



A Comparative Study To Assess The Problems Faced And Coping Strategies Adopted By Women With Natural And Surgical Menopause Residing In Selected Villages Of Bardoli Taluka.

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Abstract

Background: Menopause is the end of menstruation. Menopause is the permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. A comparative study was designed to assess the problems faced and coping strategies adopted by women with natural and surgical menopause residing in selected villages of Bardoli Taluka. With the objectives to 1) assess the problems faced and coping strategies adopted by women with natural and surgical menopause 2) compare the problems faced and coping strategies adopted by women with natural and surgical menopause 3) find out the correlation between problems faced and coping strategies adopted by women with natural and surgical menopause 4) find out the association of mean score of problems faced and coping strategies adopted by women with natural and surgical menopause with their selected demographic variables.

Methods: A descriptive comparative research design with non-probability convenient sampling technique was used to collect data from 270 menopausal women from selected villages of Bardoli Taluka. A demographic tool, self structured inventory checklist for problems faced and standardized COPE inventory were used to describe the findings.

Results: The study showed that comparison of problems faced was $t=0.56$ and for coping strategies was found $t=0.72$ which was non-significant difference between women with natural and surgical menopause. There was a significant positive correlation found ($r=0.08$) between problem faced and coping strategies adopted by women with natural menopause and there was a significant positive correlation found ($r=0.04$) of women with surgical menopause as the p value was less than 0.05.

Conclusion: The findings of the study showed that coping strategies helps to cope up with the problems faced by women with natural and surgical menopause.

Key words: Problems faced, Coping strategies adopted, Women, Natural and surgical menopause.

Introduction

Menopause means permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. It is the point of time when last and final menstruation occurs.¹

A Woman has been the torch bearer of the society for centuries. She is responsible for the miracle of birth. She is the image of the society and considered the guardian of the respect and corner stone of a family.

There are lots of changes occurring in women's life cycle. Major concern in woman's life is reproductive health, and need much attention than the counter parts.² The average age of menopause is 51 years and the normal age ranges between 45 and 55 years. The clinical diagnosis is confirmed following stoppage of menstruation (amenorrhea) for twelve consecutive months without any other pathology.³ It is the time before menopause when vasomotor symptoms and irregular menses often commence. It can start 5-10 years or more before menopause. This stage of gradually falling and fluctuating hormone levels often begins in the early 40's.⁴ Women often refer to period as a "change of life" because it marks the end of their ability to bear children and the beginning of a new phase of life.⁵ Many of the symptoms are age related and aggravated by stresses of life. A caring Gynecological nurse must adopt a holistic approach and tender advice regarding diet, lifestyle and relaxation techniques to alleviate menopausal symptoms.⁶

Menopause is a normal part of life, just like puberty. It is the time of last menstrual period. Menopause is a normal condition that all women experience as they age. The word is derived from the Greek word 'meno' means "month" and 'pausis' means 'a pause' or 'cessation', it is the permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity.⁷

Although menopause is a natural physiological event, it should be recognized as a challenge for identification and prevention of organic diseases in women during post menopausal years. Health personnel can identify and help the women to understand and adapt to the various changes taking place within her body, so that the women will be better equipped to face the changes and minimize the risk of this potentially disruptive period.

The Global prevalence of menopause is estimated to be about 50 million cases annually. Menopause naturally occurs in women between 40 to 55 of age. The global population of postmenopausal women is growing. In 2021, women aged 50 and over accounted for 26% of all women and girls globally. This was up from 22% in 10 years earlier.⁸

India has a large population which has already crossed the one billion mark with 71 million people over 60 years of age and the number of menopausal women about 43 million. Average age of menopause is 47 years in Indian women with average life expectancy of 71 years. Therefore Indian women are likely to spend almost 23.5 years that is one third of their total lives, in menopause.⁹

Kalpita S. Shringarpure, Amrin Kharawala et.al (2022) conducted a study on Prevalence of menopausal symptoms among women in Vadodara, Central Gujarat. The aim of this article was to estimate prevalence of menopausal symptoms among women in the menopausal age group and study the urban-rural differences. Analytical cross-sectional study was conducted in rural and urban field practice areas of a tertiary care center, where 290 women (145 each from urban and rural areas) were interviewed to measure prevalence of menopausal symptoms. From among 145 women each, in urban and rural settings, there was significant difference in the median psychosomatic score as per the symptoms experienced by the urban and rural participants however; there was no significant difference in genito-urinary and musculo-skeletal symptom scores.¹⁰

From the above facts it is clear that there are many physiological and psychological problem faced by menopausal women. Keeping these facts the researcher felt the need.

Materials and Methods

A comparative study was conducted among 270 (135 for each natural and surgical) menopausal women during 12th February to 27th February 2024 at selected villages of Bardoli Taluka. The participants were selected by non-probability convenience sampling. The data were collected using Socio-Demographic tool, Self-structured inventory checklist for problems faced and standardized cope inventory for menopausal women. Tools used for data collection were, Tool 1: Socio-Demographic data, consisted of 11 items, Tool 2: Self-structured inventory checklist for problems faced by menopausal women. Inventory checklist consisted physiological problems and psychological problems. The score was arbitrarily Graded as: Yes (1), NO (0). Minimum score was 0 and maximum score was 1. Which was categorized as: Mild 1-33%, Moderate 34-67%, Severe >67%. Tool 3: Standardized Cope inventory tool

developed by Carver, C. S. checklist for menopausal women. Prior to the commencement of the study written permission was obtained from concerned authority of Maniba Bhula Nursing college with ethical clearance and CDHO of Surat. The study was conducted in selected villages of Bardoli Taluka. After establishing rapport with the participants, an informed consent was taken prior to data collection explaining the importance of study and the data collection procedure. 270 participants who met the inclusion criteria were taken. Inclusion criteria for the study was, women who are willing to participate, women who are residing at the selected villages of Bardoli Taluka, women who know Gujarati language and women who achieved menopause. Exclusion criteria were women who were not present during the time of study and women who undergone with Hormonal replacement therapy. The obtained data were analyzed in the terms of the objectives of the study using descriptive and inferential statistics. Socio demographic variables were assessed by using the frequency and percentage distribution and problems faced and coping strategies was analyzed using mean and standard deviation. The inferential analysis like calculated t-test was used to make comparison of problems faced and coping strategies adopted by women with natural and surgical menopause. Chi square test (χ^2) was used to find out the association of problems faced and coping strategies adopted by women with natural and surgical menopause with their selected socio-demographic variables respectively.

Results

Demographic details of the samples: among women with natural and surgical menopause maximum (51.1% and 49.6% respectively) were between the age group of 52 to 57 years, majority (63% and 43.7% respectively) participants had menopause between age of 52 to 55 years, most (40.7 and 36.3% respectively) of participants were having duration of menopause for more than 10 years, maximum (89.6% and 90.4% respectively) of participants were married, majority (91.9% and 88.1% respectively) of the participants belonged to joint family, most (32.6% and 28.1% respectively) of the participants had primary education, majority (43.7% and 36.3% respectively) of the participants were doing farming work, most (35.6%) of the participants were having income of Rs.23,674 to 47,347 in women with natural menopause and (34.8%) of the participants were having income of Rs.47,348 and more income, majority (84.4% and 74.1% respectively) of the participants had support system of health care workers, maximum (91.9% and 83% respectively) of the participants were not having information about menopause.

Table 1 Mean, median, mode, standard deviation and range of problem faced of Participants in natural and surgical menopause.

N1= 135

Groups	Area of problems	Mean	Median	Mode	Sd	Range
Natural menopause	Physiological problems	4.64	5	4	1.92	0-12
	Psychological problems	1.35	1	0	1.21	0-4
	Total Scores	6	6	5	2.34	0-15
Surgical menopause	Physiological problems	4.88	5	4	1.76	2-9
	Psychological problems	1.25	1	0	1.20	0-4
	Total Scores	6.14	6	6	1.68	2-11

N2=135

For natural menopause In the area of physiological problems, participant's mean score was 4.64, and for surgical menopause mean score was 4.88, median was 5 for both natural and surgical menopause, mode was 4 for both natural and surgical menopause, standard deviation was 1.92 for natural menopause and 1.76 for surgical menopause and range was between 0-12 in natural menopause and between 2-9 for surgical menopause.

Where as in Psychological problems, mean score was 1.35 for natural menopause and 1.25 for surgical menopause. median was 1 for both natural and surgical menopause, mode was 0 for both natural

and surgical menopause, standard deviation was 1.21 for natural menopause and 1.20 for surgical menopause. range was between 0-4 for both natural and surgical menopause.

In the area of total problem faced, participant's mean score was 6 for natural menopause and 6.14 for surgical menopause, median was 6 for both natural and surgical menopause, mode was 5 for natural menopause and 6 for surgical menopause, standard deviation was 2.34 for natural menopause 1.68 for surgical menopause and score range was between 0-15 for natural menopause and between 2-11 for surgical menopause.

Table 2 Mean, median, mode, standard deviation and range of coping strategies of Participants in natural and surgical menopause.

(N1=135,N2=135)

Group	Mean	Median	Mode	Sd	Range
Natural	149.73	150	147	9.95	96-176
Surgical	150.52	151	147	7.89	132-169

With respect to natural menopause, participant's coping strategies mean score was 149.73 and 150.52 for surgical menopause, median was 150 for natural and 151 for surgical menopause, mode was 147 for both natural and surgical menopause, standard deviation was 9.95 for natural menopause and 7.89 for surgical menopause and score range was between 96-176 for natural and between 132-169 for surgical menopause.

- **Mean difference, standard deviation of the difference and standard error of the mean difference and 't' value of problem faced and coping strategies scores of participants of natural menopause and surgical menopause**

N= 135

Variable	Groups	Mean score	SD	Mean difference	't' test calculated	Tabulated value	Significance
Problem faced	Natural menopause	6	2.34	0.14	0.56	1.960	NS
	Surgical menopause	6.14	1.68				

Variable	Groups	Mean score	SD	Mean difference	't' test calculated	Tabulated value	Significance
Coping strategies	Natural menopause	149.73	9.95	0.79	0.72	1.960	NS
	Surgical menopause	150.52	7.89				

In problem faced for women with natural menopause mean score 6 was lower than women with surgical menopause of 6.14 with mean difference of 0.14. The calculated t value 0.56 was lower than table value 1.960 at a significance level of 0.05. Thus, the research hypothesis was rejected and null hypothesis was accepted and in coping strategies for women with natural menopause mean score 149.73 was lower than women with surgical menopause 150.52 with mean difference of 0.79. The calculated t value 0.72 was lower than table value 1.960 at a significance level of 0.05. Thus, the research hypothesis was rejected and null hypothesis was accepted.

❖ **Correlation between problem faced and coping strategies adopted by women with natural and surgical menopause**

In the correlation of problems faced and coping strategies adopted by women with natural and surgical menopause, there was a significant positive correlation found ($r=0.08$) between problem faced and coping strategies adopted by women with natural menopause and there was a significant positive correlation found ($r=0.04$) between problem faced and coping strategies adopted by women with surgical menopause.

❖ **Association between problems faced of participants with their selected demographic variables in natural menopause.**

In the Association between problems faced of participants with their selected demographic variables in natural menopause the chi-square value of age in years ($X^2-6.66$) and education ($X^2-9.32$) was greater than table value at 0.05 level of significance. It was indicated that both had a significant association with problems faced by women with natural menopause.

❖ **Association between problems faced of participants with their selected demographic variables in surgical menopause.**

In association between level of problem faced by women with surgical menopause with their selected demographic variables the chi-square value of occupation ($X^2-0.19$) and information ($X^2-4.90$) was greater than table value at 0.05 level of significance. It was indicated that both had a significant association with problems faced by women with surgical menopause.

❖ **Association between coping strategies of participants with their selected demographic variables in natural menopause.**

In association between level of coping strategies adopted by women with natural menopause with their selected demographic variables the chi-square value of occupation ($X^2-15.24$) and income ($X^2-15.17$) was greater than table value at 0.05 level of significance. It was indicated that both had a significant association with coping strategies adopted by women with natural menopause.

❖ **Association between coping strategies of participants with their selected demographic variables in surgical menopause.**

In association between level of coping strategies adopted by women with surgical menopause with their selected demographic variables the chi-square value of Age at menopause ($X^2-8.18$), education ($X^2-817.43$), occupation ($X^2-17.40$), income ($X^2-28.29$) and support system ($X^2-8.59$) was greater than table value at 0.05 level of significance. It was indicated that these had a significant association with coping strategies adopted by women with surgical menopause.

Discussion

To assess problems faced and coping strategies adopted by women with natural and surgical menopause.

For women with natural menopause 84.4% of them faced mild level problems and 15.6% of them faced moderate level problems, while for women with surgical menopause 94.1% of them faced mild level problems and 5.9% of them faced moderate level problems. Where as in coping strategies women with natural menopause 0.7% of them adopted mild coping strategies and 99.3% of them adopted moderate level coping strategies, where as in women with surgical menopause 100% of them adopted moderate level coping strategies.

Above findings were supported by a study conducted on comparison of Menopause Rating Scale (MRS) in Middle Aged Women of Amritsar, Punjab, India by Neha and Shyamal Koley. Results of the study showed that 12.53% of post-menopausal women had mild problems, 32.83% of women had moderate problems, 50.12% had severe problems and 4.51% had very severe symptoms.¹¹

To Compare the problems faced and coping strategies adopted by women with natural and surgical menopause

Comparison of problems faced by and coping strategies adopted by women with natural and surgical menopause, The difference $t=0.56$ which was found non-significant where as for coping

strategies adopted by women with natural and surgical menopause difference was $t=0.72$ which was found non-significant.

Correlation of problems faced and coping strategies adopted by women with natural and surgical menopause.

In the correlation of problems faced and coping strategies adopted by women with natural and surgical menopause, there was a significant positive correlation found between problem faced and coping strategies adopted by women with natural menopause which was ($r=0.08$) and ($r=0.04$) for surgical menopause.

Above findings supported by a cross-sectional study conducted to assess severity of menopausal symptoms on quality of life among working women by Ramyashree S., Jacintha Veigas and Deepa Kanagal. The study result found that there was a positive correlation ($r = 0.71$, $P = 0.001^*$) between menopausal symptoms and quality of life.¹²

To Associate problems faced, coping strategies adopted by women with natural and surgical menopause with their selected demographic variables.

In the association of problems faced by women with natural and surgical menopause with their selected demographic variables, there was significant association found between problems faced by women with natural menopause with age in years ($X^2=6.66$) and education ($X^2=9.32$). There was significant association found between problems faced by women with surgical menopause with Occupation ($X^2=0.19$) and Information ($X^2=4.90$) and there was significant association found between coping strategies adopted by women with natural menopause with Occupation ($X^2=15.24$) and income ($X^2=15.17$). There was significant association found between coping strategies adopted by women with surgical menopause with Age at menopause in years ($X^2=8.18$), Education ($X^2=817.43$), Occupation ($X^2=17.40$), income ($X^2=28.29$) and Support system ($X^2=8.59$).

Above findings supported by a study on assessment of psychosocial problems and coping strategies among postmenopausal Women in Selected Communities of Mangalore by Seema Thomas and Mrs. Sandhya D'Almeida. The study results found that there was Significant association found between psychosocial problems and education ($\chi^2=6.8040$) at 0.05 level of significance. A significant association of coping score was also found with member of social group ($\chi^2=4.03$) and supportive member ($\chi^2=5.11$).¹³

Conclusion

A comparative study was conducted to identify the problems faced and coping strategies adopted by women with natural and surgical menopause residing in selected villages of Bardoli Taluka. The finding of the study show that women with natural and surgical menopause adopts the various coping strategies to overcome the problems. The findings of the study have implications for nursing practice, nursing education and nursing research.

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