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Examining the Quality of Life among Working Women in Agartala During the Menopausal Transition: An In-Depth Analysis

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ABSTRACT

Menopause is a critical phase in a woman's life characterized by hormonal changes that can impact various aspects of health, including the quality of life. Despite the increasing number of women in the workforce, there is a noticeable gap in specific challenges and experiences of working women during the menopausal transition. The study aims to analyze the quality of life among working women in Agartala during the menopausal transition. The study includes N=30 working women from diverse professional backgrounds in Agartala. Data were collected through the MENQOL (Menopause-Specific Quality of Life) Questionnaire developed by John R Hilditch et.al, (1996). Descriptive statistics and percentage analysis were employed to interpret the data. The researcher has concluded that the quality of life of the working women of Agartala seems to experience greater physical, vasomotor, and sexual changes during this prolonged phase. The findings can contribute to developing targeted interventions and support systems aimed at enhancing the quality of life for this demographic group. Additionally, the study may serve as a foundation for further research in other geographical regions, fostering a broader understanding of menopausal experiences among working women.

INTRODUCTION

A part of life we actually live is very small and the rest of our life is just an existence of time, Quality of living indicate exactly that small part of one's life where they found themselves happily balanced in every possible perspective. With all the various combinations of different activities, it encompasses various aspects that contribute to painting his own abstract with different functional events that measure their happiness and sadness and help to bring overall well-being and satisfaction (Lucius Annaeus Seneca, 65BC). The satisfaction is beyond just economic stability but includes factors like education, health, relationships, personal fulfillment, etc., all these events reflect different rays of life, all the doings, habits, love and hate, the positive and negative perspectives of life by which one can lead a satisfactory life. A satisfactory life of one with taking all, happiness and sadness, health and wealth, job satisfaction, family and society guide to idiosyncratic Quality-of-Life.

In early days, the concept of measuring quality of life of an individual is started with dissatisfaction of daily living, specially economically unstable which direct the person towards negative perspective and motive of life (Jenabi *et al.*, 2015). From onward the purpose of Quality of Life is being measuring by many developed countries, who were focusing in living positive life style. According to WHO's different developed and developing countries are focusing on positive health indicators which is the mortality and morbidity, that is why WHO's take the step to develop items or ways to measure the Quality-of-Life (WHO, 2012). The contribution of every individual to lift up the status of their countries is worldwide

By 2020 statistical records only 47% of Women are participating in working labour, where as in other hand 74% of Men are contributing as working labour (United Nations Economist Network, 2020) and this gap between different gender has been relatively constant from since 1995. Earlier in 1960's, women's involvement and development were given significance only after their marriage to a man, even after giving an immense contribution to grow their family they were considered as nothing (Munley, 1975). Women's life is like a full ride of a roller-coaster, with constantly changing bumps. Not only the growing age but with constant vast physiological and psychological changes. Changes like stage of menarche, conceiving a baby to Postpartum period and Lastly, the Menopausal phase (Cheng *et al.*, 2007). Menopause is an obligatory biological change in women's life (Matthews & Bromberger, 2005).

Menopause is the women's last stage of menstrual cycle with different changes in their body. Menopausal change has different stages which is also called menopause transition. Women experience menopause transition in four different stages: Pre-menopause phase leading up to menopause, which typically beginning in a woman's 40s, although it can start earlier or later. During this phase the hormone levels, especially estrogen, start fluctuating, leading to changes in the menstrual cycle. Peri-menopause is often used interchangeably with pre-menopause when a woman experiences the final menstrual period. Hormonal fluctuations continue, and symptoms may intensify. Menopause phase, also known as menopausal transition is officially declared when a woman has not had a menstrual period for 1 consecutive year, at this stage, the ovaries

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significantly reduce estrogen production and experience the occurrence of typical menopausal symptoms, and post-menopause, which refers to the period that begins after menopause where women are at an increased risk of certain health condition such as osteoporosis and heart disease due to low estrogen levels (Ghosh *et al.*, 2018).

In India, women experience menopause between the ages of 41.9 and 49.4 on average, and cultural and lifestyle differences contribute to the menopausal phase being associated with the loss of sexuality, strength, energy, aging fears, and loss of status (Pallikadavath *et al.*, 2016) Negative sociodemographic factors impact premenopausal women, leading to unhealthy behaviors such as smoking, poor diet, and lack of physical activity, resulting in higher BMI among menopausal women (Dąbrowska *et al.*, 2016). Despite cultural constraints, Indian women globally excel. Regional variations exist, with the northeast region suggesting a higher status for women. However, female work participation rates in the northeast, except for Manipur, Assam, and Tripura, remain lower due to socio-demographic factors like family responsibilities, inadequate support, gender insensitivity, inflexible work policies, and physiological changes related to menstruation and menopause (Mahanta & Nayak, 2013). These factors significantly impact women's quality of life.

What we been generalizing about the Quality-of-Life (QOL) of women during this phase of her life cannot be simple as it manifest till date, generally women of rural area has been given the note that, they often carry a negative body image addressing negative body image during menopause involves self-doubt, negligence, cultural influences, physical changes like skin, vaginal and body composition changes which may guide them towards poor physiological support in their living, but this condition is been disregard by the society and not been given importance by the people, because it is the natural phenomenon and a phase in every women life (Medeiros de Morais *et al.*, 2017), but every so often it should be foremost matter to swot about women's living condition in this very fast moving society, for the positive growth of society and nation. Quality number of

studies are necessary to present an asset knowledge about menopause and its costs and benefits to our surrounding for women and nation betterment. Therefore, the objective of this study is to examine and generalize the Quality-of-Life living by the working women undergoing the menopausal transition in different and living discrete lifestyle in Agartala, Tripura.

METHODOLOGY

The selected participants (N=30) were middle-aged (42-60 years old) sedentary working women of Agartala (Kalhan *et al.*, 2020), who were in their peri-menopause, menopause and in post-menopause phase. The researcher used a convenience sampling method for selecting the participants, and a total of 30 participants were selected for the study. Participants background information was collected, their basic demographic and field of profession along with health history information was also collected including their menopausal status.

To examine the Quality-of-Life of working women of Agartala the Menopause-Specific Quality-of-Life (MENQOL) standardized questionnaire was used developed by John R Hilditch *et.al.* (1996) and it consists of 29 items dealt with 4 domains which are Vasomotor, Physical, Psychosocial and sexual. The MENQOL questionnaire shows a validity score of 4.7 out of possible 5 and with reliability score coefficients of vasomotor = 0.37, psychosocial = 0.79, physical = 0.81, and sexual = 0.70 with Quality-of-life = 0.55 (Hilditch *et al.*, 1996). The questionnaire was distributed personally and before filling the questionnaire, a personal consent was filled by the subject to participate in the study. For the convenience of the subject, questionnaire was converted in Bengali language and also in Google form questionnaire. All the information and instruction were written in 2nd page of the questionnaire. During filling up the questionnaire each question was explained personally by the researcher to the participants. The result was drawn by using descriptive statistic and percentage analysis.

RESULT AND DISCUSSION

Table 1: Mean score of each statement of Menopause-Specific Quality-of-Life (MENQOL) of working women of Agartala

Sl. No	Questions	Total no. of Subject (N)	Mean score
01	Hot flushes	30	2.53
02	Night sweats	30	2.23
03	Sweating	30	2.60
04	Dissatisfaction with personal life	30	0.83
05	Feeling anxious or nervous	30	1.27
06	Experiencing poor memory	30	2.80
07	Accomplishing less than I used to	30	1.90
08	Feeling depressed, down, blue	30	1.17

09	Impatience with other people	30	1.23
10	Willing to be alone	30	0.80
11	Flatulence / gas pain	30	2.13
12	Aching in muscles and joints	30	3.87
13	Feeling tired or worn out	30	3.23
14	Difficulty in sleeping	30	1.53
15	Aches in back of neck or head	30	1.77
16	Decrease in physical strength	30	3.27
17	Decreased stamina	30	3.27
18	Feeling lack of energy	30	3.07
19	Dry skin	30	1.77
20	Facial hair	30	2.20
21	Weight gain	30	0.07
22	Changes in appearance, texture or tone of skin	30	1.20
23	Feeling bloated	30	0.63
24	Low back ache	30	3.77
25	Frequent urination	30	1.07
26	Involuntary urination while laughing or coughing	30	1.70
27	Change in sexual desire	30	2.83
28	Vaginal dryness during intimacy	30	1.97
29	Avoiding intimacy	30	3.20

Above Table 1 represent the Menopause-Specific Quality-of-Life questions which indicates most common physical, emotional and social feelings and problems experienced by the women during their menopause. The table carries 29 questions related to four different domains and it describe each question with the mean average score of its statement given in Menopause-Specific Quality-of-Life (MENQOL) Questionnaire. In the above table it showed that the most common problem faced by menopausal working women individually are specify in Physical Domain.

In Physical Domain, Question no. 12 which states that

during menopausal phase women go through “Aching in muscles & joints” which shows highest mean average=3.87, followed by Question no. 24 which states that women experience “Low back ache” while they are in their menopausal phase with its mean average=3.77 and Question no. 16 & 17 which states that women experience “Decrease in physical strength” and “Decreased in stamina” during their menopausal transition with mean average=3.27. Above mentioned four questions are of Physical Domain, which manifest those Working women of Agartala experience more physical changes then other domains during their menopause phase.

Table 2: Descriptive Statistics of Menopause-Specific Quality-of-Life of working women of Agartala

Domains	N	Mean	Standard Error	Standard Deviation	Confidence level
Vasomotor	30	2.45	0.11	±0.20	0.49
Psychosocial		1.43	0.27	±0.70	0.65
Physical		2.16	0.29	±1.14	0.61
Sexual		2.67	0.36	±0.63	1.57

Above table 2 shows the descriptive statistics of Menopause-Specific Quality-of-Life (MENQOL), of subjects N=30. It depicts the four domains of MENQOL which was mentioned in table 02 along with its mean average score, standard error, standard deviation and confidence level. The table reveals that working

women of Agartala have sexual domain= 2.67±0.63, vasomotor= 2.45±0.20 and physical domain= 2.16±1.14, which shows the evidence that they have higher level of all physical and biological changes during menopausal phases, but they are less dissatisfying with their personal and social life with psychosocial domain= 1.43±0.70.

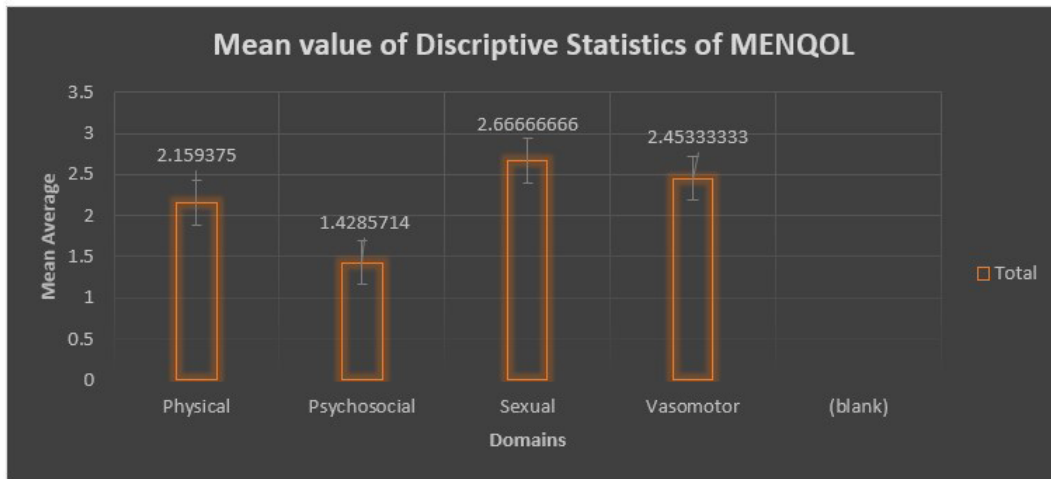


Figure 1: The mean average value of Vasomotor, psychosocial, physical and sexual domains on numerical rating

Above figure 1, display the graphical presentation of mean value of each domain, here the graph shows the value of physical domain was 2.16, psychosocial domain was 1.43 followed by sexual domain was 2.67 and vasomotor domain was 2.45. The graph reveals, that sexual domains show the highest mean value of 2.67 and psychosocial domains shows lowest mean value of 1.43.

Table 2: Descriptive Statistics of Menopause-Specific Quality-of-Life of working women of Agartala

Point scale →	No. of Question	"0"	"1"	"2"	"3"	"4"	"5"	"6"
Vasomotor	3	33.30%	2.20%	7.70%	18.80%	17.70%	20.00%	0.00%
Psychosocial	7	57.60%	0.40%	8.50%	17.60%	7.10%	7.60%	0.90%
Physical	16	41.40%	0.40%	8.30%	16.80%	19.10%	11.00%	2.70%
Sexual	3	34.40%	2.20%	3.30%	10.00%	24.40%	23.30%	2.20%

It was highlighted from the above table 3 that the percentage of Menopause-Specific Quality-of-Life of working women of Agartala were rated on numerical point of '0' to '6' (from Not at all bothered to extremely bothered). The response over vasomotor domain (No. of questions = 3) of menopausal women were "0" = 33.30%, "1" = 2.20%, "2" = 7.70%, "3" = 18.80%, "4" = 17.70%, "5" = 20.22% and "6" = 0.00%. The response over psychosocial domain (No. of questions = 7) of menopausal women were "0" = 57.60%, "1" = 0.40%, "2" = 8.50%, "3" = 17.60%, "4" = 7.10%, "5" = 7.60% and "6" = 0.90%. And the response over physical domain (No. of questions = 16) of menopausal women were "0" = 41.40%, "1" = 0.40%, "2" = 8.30%, "3" = 16.80%, "4" = 19.10%, "5" = 11.00% and "6" = 2.70%. And the response over sexual domain (No. of questions = 3) of menopausal women were "0" = 34.40%, "1" = 2.20%, "2" = 3.30%, "3" = 10.00%, "4" = 24.40%, "5" = 23.30% and "6" = 2.20%.

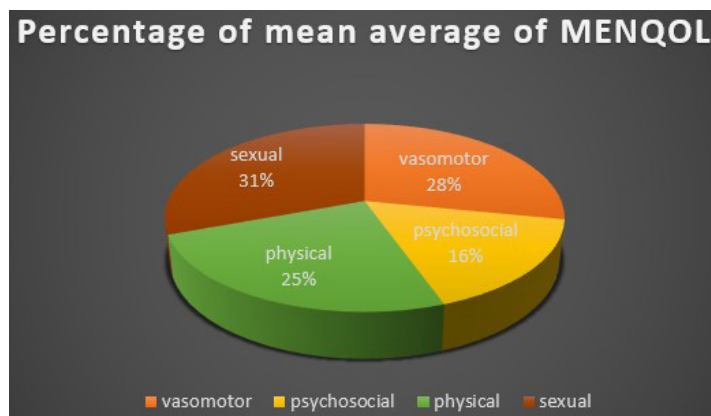


Figure 2: The percentage of mean average value of Vasomotor, Psychosocial, Physical and Sexual Domains on numerical rating

Figure 2, shows the graphical presentation of percentage of four domains of MENQOL of working women of Agartala. Here brown colour showed 31% of sexual domain, orange colour represents 28% of vasomotor domain, green colour showed 25% of physical domain and yellow colour showed 16% of psychosocial domain of working women of Agartala. The result showed that majority of working women of Agartala have less psychosocial changes during their menopausal phase.

DISCUSSION

The Quality of Life during menopause is a complex and multifaceted subject, encompassing various physical, psychological and social dimensions. The outcomes of this study manifest that the Working women of Agartala during their menopausal phase experience more physical and biological changes as it's the normal and necessary changes occur in body, menopause symptoms such as hot flashes, night sweats and changes in sleep patterns with hormonal fluctuations which lead them to vaginal dryness, affecting their sexual well-being impacts in their physical comfort and overall health condition.

In this study Physical and Biological changes have been covered by Vasomotor domain = 28%, Physical domain = 25% and Sexual domain = 31% as compare to their Psychosocial domain = 16% which directly indicates one's personal and social life satisfactory questions during menopause. The current study revealed that women have to go through different troublesome issue during menopausal transition in their life span and many long-term health conditions, including the risk of osteoporosis and cardiovascular diseases. Addressing these concerns positively impacts the overall quality of life (Hilditch *et al.*, 1996). During menopausal transition coping mechanisms with menopausal phase is daily life was very challenging, the effectiveness of coping strategies, such as exercise, mindfulness, and social engagement, plays a crucial role in determining the quality of life during menopause. Women continuously endure different physical and mental changes during their menopausal transition phase (G K, 2013). This natural changes in women body seems to effect differently in every individual, several studies have shown the results that the basic and prior knowledge about the menopause and positive support from family and society brings healthy and good surrounding for the menopausal women as they need to be taken care during their transitional phase (Ilankoon *et al.*, 2021).

Cultural attitudes towards menopause and societal expectations regarding aging can impact a woman's perception of the life stage, the level of awareness and acceptance within a cultural context plays a role in shaping the overall good environment, with several study it is seen that working women who are literate seems to have more knowledge and basic information about their medical condition compare to illiterate women, it was seen that more than 54.1% of women keep negative attitude towards their own menopausal transition in rural areas, but working women and their families have opposite

attitude towards this transition. Study have shown that working women have less psychosocial problems with less than 27.5% depression problem compare to other females who have prevalence of 43% of depression symptoms during menopause, this have been notice due to increasing level of estradiol in women body, which was mostly found in peri-menopause phase (Mishra & Kuh, 2006). But, it have been noticed that due to slender time to take care of themselves due to busy schedule of work, in a result working women experience more menopausal symptoms (Sánchez-Rodríguez *et al.*, 2017), because of such reasons female suffer more physical and biological problems like muscle ache problem, extreme sweating issues, hot flushes, vaginal dryness, decrease in level of estrogen then psychosocial changes (Kakkar *et al.*, 2007). During this phase women have to take care of her physical, mental, social and also personal life because in this phase women body changes vastly, one of the major reason is sudden drop of oestrogen and 17-estradiol from 100-250 ml to 10-30 ml which leads to loss of the saturated receptors of cells from the body and make the body weaker naturally, they started losing their strength to work and stamina to move their body efficiently, due to which they started gaining weight, feeling of anxiety and mood swing can be noticeable (Dalal & Agarwal, 2015). Women facing menopause often demonstrate resilience and strength as they navigate the physical, emotional, and societal challenges associated with their life stages.

Apart from embracing all the difficult outlook many women approach menopause with positive perspective and maintaining healthy life during menopause give positive body image and helps to keep good personal and social life, it also seems to be very effective for the women who have been suffering from triumph physical and biological problems due to menopausal transition (Nazarpour *et al.*, 2021). This study reveals that the working women mainly from academics, medical, janitors sectors seems to have more severe physical problems and have comparatively good personal and social life even when they are agony from different physical and biological changes during their menopausal phases, they abide the fact of ageing and their bodily changes and accept it positively (Kopenhagen & Guidozzi, 2015). It displays that even with daily work exhaustion and working environment with adequate knowledge about physical and mental changes during menopausal phase leads to good and positive Quality-of-Life with sense of liberation, freedom from menstruation, contraception and newfound autonomy of menopausal women (Whiteley *et al.*, 2013).

In accordance with the researcher understanding and with different proven studies, it have been vindicated that working women was found to be more physically tired, exhausted with daily work and during this period they phase very discomfort towards their body image, and due to very less time to work on themselves it was very hard for them to maintain good and healthy physical life style which leads them to more painful physical menopausal transition (Kakkar *et al.*, 2007), but still

working women manage to maintain balance and good psychosocial domain during their menopausal phase, by embracing a positive perspective on menopause, women can not only navigate the physical and emotional changes more gracefully but also contribute to reshaping societal narratives around aging and women's health (Yazdkhasti *et al.*, 2015).

CONCLUSIONS

Based on this study, the researcher has concluded that the quality of life during menopause is a nuanced interplay of physical, psychological, and social factors by rolling down the challenges women face during their menopausal transition. During this period, the working women of Agartala seem to experience greater physical, vasomotor, and sexual changes during this prolonged phase. Particularly in the context of greater physical changes, it reveals a nuanced and complex landscape. Women undergoing this natural life transition navigate many challenges, from hormonal fluctuations to changes in body composition impacting their physical and emotional well-being. Despite these challenges, there exists a resilient and positive perspective among many women, emphasizing the transformative nature of menopause. This period signifies not just an end but a new beginning, where women can embrace wisdom, prioritize self-care, and redefine priorities. By fostering open discussions, advocating for supportive workplace environments, and challenging societal norms, women can navigate the physical changes of menopause with a sense of empowerment. As research continues to shed light on psychosocial parameter of working women of Agartala which is in good scale with maintained socioemotional status and multifaceted aspects of menopause, which has becomes imperative to recognize that the quality of life during this phase is a subjective and individual experience. Through understanding, empathy, and a holistic approach to women's health, we can collectively contribute to a positive and enriching journey through the physical changes associated with menopause.

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