.27%) of them had obese category followed by 38.64 per cent had overweight and only 9.09 per cent belonged to ideal body weight category, whereas among non-working women 47.73 per cent had overweight category followed by 31.82 per cent had obese and 20.45 per cent had ideal body weight category. On the whole 43.18 per cent had overweight category followed by obese (42.05%) and 14.77 per cent of respondents belonged to ideal body weight category. With respect to waist to hip ratio among working women majority (40.90%) in action condition followed by 29.55 per cent in take care-2, while 25 per cent and only 4.5 per cent in OK and take care-1 condition respectively. Whereas among non-working menopausal women (43.18%) of them belonged to take care-2 condition followed by 29.55 per cent were in OK while 15.91 per cent and 11.36 per cent were in action and take care-1 condition respectively. On the whole 36.36 per cent in take care-2 condition followed by 28.40 per cent, 27.27 per cent and only 7.95 per cent belonged to action, OK and take care-1 condition respectively. With respect to lean body mass index, 56.81 per cent of working women in obese category followed by 38.64 per cent and 4.55 per cent belonged to normal and chronic energy deficiency category respectively. Whereas among non-working women, majority (65.90%) of them belonged to normal category followed by 29.55 per cent and only 4.55 per cent belonged to obese and chronic energy deficiency respectively. On the whole, 52.27 per cent belonged to normal category, while 45.45 per cent and 4.54 per cent belonged to obese and chronic energy deficiency category respectively. The study in line with Muffly and Kow (2014) found that the prevalence of obesity is increasing. Hysterectomy is the morbidity for overweight and obesity. Another study was supported by Shirish and Sheth (2018) was reported that 60 per cent of surgical menopausal women belonged to obese and overweight category VS 42 per cent of the women belonged to overweight who were natural menopausal.

Responses regarding menopausal symptoms are given in Table 5A. Among working women in somatic subscale, 79.55 per cent of them reported joint and muscular discomfort, while 75.25 per cent suffering from sleep problems followed by 63.63 per cent and 36.36 per cent of them reported hot flushes, sweating and heart discomfort respectively. With respect to psychological subscale, 59.09 per cent of working women reported physical and mental exhaustion followed by depressive mood, while 45.45 per cent and 43.18 per cent suffering from irritability and anxiety. In urogenital sub-scale, 38.68 per cent of working women suffering from sexual problems followed by 18.18 per cent and 10.94 per cent reported dryness of vaginal and bladder problems respectively. Among non-working women, 47.72 per cent suffering from sleep problems, while 43.63 per cent and 43.18 reported hot flushes and joint and muscular discomfort. With regard to psychological symptoms, 36.36 per cent of them suffering from anxiety, while 31.81 per cent had irritability followed by 29.54 and 20.45 per cent suffering from physical and mental exhaustion. 25 per cent of non-working menopausal women had sexual problems followed by 15.91 per cent and 11.36 per cent reported bladder problems and dryness of vagina respectively. The findings were in line with the earlier studies by Balan (2017) reported that hysterectomy women suffering from menopausal symptoms such as, hot flushes (57.02%), night sweats (52.61%), mood changes (48.34%) and Urogenital (41.87%).

Distributions of menopausal symptoms among surgical menopausal women are represented in Table 5B. Among working women in somatic symptoms, more (47.72%) were experienced moderate level of menopausal symptoms followed by 29.54 per cent and 22.72 per cent reported severe and mild menopausal symptoms respectively. Majority (43.19%) suffering from moderate level of psychological symptoms, while 29.54 per cent and 27.27 per cent of the women reported mild and severe level of psychological symptoms respectively. Regarding to Urogenital symptoms, 45.45 per cent reported mild symptoms followed by 38.64 per cent suffering from severe and mild urogenital problems. There was significant association and relationship observed between occupation and menopausal symptoms. Among non-working women, Most (54.55%) of them reported moderate level of somatic menopausal symptoms followed by 31.82 per cent and 13.63 per cent suffering from mild and severe level of somatic symptoms. In psychological sub-scale, 45.45 per cent of them reported moderate level of symptoms, while 43.18 per cent and 11.37 per cent of them suffering from mild and severe psychological symptoms. In urogenital subscale, 37.50 per cent of the women reported severe symptoms followed by 33.33 per cent and 21.87 per cent suffering from moderated and mild level of urogenital symptoms. There was significant association and relationship between menopausal symptoms and non-working condition.

Comparison of menopausal symptoms between somatic, psychological and urogenital symptoms among working and non-working surgical menopausal women indicated in Table 5C. Among working, the mean value of somatic symptoms higher than psychological and Urogenital symptoms ($34.26 \pm 10.63 > 29.47 \pm 10.54 > 17.40 \pm 10.11$). Whereas among surgical non-working menopausal women, the women suffer more from somatic symptoms followed by psychological and urogenital symptoms. There was a significant difference between subscales of menopausal symptoms among working and non-working menopausal women. Similar results were reported by

Harnod *et al.* (2018) the prevalence of somatic symptoms higher followed by psychological and urogenital problems.

Comparison of menopausal symptoms between working and non-working surgical menopausal women represented in Table 5D. The mean value of working menopausal women higher than non-working women ($25.08 \pm 6.12 > 19.46 \pm 4.73$) means working women experienced more from menopausal symptoms than non-working women. Which is found there was highly significant differences between working and non-working women.

Marital satisfaction of women with hysterectomy are presented in Table 6. Majority (47.72 %) of non-working women had high level of marital satisfaction as against 15.91 per cent of working women and 43-52 per cent of the working and non-working women were reported average level of marital satisfaction. Occupational status of the hysterectomy women was significantly associated and related with level of marital satisfaction.

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RESULTS

**Table 1: Demographic characteristics of surgical menopausal women
N=88**

Characteristics	Variables	N (%)
Age (years)	35-39	18 (10.45)
	40 – 45	34 (38.64)
	46 – 50	21 (23.86)
	51 – 55	11 (12.50)
	Total	88 (100)
Occupation	Homemaker	44 (50.00)
	Farm women	9 (10.223)
	Self employed	5 (5.68)
	Daily wagers/ laborers	19 (21.59)
	Teacher	11 (12.50)
Total	88 (100)	
Education	Illiterate	33 (37.50)
	Primary	23 (26.14)
	High school	18 (20.45)
	Degree	14 (15.91)
Total	88 (100)	
Caste	Upper caste	21 (23.86)
	OBC	40 (45.46)
	Dalits	19 (21.59)
	Tribals	8 (9.09)
Total	88 (100)	
No of children	1 – 3	49 (55.68)
	4 – 6	30 (34.09)
	> 6	9 (10.23)
Total	88 (100)	
Family income	>50,000	-
	20,000 – 49,000	12 (13.64)
	10,000 – 19,999	34 (38.64)
	5,000 – 9,999	28 (31.81)
	1000 – 2,499	14 (15.91)
	<1000	-
Total	88 (100)	

Figures in the parenthesis indicates percentage

Table 2: Prevalence of menopausal women

Locality	Total women contacted	Type of menopausal women		Total
		Natural	Surgical	
Dharwad	2820+470	1182(87.04)	176 (12.96)	1358
Bagalkote	2052+550	931 (74.74)	318 (25.46)	1249
Mean age		47.01±2.27	43.34±2.61	

(470 and 550 household survey)

Table 3: Causes for surgical menopause

N=88

SI No	Reasons	N (%)
1	Cysts	9 (10.23)
2	Endometriosis	13 (14.77)
3	Blockage of uterine tube	4 (4.54)
4	Fibroids	19 (21.59)
5	Polycystic ovaries	6 (6.81)
6	Not knowing	37 (42.05)

Figures in the parenthesis indicates percentage

Table 4: Percentage distribution of women by anthropometry

Indices	Categories	Menopausal women		Total (N=88)
		Working (n=44)	Non-working (n=44)	
BMI	Underweight (BMI<18.5)	-	2 (4.55)	2 (2.27)
	Ideal body weight (18.5-22.9)	7 (15.91)	12 (27.27)	19 (21.59)
	Overweight (BMI>23)	16 (36.36)	19 (43.18)	35 (39.77)
	Obese (>25 BMI)	21 (47.73)	11 (25.00)	32 (36.36)
WHR	Take care-1 (<0.4)	3 (6.82)	6 (13.64)	9 (10.23)
	OK (0.4-0.5)	9 (20.45)	15 (34.09)	24 (27.27)
	Take care-2 (0.5- 0.6)	21 (47.73)	20 (45.45)	41 (46.59)
	Action (>0.6)	11 (25.00)	4 (9.09)	15 (17.05)
LBMI	CED (>500)	4 (9.09)	9 (20.45)	13 (14.77)
	Normal(300-500)	13 (29.55)	21 (47.73)	34 (38.64)
	Obese (<300)	27 (61.36)	14 (31.82)	41 (46.59)

Figures in the parenthesis indicates percentage

Table 5A: Menopausal symptoms among women by Menopause Rating Scale (MRS)

Sl No	Menopausal symptoms (*Multiple responses)	Surgical menopause		Total (n=88)
		Working (n=44)	Non-working (n=44)	
I	Somatic Subscale			
1	Hot flushes, sweating	28 (63.63)	19 (43.63)	47 (53.41)
2	Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)	16 (36.36)	9 (20.45)	25 (28.41)
3	Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)	33(75.25)	21 (47.72)	54 (61.36)
4	Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	35 (79.55)	19 (43.18)	54 (61.36)
II	Psychological Subscale			
5	Irritability (feeling nervous, inner tension, feeling aggressive)	30 (45.45)	14 (31.81)	44 (50.64)
6	Depressive mood (feeling down, sad, mood swings)	23 (52.27)	9 (20.45)	32 (36.36)
7	Anxiety (inner restless, feeling panicky)	19 (43.18)	16 (36.36)	35 (39.77)
8	Physical and mental exhaustion (general decrease in performance and concentration, forgetfulness)	26 (59.09)	13 (29.54)	39 (44.32)
III	Urogenital subscale			
9	Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)	10 (10.94)	7 (15.91)	17 (19.32)
10	Dryness of vagina (sensation of dryness or burning in the vagina)	8 (18.18)	5 (11.36)	13 (14.77)
11	Sexual problems (change in sexual desire, in sexual activity and satisfaction)	17 (38.63)	11 (25.00)	28 (31.82)

Figures in the parenthesis indicates percentage

Table 5B: Frequency distribution of menopausal symptoms among surgical menopausal women

Type	Symptoms	Levels			χ^2	r- value
		Mild	Moderate	Severe		
Working (n=44)	Somatic	10 (22.72)	21 (47.72)	13 (29.54)	15.68*	0.35*
	Psychological	13 (29.54)	19 (43.19)	12 (27.27)		
	Urogenital	7 (15.90)	20 (45.45)	17(38.64)		
Non-working (n=44)	Somatic	14 (31.82)	24 (54.55)	6 (13.63)	19.37*	0.41*
	Psychological	19 (43.18)	20 (45.45)	5 (11.37)		
	Urogenital	11 (21.87)	27 (33.33)	6 (37.50)		

Figures in the parenthesis indicates percentage *significant at 0.05 level

Table 5C: Comparison of menopausal symptoms among surgical menopausal women

Type	Symptoms	Mean \pm SD	F- value
Working (n=44)	Somatic	6.26 \pm 1.63	8.36*
	Psychological	4.47 \pm 1.54	
	Urogenital	2.40 \pm 1.11	
Non-working (n=44)	Somatic	6.73 \pm 1.22	12.86*
	Psychological	3.32 \pm 1.26	
	Urogenital	2.17 \pm 1.08	

*significant at 0.05 level

Table 5D: Comparison of mean scores of menopausal symptoms between working and non-working surgical menopausal women

Type	Mean \pm SD	t-value
Working	25.08 \pm 6.12	4.27**
Non-working	19.46 \pm 4.73	

**significant at 0.01 level

Table 6: Distribution of marital satisfaction of working and non-working women with hysterectomy**N=88**

Marital Satisfaction	Surgical menopausal women			χ^2	r- value
	Working (n=44)	Non-working (n=44)	Total		
Low	12 (27.08)	9 (20.45)	21 (23.86)	63.04**	0.46**
Average	21 (47.72)	23 (52.27)	44 (50.00)		
High	11 (25.00)	12 (27.27)	23 (26.14)		
Mean±SD	17.40±6.18	24.14±7.94			
t-value	5.37***				

Figures in the parenthesis indicates percentage **significant at 0.01 level

