

“A COMPARATIVE STUDY TO ASSESS THE PREVALENCE OF MENOPAUSAL SYMPTOMS BETWEEN THE NATURAL AND SURGICAL POSTMENOPAUSAL WOMEN IN URBAN AND RURAL AREAS OF VADODARA.”

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ABSTRACT

Menopause, in many parts of world, is regarded as being a major event in women's life. Normally in women of all over the world, regardless of culture and country of origin, will experience menopause and aging during their lives. Menopause is a unique event in a women's life which has many symptoms. Frequency and severity of these symptoms vary, and they are based on the women's epidemiological characteristics. During the menopausal transition the hormonal changes will take place that affect many biological systems and it can be distressing. **Material and methods:** A Cross sectional design was used for the study, in this study total 200 sample taken, calculated by power analysis & selected by Purposive sampling technique. Sample divided in two group 1: 100 Natural Postmenopausal women and group 2:100 were Surgical Postmenopausal women. Data collected by using checklist. The collected data tabulated and analyzed by use of descriptive and inferential statistics. **Result:** The result revealed that, out of 200 samples, for the comparison unpaired t test was conducted which found that mean and SD of prevalence of menopausal symptoms among Natural Menopausal women and Surgical Menopausal women respectively, 6.11 ± 1.86 and 6.10 ± 2.56 gives t value 0.032. The Prevalence of menopausal symptoms among Urban and Rural respectively, 51.1 ± 0.99 and t value is 0.347. **Conclusion:** The study concluded that there is no significant difference between the groups of Natural & Surgical Postmenopausal women and the prevalence of menopausal symptoms. And there is a significant difference between the Urban and Rural groups and the prevalence of menopausal symptoms.

Keywords: Menopausal symptoms, Natural Postmenopausal, Surgical Postmenopausal women, Urban area, Rural area

INTRODUCTION

Menopause, in many parts of world, is regarded as being a major event in women's life. Normally and naturally women all over the world, regardless of culture and country of origin, will experience menopause and aging should they live to that point in their lives. 'Menopause' word was derived from the two Greek words i.e., men [month] and pausis [a pause] and is an illustration of the psychological and physical incidents in the life cycle of women, where menstruation ceases to occur, that is to say, when a women has experienced her last menstrual bleeding.

Menopause is not a disease, but rather the point in a women's life at which she is no longer fertile, and menstrual ceased. Menopause is the time point at which a woman has not had a menstrual period for 12 months. Peri menopause is the time leading up to menopause, and the symptoms of the transition can take 2 to 10 years. Natural menopause occurs when the ovaries naturally decrease their production of the sex hormone estrogen and progesterone; there are no menstrual periods for 12 consecutive months; and no other biological or physiological cause account for this.

Surgical menopause is when surgery, rather than the natural aging process, causes women to go through menopause. Surgical menopause occurs after an oophorectomy, a surgery that removes the ovaries. The ovaries are the main source of estrogen production in the female body. Their removal triggers immediate menopause, despite the age of the person having surgery. While surgery to remove the ovaries can operate as a stand-alone procedure, it's sometimes performed in addition to hysterectomy to reduce the risk of developing chronic disease. Period stop after a hysterectomy. But having a hysterectomy doesn't lead to menopause unless the ovaries are removed too.

During the menopausal transition the hormonal changes will take place that affect many biological systems and it can be distressing. The signs and symptoms of menopause involves central nervous system related disorders; metabolic, weight, cardiovascular and musculoskeletal changes; urogenital and sexual dysfunction the physiological basis of these manifestations is emerging as complex and related but not limited to, estrogen deprivation.

MATERIAL AND METHODS

A Cross sectional design was used for the study, in this study total 200 sample size calculated by power analysis & selected by purposive sampling technique. Sample divided in two groups 1 consist of 100 Natural Postmenopausal women and group 2 consist of 100 Surgical Postmenopausal Women. Data collected by using self structured Checklist which includes demographic variable and Prevalence menopausal symptoms. The collected data was tabulated and analyzed by using descriptive and inferential statistics.

FINDINGS

The result of the study, out of 200 samples, for the comparison unpaired t test was conducted which found that mean and SD of prevalence of menopausal symptoms among Natural Menopausal women and Surgical Menopausal women respectively, 6.11 ± 1.86 and 6.10 ± 2.56 gives t value 0.032 and Among Urban and Rural respectively, 6.47 ± 2.55 and 5.74 ± 1.80 gives t value is 2.332.

Table: 10 Comparison of the Prevalence of Menopausal Symptoms between Natural and Surgical Postmenopausal Women.

VARIABLE	TYPE OF MENOPAUSE	MEAN	Mean difference	Std. deviation	t VALUE
Prevalence of Menopausal Symptoms	Natural	6.11	0.1	1.86	0.032
	Surgical	6.10		2.56	

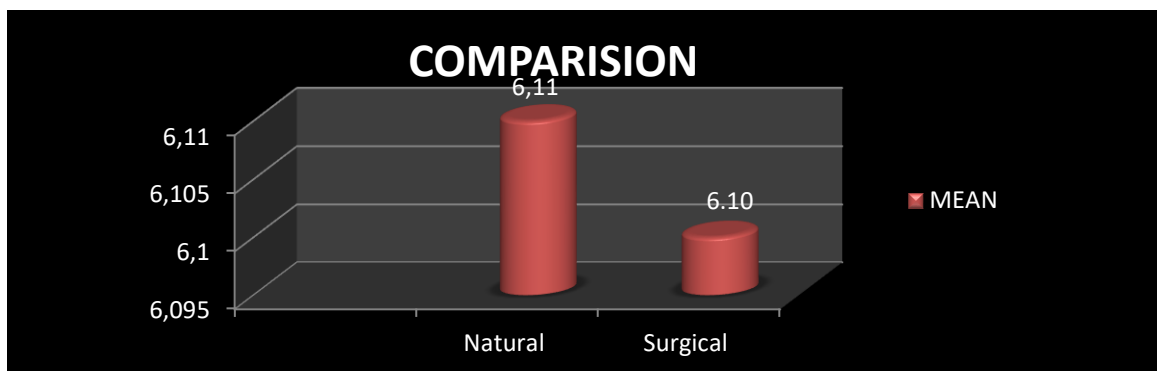
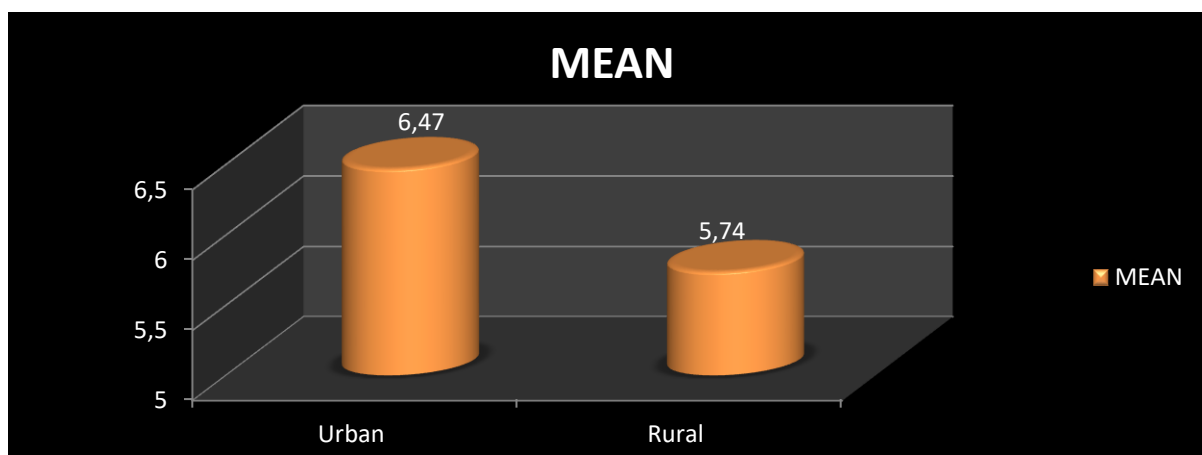


TABLE: 11 Comparison of the Prevalence of menopausal symptoms between Urban and Rural areas

VARIABLE	TYPE OF MENOPAUSE	MEAN	Mean difference	Std. deviation	t VALUE
Prevalence of Menopausal Symptoms	Urban	6.47	0.21	2.55	2.332
	Rural	5.74		1.80	



DISCUSSION

The result showed there is no significant difference found between the groups of Natural & Surgical menopausal women and the prevalence of menopausal symptoms but there is significant difference between among the Urban and Rural groups and the prevalence of menopausal symptoms.

A comparative study had been conducted by **Cho N Yet al (2019)**, between women who undergo surgical menopause and women who experience natural menopause on sleep disturbance total participant were 526 postmenopausal women. Data were collected through questionnaires. Logistic regression analysis was used. The result reveals that among the sample, 81.6% (n=429) reported going through natural menopause and 18.4% (n=97) reported going through Surgical menopause. The surgical group was significantly younger by 7.2 years ($p < 0.001$) women in the surgical menopause group reported significantly worse sleep quality ($P = 0.007$), especially for sleep duration ($P = 0.001$) and habitual sleep efficiency ($P = 0.010$) compared with women in the natural menopause group. Regression analysis indicated that individuals in the surgical menopause were 2.131 (95% CI 1.055-4.303) times more likely to have insomnia compared with the natural menopause group ($P = 0.027$). In addition, women in the surgical menopause group who displayed more sleep interfering behavior also had a higher severity of insomnia symptoms compared with women who experience natural menopause ($r = 0.26$, $P = 0.03$). The study concluded that in surgical menopause the sleep quality is worse compared to natural menopause.

An institutional based cross sectional study had been conducted by **Sudhindra Mohan Bhattacharya et al (2010)**, to compare the health related quality of life (HRQOL) of surgical menopausal women and Natural menopausal women using Menopausal rating scale. Total 32 participants of each group i.e., women undergone surgical menopause of 9-12 months previously and women who are >40 years of age had oligomenorrhoea for at least 1 year. The result shows that HRQOL is rated worsen in surgical menopause group (mean=29.4, SD=6.7) than the natural menopause group (mean=20.7, SD=6.5) and significant difference was $p < 0.0001$. Also result of three subscale i.e., Somatovegetative ($p = 0.030$), Psychological ($p < 0.0001$) and urogenital ($p < 0.0001$). The study concluded that HRQOL is more worse in Surgical rather than in natural menopause.

RECOMMENDATION

Based on the study it is recommended that:

1. A study can be conducted with large samples.
2. A similar study can be conducted with planned educational programme
3. A similar study can be replicated with intervention (Experimental)
4. This study recommended for policy makers to focus the existing problems and identified certain lacunae in the field of research on gerontology have, such as the lack of attention given towards the Menopausal women in Urban and Rural areas of India and Plan must be implemented for wellness of women of the nation.
5. Integration through medicine and community (Community health workers, Voluntary organizations) for improving the quality of life of Menopausal women.

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