

*Original Article***Quality of life after the menopause and its relation with marital status***Soheila Ehsanpour*, Maasoumeh Eivazi**, Sharareh Davazdah-Emami******Abstract**

Background: The age of menopause has not changed in past centuries; however the life span has gradually increased. Today's women spend one third of their life time after menopause. This study investigates quality of life after the menopause and its relation to marital status.

Methods: A descriptive study was conducted. The sample consisted of 384 post-menopausal women in Isfahan in 2006. Data was collected using the menopause quality of life questionnaire (MENQOL) and the Utian quality of life scale (UQOL) filled by interviewing. Content validity and cronbach's alpha were used respectively to ensure the validity and reliability of the questionnaires. Inferential and descriptive statistics via SPSS software were used for data analysis.

Results: In psychological dimension, the highest scores of quality of life was in divorced women and married women live with their husbands (MLH), in physical dimension, it was for widowed women, in social dimension it was for MLH women and in sexual dimension -based on the marital status- it was 18.84% for MLH women. There was a significant difference between marital status and quality of life in psychological dimension ($p=0.03$) and sexual dimension ($p=0.000$). However, there is no significant difference between marital status and quality of life in social and physical dimensions.

Conclusion: Marital status and the marriage satisfaction are related to the post-menopausal women's quality of life. Therefore, it is necessary to develop effective intervention programs to improve their marriage satisfaction and provide health care services for them.

Key words: Quality of life, menopause, marital status

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Quality of life is the main goal of health care and a significant factor for individual health and it is used to plan and evaluate health care programs (1). Quality of life can be changed by unnatural events and even natural ones such as menopause. Women, unlike men, experience various periods in their lives, including for example puberty, menstruation, pregnancy, breast feeding, and menopause (2). Rosek and Clark believe that evaluation of women's health is more significant since they are the one who care for children, parents and husbands and they are also responsible for many important social roles (3). Therefore, in a complicated society, their prob-

lems affect all the members (4). Headache, trouble sleeping, mood swings (5) vasomotor symptoms such as flushing, hot flashes, and night sweats, somatic symptoms such as vaginal dryness, or atrophy and dyspareunia, as well as psychological symptoms such as anxieties, difficulty in concentrating, overreacting to minor upsets, quickly being irritated, forgetfulness are symptoms of menopause and affect three dimensions of life quality: physical, psychological, and sexual (6). Menopause can bring a set of biological, psychological, and social changes such as children's move out (home without children), birth of a grand child, marital related roles, health problems, parent's

*MSc, Department of Midwifery, School of Nursing & Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

** MSc, Department of Midwifery, Borujen Health Center, Isfahan, Iran.

*** MSc, Department of Midwifery, School of Nursing & Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

Correspondence to: Soheila Ehsanpour MSc.

E-mail:ehsanpour@nm.mui.ac.ir

death, which may affect the quality of post-menopausal life more than other factors (7). Studies show that some of demographic characteristics in post-menopausal women such as age, marital status, educational level, social and economical level, and the number of children who live with the family are among other factors affecting the post-menopausal life (8). Several studies showed that there is a relation between psychological health in menopause and race, marriage satisfaction, and family relationships (9). Several studies supported the idea that marriage has health benefits for both men and women. Positive relationships and the impact of active spouse may increase healthy behaviors and prevent pre-marriage dangerous behaviors. In general, men can benefit marriage more than women and it seems that life tensions and agitations diminish women's quality of life (10). According to statistical reports, in 2030, about 1.2 billion women will be over 50 years old (11). The age of menopause has not changed in past centuries; however the life hope has gradually increased. Considering the fact, lifespan is 84 years now (12), today's women spend one third of their life time after menopause (13). It makes the post-menopausal as important as before menopausal life (14). Post-menopausal women are one of most ignored groups and there are few research conducted on their quality of life (15). This study tried to find out the relation between marital status and the quality of post-menopausal life.

Methods

This was a descriptive study and the study population consisted of all menopausal women supporting by the health care and social security centers in Isfahan. Sampling was stratified and 384 women were selected randomly. The area of the study included the birth control health units in Isfahan and the study was conducted on 2006. Data were collected by the latest edition (2004) of the standard questionnaire of quality of life in the menopause from the Women's Health Society of Toronto, Canada (MENQOL) (16) and also UQOL from the

American Society of Menopause (17). The questionnaires included closed ended questions in following six sections: demographic characteristics, assessment of psychological dimension, assessment of physical dimension, assessment of social dimension, assessment of sexual dimension, assessment of physical activities. Content validity was used to assess the validity of questionnaire, and Cronbach's alpha was used to assess the reliability. Data were nominal and numerical and were scaled based on name, rank and relativity. Inferential and descriptive statistics via SPSS software were used for data analysis.

Results

It was found that the mean age of menopause for the research subjects were 49.23 ± 4.11 and the average of their age was 55.4 ± 4.36 . Most of menopausal women (54.9%) were illiterate, and a small number of them (1.6%) were highly educated. A majority of them (92.2%) were housewives and a few of them (1.6%) were employees. 26% were widowed, 1.8% were divorced, 0.3% were single and 71.9% had spouse. As it is shown in the table 1, the group labeled very low quality of life in psychological dimension had the least percentage among the MLH women. Good quality of life in psychological dimension was found first in divorced women, then in married and then in widowed women. The highest percentage of excellent quality of life in psychological dimension belongs to widowed and MLH women. The chi square showed no significant relation between quality of life in psychological dimension and marital status.

The lowest quality of life in physical dimension is seen among widowed women but just a few percentages of MLH women are in this category. Divorced women have the highest percentage in low quality of life in physical dimension, while the lowest percentage again is among the MLH women. Single women have an average quality of life in physical dimension while the excellent quality of life in physical dimension belongs to widowed women. A low percentage of MLH women have high quality of

life in physical dimension. MLH and widowed women both are the same in terms of good life quality in physical dimension. However, the chi square test showed no significant difference between quality of life in physical dimension and marital status (Table 1).

Table 1: Frequency (relative) distribution of the various dimensions of life quality in terms of marital status

| | MLH | Widowed | Divorced | Single | Total |
|--------------------------------|------------------|-----------|----------|---------|-----------|
| | Num(%) | Num(%) | Num(%) | Num(%) | Num(%) |
| Psychological dimension | <i>Very low</i> | 3(1.1) | - | - | 3(0.8) |
| | <i>low</i> | 34(12.3) | 18(18) | 1(14.3) | 53(13.8) |
| | <i>Average</i> | 187(67.8) | 68(68) | 4(57.1) | 260(67.7) |
| | <i>Good</i> | 44(15.9) | 11(11) | 2(28.6) | 57(14.8) |
| | <i>Excellent</i> | 8(2.9) | 3(3) | - | 11(2.9) |
| | <i>Total</i> | 276(100) | 100(100) | 7(100) | 384(100) |
| Physical dimension | <i>Very low</i> | 8(2.9) | 4(4) | - | 12(3.1) |
| | <i>low</i> | 37(13.4) | 14(14) | 2(28.6) | 53(13.8) |
| | <i>Average</i> | 193(69.9) | 67(67) | 5(71.4) | 266(69.3) |
| | <i>Good</i> | 28(10.1) | 10(10) | - | 38(9.9) |
| | <i>Excellent</i> | 10(3.6) | 5(5) | - | 15(3.9) |
| | <i>Total</i> | 276(100) | 100(100) | 7(100) | 384(100) |
| Social dimension | <i>Very low</i> | 8(2.9) | 5(5) | - | 13(3.4) |
| | <i>low</i> | 32(11.6) | 16(16) | 2(28.6) | 51(13.3) |
| | <i>Average</i> | 191(69.2) | 62(62) | 4(57.1) | 257(66.9) |
| | <i>Good</i> | 45(16.3) | 17(17) | 1(14.3) | 63(16.4) |
| | <i>Excellent</i> | - | - | - | - |
| | <i>Total</i> | 276(100) | 100(100) | 7(100) | 384(100) |
| Sexual dimension | <i>Very low</i> | 10(4) | - | - | 10(4) |
| | <i>low</i> | 27(10.8) | - | - | 27(7.2) |
| | <i>Average</i> | 168(67.2) | - | - | 168(43.8) |
| | <i>Good</i> | 44(17.6) | - | - | 44(11.5) |
| | <i>Excellent</i> | 1(0.4) | - | - | 1(0.3) |
| | <i>Total</i> | 250(100) | - | - | 250(65.1) |

In social dimension, widowed women have the lowest quality of life but few MLH women are in this category. For divorced women quality of social life is low and single women have an average quality of social life. Good quality of social life belongs to widowed and divorced women who have the lowest percentage in this category. The chi square test showed no significant relation between quality of life in social dimension and marital status.

The highest percentage of MLH women has an average quality of sexual life. 0.4% of them have very low and 0.4% have excellent quality of sexual life. The chi square showed no significant relation between quality of life in sexual dimension and marital status.

Table 2 shows, the mean scores for quality of life in psychological dimension were 58.71 ± 16.4 , 57.31 ± 15.6 , and 52.36 ± 14.52 relatively for divorced, MLH, and widowed women. The highest scores for quality of life in psychological dimension belongs to divorced and MLH women and lowest scores belong to widowed. A one-way ANOVA showed a significant difference between variables ($p=0.03$).

Table 2: The mean scores of life quality in terms of marital status among the research subjects

| | MLH | Widowed | Divorced | Total |
|--------------------------------|-------------------|-------------------|-------------------|-------------------|
| Psychological dimension | 57.31 ± 15.6 | 52.36 ± 14.52 | 58.71 ± 16.4 | 56.04 ± 15.45 |
| Physical dimension | 44.92 ± 16.84 | 46.13 ± 17.88 | 40.85 ± 15.31 | 45.16 ± 17.06 |
| Social dimension | 44.16 ± 11.23 | 42.89 ± 11.91 | 40.57 ± 11.48 | 43.76 ± 11.4 |
| Sexual dimension | 18.84 ± 8.36 | 0 | 0 | 13.59 ± 11.03 |

One of the subjects was single and therefore was not counted in the analysis

Moreover, the mean scores for quality of life in physical dimension in terms of marital status were 40.85 ± 15.31 , 44.92 ± 16.84 , and 42.89 ± 11.91 relatively for divorced, MLH, and widowed women. The highest scores in this category belong to widowed women and the lowest scores are among divorced women. One way ANOVA showed no significant difference between variables.

The mean scores of quality of life in social dimension in terms of marital status were relatively 44.16 ± 11.23 , 42.89 ± 11.91 , and 40.57 ± 11.48 for MLH, widowed, and divorced women. The highest scores of the quality of social life belong to MLH women and the lowest scores belong to divorced women. One way ANOVA showed no significant difference between variables.

The mean score for quality of life in sexual dimension in terms of marital status was 18.84% for MLH women. One way ANOVA showed a significant difference between variables ($p=0.000$).

It should be mentioned that from 384 women in the research sample, 100 were widowed (26%), 7 were divorced (1.8%) and one was single (0.3%). 276 MLH women (71.9%), but 26 of them (9.42%) had no sexual relations while the other 250 (90.57) had sexual relations.

Discussion

Findings show that the highest scores of quality of life in psychological dimension belong to divorced and MLH women and the lowest scores belong to widowed. Several other studies showed that negative and positive moods and manners are related to different factors. Negative behavior is related to internal factors and positive behaviors are related to external world of the individual. Comfort and happiness develops by marriage relations and losing partners, tensions and other events of life will diminish happiness and comfort (18).

Dennerstein (2001) in a study showed that married women (as an important event of life) have more positive behaviors and separated or divorced women have more negative behaviors (19). Diana also believes that losing or separating from husband has a big impact on the psychological health of menopausal women (20). Nant also says that life satisfaction and one's feelings for her partner has a positive relation with her behavior (21).

Also, the highest scores of quality of life in physical dimension belong to widowed and the lowest scores belong to divorced women. The highest percentage for excellent quality of life in physical dimension belongs to widowed and the lowest belongs to MLH women. MLH and divorced women have a good quality of life in physical dimension and are in the same level in this regard.

Robert says that married women who live with their husbands suffer from vasomotor symptoms more than others (22). Avis and colleagues reported that women who had nega-

tive attitude toward menopause before it happens to them and also divorced women experience symptoms such as night sweating and other physical and psychological symptoms stronger and more frequent and the process of menopause is longer among them (23).

In the social dimension, a high percentage of divorced women have low quality of life, while just a small percentage of MLH women are in this category. A high percentage of widowed women has good quality of social life, while it is opposite for divorced women. Excellent quality of social life was not found in any of the groups. Avis studies showed that married menopausal women and those who had less stress in life have a better quality of life. He says that there is a significant relation between quality of life, educational level, marital status, stress and social supports (24).

The results of Dennerstein's study in Australia showed that social and biological health of the menopausal women is mainly affected by factors such as marital status, daily errands, and life events (25).

The mean score of quality of life in sexual dimension in terms of marital status is 18.84 for MLH women. The highest percentage of MLH women has an average quality of sexual life and just 0.4 percent of them has an excellent quality of sexual life. Juan Enrique's study showed that menopausal women live with their husband even without sex. It means that sexual relations is not a considerable factor in middle aged women's life (26).

Other studies showed that menopausal symptoms diminish the quality of life level in all dimensions. Many women suffer from these symptoms from average to high severity, and receive no service from health centers, which is not clear why. The findings of this study showed that it seems necessary to offer consultations to develop women's knowledge of menopausal health (27).

It is advised that the ministry of health and treatment give the menopause health care a higher priority. Studies by Yoe also show that menopausal health care is directly related to menopausal women's quality of life. His study

shows that marital status and life satisfaction is related to the menopausal women's quality of life. He says that developing effective interven-

tion programs to improve marriage satisfaction and health care services for menopausal women seems necessary (28).

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