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Original research

Quality of Life of Postmenopausal Women in Western Oromia, Ethiopia

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ABSTRACT

Background: *Postmenopausal changes, driven by hormonal shifts, present physical and psychological challenges that impact daily life. In areas with socio-cultural and healthcare constraints, the quality of life for these women is often underexplored. This study examines their physical, psychological, and social well-being to identify unmet needs, providing a foundation for culturally appropriate interventions to promote healthy aging.*

Objective: *To assess the quality of life of post-menopausal women in western Oromia.*

Methods: *We conducted a community-based, mixed cross-sectional study among 423 purposively selected post-menopausal women in Western Oromia from March to June 2023. Quantitative data were entered into Epi-Info version 7 and analysed in SPSS version 27. One-way ANOVA identified the association between quality-of-life mean score and selected sociodemographic variables at p-value <0.05. The qualitative data were organized, transcribed, translated, and thematized.*

Results: *In this study, 412 women participated with a response rate of 97.4%. The Menopause Specific Quality of Life (MENQOL) mean score was 3.05±1.02. Bothersome menopausal experiences were significantly higher among women who were married (= 3.53 ± 0.94 vs 2.96 ± 0.94; p=0.02) or living alone (mean ± SD = 4.28± 1.61 vs 2.92± 0.97; p <0.001). Those unable to read or write reported higher symptom levels than women who completed primary school (mean ± SD = 3.24 ± 1.14 vs 2.77± 0.84; p = 0.015) or college (mean ± SD = 3.24 ± 1.14 vs 2.21 ± 0.98; p = 0.032). In addition, bothersome experiences were significantly higher among women whose husbands completed primary school compared to those with illiterate husbands (3.46 ± 1.34 vs. 2.77 ± 0.87; p = 0.032) or those with husbands who completed secondary school (3.46 ± 1.14 vs. 2.85 ± 0.94; p = 0.003).*

Conclusion: *Physical symptoms had the greatest impact on quality of life (highest MENQOL scores), while sexual symptoms had the least. Overall scores were significantly linked to marital status, education, husband's education, and living arrangements. Because many women forgo medical care, viewing symptoms as a natural part of aging, targeted education and counselling are essential to help them manage postmenopausal changes.*

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INTRODUCTION

Menopause is a natural phase in a woman's life, marking the end of menstrual cycles for a period of at least 12 months (1). Health-related quality of life (HRQOL) pertains to the impact of health conditions on an individual's well-being, daily activities, and social interactions (2). Quality of life, especially the health-related factors, is a subjective parameter that refers to the physical, social, and psychological factors. Quality of life (QoL) is one's perception of well-being, including areas beyond health. It refers to overall well-being and self-satisfaction, not just symptoms. Quality of life is how individuals perceive their place in life, considering cultural context, goals, expectations, standards, and concerns (3).

Quality of life among postmenopausal women is influenced by socio-demographic variables, sleep quality, health problems, physical and psychological changes, and body image (4). Age, education, socioeconomic status, and marital status are associated with quality of life (5). The World Health Organization estimated that in 2030, 1.2 million women will be postmenopausal, increasing by 4.7 million annually. Health care services aim to improve quality of life (6). Postmenopausal women, spending one-third of their lives in this stage, are vulnerable due to physiological changes. In 2017, women made up 54% of the global population aged sixty or older and 61% of those aged 80 or older. Women's life expectancy is expected to exceed men's by 3 years (7). Living longer is not enough; women desire to live free of disability, disease, and unpleasant symptoms, enjoying life, relationships, work, and recreation. There is a lack of data on the QOL of post-menopausal women. Reproductive health extends beyond reproductive years (8).

Today, many women spend one-third of their lives postmenopausal(9). However, most reproductive health interventions target women of reproductive age, neglecting post-reproductive years. Reproductive illnesses before 50 often lead to chronic health issues after 50 (10). Quality of life scores negatively correlated with menopause length, pregnancies, births, stillbirths, and vaginal deliveries (11). A study in Iran found that two-thirds of postmenopausal women had sexual problems (12). Emirati women reported moderate bothersome symptoms, with vasomotor symptoms in 61% and sexual symptoms in one-third (13). In Addis Ababa, Ethiopia, most postmenopausal women reported severe psychological, somatic, and urogenital symptoms (14). Research on postmenopausal women's quality of life is mostly from developed

countries, leaving a gap in developing countries like Ethiopia. Therefore, this study aims to assess the quality of life and explore the experiences of postmenopausal women in Western Oromia, Ethiopia.

Study objectives

- To assess the quality of life of post-menopausal among postmenopausal women
- To identify factors associated with the quality of life of post-menopausal women
- To explore the lived experience related to the quality of life of post-menopausal women

METHODS AND MATERIALS

Study Period and area

The present study was conducted from March to June 2023 in three towns of Western Oromia: Nekemte, Gimbi, and Shambu. Nekemte is the capital town of the East Wollega zone in western Oromia, located at 331km west of the capital city, Addis Ababa. Gimbi is the capital town of West Wallaga Zone, located 440km from Addis Ababa. Shambu is the capital city of Horroguduru Wallaga Zone, situated 315km away from Addis Ababa.

Study design

This study employed a community-based mixed cross-sectional study design.

Source Population

All postmenopausal women older than 44 years living in Nekemte, Gimbi, and Shambu towns

Inclusion and Exclusion criteria

In this research, we focused on women over the age of 44 who had both their uterus and ovaries intact and had not experienced a menstrual cycle for 12 consecutive months. Conversely, women who were in the perimenopausal phase, had diagnosed cardiovascular, thyroid, mental, kidney, liver, or breast conditions, or were undergoing hormone replacement therapy, were not included.

Sampling procedure

The single population proportion formula was used to estimate the minimum sample size. With 95% confidence, 5% margin of error, proportion of postmenopausal women (0.5), and 10% non-response rate, the final sample size was 423. A multistage sampling technique was used. Kebeles were selected using simple random sampling, and proportional sample size allocation was applied to each kebele. The sample was proportionally distributed

among towns, and study units were selected using systematic sampling.

Dependent variable

Quality of life of postmenopausal women/MENQoL score

Independent variables

Socio-demographic characteristics such as marital status, educational status, spouse, mother occupation, religion, average monthly income, place of residence, Behavioral factors such as Smoking, drinking alcohol, Information and practice of physical exercise, and lifestyle modification

Data Collection Procedure

Quantitative data were gathered utilizing the Menopause-Specific Quality of Life (MENQOL) tool through surveys administered by six urban health extension workers. For the qualitative part, in-depth interviews (IDI) were conducted face-to-face with postmenopausal women to explore their lived experiences following menopause, using a prepared interview guide in Afaan Oromo. The interviews were carried out until data saturation was achieved, as indicated by the absence of new emerging information.

Data quality assurance

Data collectors received two days of training on the study objectives, the contents of the questionnaire, and procedures for maintaining the confidentiality and privacy of the participants. Following this, a pretest was conducted on 22 study participants in Bako town.

Data Analysis

Quantitative data were first entered into Epi Info version 7 and subsequently analyzed with SPSS version 27. The "Menopause-Specific Quality of Life (MENQoL) tool", comprising 29 items across four domains: "vasomotor (3 items), psychosocial (7 items), physical (16 items), and sexual (3 items)(15), was employed. The tool employs a Likert scale, where a score of 0 indicates the absence of symptoms, 1 represents mild symptoms without distress, and scores ranging from 2 to 7 indicate progressively increasing severity of bothersome symptoms. During the interview, respondents were asked to indicate whether they experienced each symptom. If a respondent reported "No," it was recorded as not experiencing the symptom and assigned a conversion score of 1. When a respondent reported "Yes," they were further asked to rate how much the symptom bothered them on a scale from 0 to 6. A response of "Yes" with a raw score of 0 indicated that the respondent experienced the symptom but was not at all

bothered by it. This response was assigned a conversion score of 2.

Increasing levels of bother were reflected by higher conversion scores. A raw score of 1 (minimally bothered) was converted to 3, while raw scores of 2, 3, 4, and 5 were converted to 4, 5, 6, and 7, respectively. A raw score of 6 (extremely bothered) was converted to a conversion score of 8. Overall, the conversion scores ranged from 1 to 8, whereas the original responses obtained during the interview consisted of “No” or “Yes,” followed by a bother rating from 0 “not at all bothered” to 6 “extremely bothered”.

To evaluate the association between average quality-of-life mean scores and certain sociodemographic factors, both descriptive statistics (including frequency, mean, percentage, and standard deviation) and inferential statistics (one-way ANOVA) were utilized. The data collected from comprehensive interviews were transcribed and subsequently translated into English. The interview data underwent analysis through thematic analysis.

Ethics Consideration

Ethical clearance was granted by the Ethical Review Committee of the Institute of Health Science, Wollega University[Ref wu202,453/m-26]. Participants were briefed on study objectives and provided informed consent. Participation was voluntary, with the right to withdraw during interviews. All names and personal identifiers were omitted to maintain confidentiality.

Table 1: Sociodemographic characteristics of postmenopausal women (n = 412).

Variables	Characteristics	Frequency (Percentage)
Age	45-54	195(47.3)
	55-64	148(35.9)
	>64	69(16.7)
Marital status	Unmarried	15(3.6)
	Married	316(76.7)
	Divorced	33(8)
	Widowed	48(11.7)
Educational status	Unable to read and write	106(25.7)
	Primary school (1-8) completed	92(22.3)
	Secondary school (9-12) completed	11(27.9)
	College and above	99(24)
Husband's educational status	Unable to read and write	28(6.8)
	Primary school (1-8) completed	56(13.6)
	Secondary school (9-12) completed	120(29.1)
	College and above	208(50.5)
Occupational status of women	House wife	183(44.4)
	Government employee	63(15.3)
	Merchant	101(24.5)
	Retired	47(11.4)
	Daily Laborer	18(4.4)
Living condition	Alone	27(6.5)
	With family	385(93.4)

RESULTS

Sociodemographic characteristics of postmenopausal women

In this study, 412 postmenopausal women participated, yielding 97.4% response rate. Respondents' mean age was 55.8 ± 6.7 years. Most participants were aged 45–73 years. Regarding marital status, 316 (76.7%) were married. In terms of educational status, 106 (25.7%) were unable to read and write. Additionally, 204 (49.5%) were housewives (Table 1).

Quality of life of post-menopausal women

The overall MENQOL mean score was 3.05±1.02. The most prevalent symptom of menopause was lack of energy, 398(96.6), followed by feeling tired or worn out, 374(90.8), from the physical domain among all the domains of menopause. Hot flushes or flashes were the most prevalent symptom, 257 (62.4), with a mean score ±SD =3.15±2.07 among other symptoms of the vasomotor domain. Similarly, accomplishing less than earlier was the most prevalent symptom, 348(84.5%), followed by feeling anxious or nervous, 316(76.7), with mean±SD score= 4.48±1.98 and 4.5 ±2.44, respectively, among other psychosocial domain symptoms.

Furthermore, a decrease in Sexual desire 173(42%) was a prevalent symptom among sexual domain symptoms, with a mean±SD score of 2.85± 2.55. The highest mean± SD scores of MENQOL (mean±SD. =3.59±1.01) were seen in the physical domain, and the lowest mean±SD scores of MENQOL (mean±SD. =1.99±1.19) were seen in the sexual domain (Table 2).

Factors associated with the quality of life of post-menopausal women

The research revealed that the average quality of life score was significantly linked to factors such as marital status, level of education, the educational background of the husband, and living conditions. Married menopausal women had more bothersome experiences than divorced women (mean ± SD = 3.53 ± 0.94 vs 2.96 ± 0.94; p = 0.02). Illiterate menopausal women had more bothersome experiences than those who completed primary school (mean ± SD = 3.24 ± 1.14 vs 2.77± 0.84; p = 0.015) and college graduates (mean ± SD = 3.24 ± 1.14 vs 2.21 ± 0.98; p = 0.03). Women whose husbands completed primary school had more bothersome experiences than those whose husbands were illiterate (mean ± SD = 3.46± 1.34 vs 2.77 ± 0.87; p = 0.032) and those whose husbands completed primary school (mean ± SD = 3.46± 1.14 vs 2.85 ± 0.94; p = 0.003). Menopausal women living alone had more bothersome experiences than those living

with family (mean ± SD = 4.28± 1.61 vs 2.92± 0.97; p <0.001).

Table 2: Frequency distribution and scores of menopausal domains as per Menopause Specific Quality of Life (MENQoL) Tool. Values are presented as n (%) and mean ± SD.

Domain	Symptoms	Frequency (%)	Mean±SD
Vasomotor(n=412) mean±SD= 3.21±1.71	Hot flushes or Flashes	257(62.4)	3.15±2.07
	Night sweats	253(61.4)	3.38±2.21
	Sweating	257(62.4)	3.10 ±2.04
Psychosocial(n=412) mean±SD= 3.40±1.36	Dissatisfaction with my personal life	253(61.4)	3.32 ±2.25
	Feeling anxious or nervous	316(76.7)	4.5 ±2.44
	Experiencing poor memory	283(68.7)	3.83±2.33
	Accomplishing less than earlier	348(84.5)	4.48±1.98
	Feeling depressed, down, or blue	173(42)	2.53 ±2.11
	Being impatient with other people	266(64.6)	3.70±2.39
	Feeling of wanting to be alone	73(17.7)	1.45 ±1.45
Physical(n=412) mean±SD=3.59±1.01	Flatulence (wind) or gas pains	297(72.1)	3.59± 2.0
	Aching in muscles and joints	328(79.6)	4.48 ±2.21
	Feeling tired or worn out	374(90.8)	4.92 ±1.84
	Difficulty sleeping	275(66.7)	3.84 ±2.40
	Aches in the back of the neck or head	313(76)	4.32 ±2.35
	Decrease in physical strength	327(79.4)	4.22±2.15
	Decrease in Stamina	280(68)	3.67 ±2.44
	Lack of energy	398(96.6)	5.56 ± 1.64
	Dry skin	67(16.3)	1.67 ±1.66
	Weight gain	119(28.9)	3.62 ±1.15
	Increased facial Hair	17(4.1)	1.14 ±0.56
	Changes in appearance, texture, or Tone of my skin	180(43.7)	2.51 ±1.98
	Feeling bloated	280(68)	3.68 ±2.27
	Low backache	356(86.4)	5.44 ±2.33
	Frequent Urination	193(46.8)	2.62 ±1.94
	Involuntary Urination when Laughing or Coughing	157(38.1)	2.13 ± 1.62
Sexual(n=412) mean±SD. =1.99±1.19	Decrease in my Sexual desire	173(42)	2.85± 2.55
	Vaginal dryness	111(26.9)	1.85±1.55
	Avoiding intimacy	34(8.3)	1.26±0.93
Total quality of life score		**3.05±1.02**	

Lived experience of post-menopausal women

Theme I: Transition to menopause

Many women have different feelings and experiences when they first experience symptoms of menopause. Even though not all the symptoms are experienced by each of them, most of them reported having a difficult time adapting to a new change in their life. Women stated that they experienced physical, spiritual, and social changes in their menopausal period. The physical changes that the women reported

are excessive sweating, back pain, tiredness, sleep disturbance, and dryness of the skin. Psychological changes that happened to them include aggressiveness, irritability, low mood, and anxiety.

"Suddenly, a high fever rose from my back, moved across all my body, and started sweating, which I had not had in my entire earlier life. It happened all of a sudden, you don't feel comfortable in that situation," As a 52-year-old participant narrated her experience.

Another woman who is 61 years old stated that: *I was a very calm person before this change happened in my life, now I am a very fragile person who gets angry even over some minor things.*

Another woman expressed her feelings angrily as: *Before menopause, life was great. However, after the menopause, it is miserable.*

Theme II: Quality of sleep and quality of life.

This study found a significant association between sleep quality and quality of life in postmenopausal women, indicating the need for interventions to improve sleep quality.

''Many of my nights, I do not get enough sleep as I am disturbed by the flush of heat in my sleep. Once my sleep was interrupted, it was very difficult for me to sleep, 57 years old woman.

Theme III: Family and social support

This study found that social support can improve postmenopausal women's quality of life. The social support included the support they have acquired from their families (husbands where still alive, children, and their grandchildren), other relatives, health workers, religious leaders, and social structures like the elderly are sources of their support.

A 60-year-old grandmother of six children said that most of her needs are fulfilled with the support that she has received from the social networks.

"Even though my husband has died, my children have provided me with what I need from the family. I have a good relationship with my church members and leaders. I am also an active member of the women's edir in our living area. I get most of the support I need from my family. As every woman at my age can have, I have some problems like lack of good sleep, hotness of the body, and muscle pain".

Theme IV: Lack of knowledge about the menopause

Participants' lack of awareness of menopause limited their understanding of the changes and symptoms they

experienced due to natural aging. Lack of knowledge was experienced as anxiety-provoking and 'a bit frustrating. Most of the participants did not understand their symptoms at onset and were frustrated and related the symptoms to their main health problems. The 57-year-old woman expressed her frustrations as follows:

" I have experienced many changes in myself, like getting hot all the time, gaining weight easily, feeling loneliness and lack of sleep, which I thought could be diseases that I was really afraid of myself".

Another woman who was 57 years old said:

"*I came to know that it is normal after the health worker explained the symptoms, my experience was due to my old age and cessation of menstruation. Before that, even though I had heard some women complain about it, I understood it only after the health worker explained to me.*"

Theme V: Women's menopause symptom management

All participants of the study discussed how they are dealing with the symptoms independently, as the severity of the symptoms is different for the women. The majority of the participants did not like to use the modern medication from health facilities as they found its side effects were also a problem for them.

One participant said

"As this thing is happening naturally, as the doctor told me, I have to accept it and manage it by myself, and I hope my husband will understand and support me."

DISCUSSION

The quality of life of postmenopausal women is influenced by various domains, including psychological, vasomotor, physical, and sexual aspects. Research on menopausal women has shown that these domains play a significant role in determining the overall quality of life during this stage. This study showed overall MENQOL mean total score among the respondents was 3.05±1.02, which was comparable with a study from Budhiganga, Nepal, that showed 3.48 ± 0.53 overall quality of life of postmenopausal women. A higher mean score on the MENQoL indicates a more bothersome experience, reflecting a greater effect of menopausal symptoms on quality of life. A score of 3.48 suggests that postmenopausal women in this study faced significant symptoms that adversely affected their well-being (16). The study from Hamadan, Iran, reported a mean MENQoL score of 2.45 (17), indicating that Iranian women experienced a lower symptom burden compared to those in this study, who had a mean score of 3.48. This discrepancy may

be attributed to factors such as cultural differences, lifestyle choices, healthcare access, and individual variations. This finding highlights the need for context-specific interventions that improve awareness, enhance access to care, and promote healthy lifestyles to reduce menopausal symptoms and improve quality of life.

In the current study, the physical domain was found to have the highest mean score (3.59±1.01), followed by psychological (3.40±1.36), Vasomotor (3.21±1.71), and sexual (1.99±1.19) domains. In a related study conducted in Nepal, the sexual domain recorded the highest mean score. In contrast to our finding that the smallest mean score was in the sexual domain. Similarly, the study by Koirala et al. concluded that the physical domain was the most affected area of quality of life among postmenopausal women, with a significant impact on their overall well-being (18). Hot flushes or flashes were the most prevalent symptom (257(62. 4) with a mean score ±SD =3.15±2.07 among other symptoms of the vasomotor domain. This finding was supported by a qualitative report from the experience of the women:

''Many of my nights, I do not get enough sleep as I am disturbed by the flush of heat in my sleep. Once my sleep was interrupted, it was very difficult for me to sleep, 57 years old woman.

A flush of heat significantly contributed to poor sleep quality and reduced well-being. This implies that there is a need for targeted interventions focusing on symptom relief and sleep management to improve women's daily functioning and quality of life.

Several studies on the vasomotor domains of quality of life in postmenopausal women have shown significant associations with symptoms of menopausal and overall health-related quality of life, in supportive of our study (19, 20). In the Vasomotor domain, this study indicated that hot flushes and sweating were two major symptoms accounting 62.4%, which is higher than another study that found 36.66% of postmenopausal women were dissatisfied with their personal life due to vasomotor symptoms, impacting their quality of life (19).

This study revealed that lack of energy 398(96.6) was the most prevalent symptom of menopause, followed by feeling tired or worn out 374(90.8) from the physical domain among all the domains of menopause. This is in line with a study conducted in Budhiganga Rural Municipality(16).

Furthermore, a decrease in sexual desire 173(42%) was a prevalent symptom of the sexual domain, with a mean±SD score of 2.85± 2.55, which is consistent with the study conducted in India (21). In contrast to this, the study in Budhiganga Rural Municipality and Jhapa, Nepal, revealed that avoiding intimacy was a major symptom in the sexual domain (16, 22). The highest mean± SD scores of MENQOL (mean±SD. =3.59±1.01) were seen in the physical domain, and the lowest mean±SD scores of MENQOL (mean±SD. =1.99±1.19) were seen in the sexual domain.

The total quality of life score obtained was 3.05 ± 1.02. This study revealed that Marital status, educational status, husband's educational status, and Living Condition were significantly associated with Menopausal quality of life. Married menopausal women had higher levels of bothersome experiences than divorced women (mean ± SD = 3.53 ± 0.94 vs 2.96 ± 0.94; p = 0.02). This may be because marriage may bring additional responsibilities and stressors, impacting overall quality of life. This is supported by a study conducted in a rural area of West Bengal, India(23), and in contrast to the study conducted in Nepal (22). Research shows higher education levels correlate with better QOL. Educated individuals have improved health-related QOL due to health knowledge, preventive practices, and positive lifestyle choices. In this study, Menopausal women who are unable to read and write had a higher level of bothersome experiences than those who completed primary school (mean ± SD = 3.24 ± 1.14 vs 2.77± 0.84; p = 0.015). Similarly, those who are unable to read and write had a higher level of bothersome experiences than those who completed College and above (mean ± SD = 3.24 ± 1.14 vs 2.21 ± 0.98; p = 0.03). This is in contrast with the study conducted in Nepal (22-24). Those whom their husband has completed primary school had increasing levels of bothersome experiences than those whom their husband unable to read and write (mean ± SD = 3.46± 1.34vs 2.77 ± 0.87; p = 0.032). Similarly, those women whom their husband completed primary school had a higher level of bothersome experiences than those whom their husband completed primary school (mean ± SD = 3.46± 1.14 vs 2.85 ± 0.94; p = 0.003). Those menopausal women living alone had increasing levels of bothersome experiences than those women living with their family (mean ± SD = 4.28± 1.61 vs 2.92± 0.97; p <0.001). These findings implied that sociodemographic factors such as marital status, education, husband’s education, and living arrangements significantly influence the quality of life of postmenopausal

women. Targeted interventions, including educational programs, psychosocial support, and community engagement, are essential to address the increased burden among married women, those with low literacy, and women living alone, ultimately improving their overall well-being.

Limitations

Data for this study were collected through participants' self-reports, which may be subject to recall bias and social desirability bias. Respondents might not accurately remember past experiences or could provide answers they believe to be more socially acceptable rather than reflecting their actual feelings or conditions. As a result, this could lead to either overestimation or underestimation of menopausal symptoms and their impact on quality of life.

CONCLUSION

The most prevalent symptom of menopause was lack of energy, followed by feeling tired or worn out in the physical domain, among all the domains of menopause. Hot flushes or flashes were the most prevalent symptom among other symptoms of the vasomotor domain. Similarly, accomplishing less than earlier was the most prevalent symptom, followed by feeling anxious or nervous, among other symptoms of the psychosocial domain. Furthermore, a decrease in sexual desire was a prevalent symptom among other symptoms of the sexual domain. The highest mean± SD scores of MENQOL were seen in the physical domain, and the lowest mean±SD scores of MENQOL were seen in the sexual domain. The overall MENQOL mean score was found to be 3.05±1.02. This study revealed that the average quality of life score was significantly associated with factors such as marital status, level of education, the educational background of the husband, and living conditions.

Many of the participants did not want to go to the hospital for treatment, as it is natural aging symptoms. Education and counseling are needed for menopausal women regarding physical, mental, psychological, and social changes, and the support they need to cope with menopausal change and to maintain optimal quality of care.

Declarations

Consent for publication

Not Applicable

Availability of data and materials

Available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests

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