General Health and Its Related Factors in Postmenopausal Women

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Abstract: Since health promotion is one of the most important pillars of community development, studies have shown that women's health has an impact on other family members and society.Thus it is important to survey the mental health status of women. One of the critical stages in life is the menopause because it is inevitable it is important to know women's health status in this stage. The purpose of this study was survey of general health and its related factors in postmenopausal women. This is across-sectional analytic study in which all qualified postmenopausal women were selected. For example, regarding geographical areas of the city and its divisions, ten health centers in different areas of it were chosen total number of samples were calculated 323 which were done based on population covered by each health centers. The General Health Questionnaire with 28 items (GHQ-28) was used.   SPSS version 17.0 was applied for data analyzing. **Results**: Based on study results, the average level of general health in women was estimated at 33.8 and general health scores in different areas as follows: social performance (9.9), physical health (9.8), anxiety (8.4) and depression (5.7). The mean score for general health, age, educational level, history of drug abuse of showed a statistically significant correlation (p <0.05). Results showed that general health status of women is not good and since women are considered as the center of family, more attention should be paid to this group. Some solution about this problem is presented in the article.
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Introduction:

Health and sickness do not have a distinct boundary and improving the health of the society is one of the significant components to develop societies (1). Having achieved the general health, human beings reach ideal status (perfection self discovery) and can perform their abilities(2). Menopause is a stage of a woman's life in which menstruation is stopped due to ovary inactivity(3). Since menopause is inevitable and it will happen in every woman's life, recognizing its perilous side effects and preventing them is of necessities of every woman's life which is practicable by instructing sanitation(4). Having lost fertility and menstruation which is accompanied by natural menopause or surgery may influence the good feeling of a woman (5).

With rapid growth of population of age of 60 and its increase than the other age groups, it is expected that till the year 2025 there are approximately 1.2 milliards aged persons in the world who are more woman. Almost 90% of women will be 65 and 30% of them will be 80 years old. Regarding that the mean age of menopause is 51years, most of the women pass one third of their life after menopause and almost 47 millions of women will live in the world who will be over 50 years old. Thus the increase of the life expectancy

and rapid growth of population needs special services training (3,6).

There are 4578793 women who are 40 to 65 years old in Iran. The mean age of menopause has been reported 50 in Iran(7).

Problems of this period are flushing, nocturnal perspiration, sleeping disorders, fatigue, concentration reduction, amnesia, heartthrob, anxiety, panic attacks, vagina dryness, pain, and lack of sexual desire which all affect the general health (8).

According to studies which have been done in Iran musculoskeletal disorders (76.7% joints pain), urinogenital disorders (vagina dryness and lack of sexual desire 42%), vasomotor (flushing 55.3%) and hypertension (37.3%) were prevalent in these women. There are stresses in these people which are related to existence or lack of social supports. (9, 10)

Women comprise half of the country population in Iran, and then is important to be informed of their condition in different dimensions and planning to amend their conditions affect the society and family health. It also paves the way for growth purposes and development of the country. No study has ever indicated the population of menopausal women in Zahedan, the center of Sistan and Balouchestan province which located in the North of Oman sea and has a long boundary on east with Pakistan.

Sistan and Balouchestan province has specific cultural-ethnographical conditions   which they affect

general health of women especially in menopause age. Some of these conditions are polygamy, tendency to have more children or a masculine baby. Regarding the effect of menopause on the quality of life of women, in this study researchers like to determine the general health of menopausal women in Zahedan. As the first stage of planning for them, it draws the attention of authorities to them.

Materials and methods:

This study is a cross sectional one. The calculation method of samples was based on previous studies. Assuming p=0.3 q=0.7 d=0.058 and having including criteria, samples size volume was determined 323. To achieve more accuracy in sampling, 330 samples were entered. Sampling method was multistage sampling in which Zahedan was clustered and then selected samples randomly from clusters. The nature of research was explained to all of the participants, and verbal consent was taken from each

of them before the data were collected. Collecting tool for data was done by using questionnaire, and interview was used for those qualified illiterate women and then the questionnaires were filled out. Approval was given by the Ethical Committee at Zahedan University of Medical Sciences.

Sampling was multistage. First ten health centers in different districts of city (Zahedan) were chosen as clusters. Then regarding covered population samples were selected randomly; later by referring to their homes sampling was completed.

Gathering data tool of this study consisted of a two-part questionnaire which included demographic information and general health, and standard GHQ-28 has been used.

Universal GHQ-28 scale evaluates the general health through 28 items. It evaluates general health in four dimensions including: physical health, anxiety, social function and depression. Since the questionnaire is standard it has been used many times in Iran thus its validity and reliability do not need to be tested. SPSS 17.0 was used for statistical analysis. P values less than 0.05 was considered significant. Quantitative data was assessed by chi square test and student T-Test was used to compare qualitative data. Pearson test was used to find correlations between bi-variates. ANOVA test was used to compare means of a quantitative variable between different levels of a qualitative variable.

Results

330 qualified menopausal women were examined in the study. The mean score of menopausal women general health was 33.8 out of 84

with standard deviation of 10.2. The maximum and minimum scores of general health score were 69 and 3. The highest mean score of general health was related to social performance (9.9) and physical health (9.8). The mean score of anxiety and depression were 8.4 and 5.7 respectively. The maximum and minimum age of menopausal women was 80 and 51 years. The average of mean age was 56.9 ($\pm$ 7.2 SD) There was a significant and positive correlation between the general health of menopausal women and their age, so with the increase of age their general health level decreased (p value $<$ 0.001= +r 0.24). The percentage of single, married, divorced and widow menopausal women were 2.4, 82.7, 2.7 and 12.1 respectively. Due to shortage of single and divorced postmenopausal women, statistical analysis was done between married menopausal women and those who were not married. (Single, divorced, and widow). A significant statistical difference was not observed between general health of postmenopausal women and their marital status based on T test (P value= 0.49).

There was a significant statistical different between the average mean score of general health of menopausal women who have addicts and non-addicts husbands and polygamy (p<0.001). But a significant correlation was not observed between general health of menopausal women and existence of sons (p=0.07).

Based on spearman test there was a significant statistical correlation between general health level of menopausal women and their education level (p value<0.001).

Based on Pearson correlation test a significant and positive statistical correlation was observed between general health of menopausal women and number of their children so that with the increase of number of children their general health level decreased (p value<0.003, r=+0.173).

Discussion:

Since other studies have been performed on specific groups, this study is not comparable with them. But a study whose title is the comparison of general health between fertile and infertile menopausal women accomplished in Arak. Its results showed that the mean general health of fertile women was 19.24 with standard deviation of 9.72. It comprised of four scopes mean score of anxiety 6.35, social function 4.85, physical complaints 4.41, and depression 3.57. In a comparative examination of the study was a significant statistical difference between the mean score of general health of menopausal women in Zahedan with that of fertile and infertile women in Arak based on sample test 1. Significant difference was also shown in four levels (12).

The highest mean score was related to social function and then physical health which is indicative of weaker general health in these two dimensions. It was recognized in other researcher studies that one of the most effective factors in the quality of life of menopausal women is their economical status (13). Since job can affect economical independence of women, it also undoubtedly affects their sense of performance. It was recognized in the studies of Blomell et al. that housewives quality of life was lower than that of employed women (14). It seems totally that employed women have a better understanding of menopause due to their social relationships, more self confidence and supports. Studies indicated that social activity is important for preserving physical and mental health (15). Williams et al. recognized that poor social and economical conditions as effective factors which are related to mental health disorders o menopausal women (16).

It was recognized in a study that 32% of menopausal women suffer from depression (17). In the study of the supportive therapy group on menopausal women health, its results indicated that the mean score of menopausal women mental health were 34.56, and most of their problems were in physical, social function, anxiety and depression dimensions (18). Morse observed in his study of women who were between the age of 45 and 55 in Melbourne of Australia that general and physical signs caused the most need for therapy (19). So our study has affinity with other studies but it is not comparative with Souling study, because he has reported that most of menopausal women's problems as psychological and mental changes (20).Thus we can refer to this finding as the role of women activities in Zahedan, Sistan and Balouchestan province, Iran. Some of the illiterate women who were present in the study were often housewives and followed traditional living. It is expected that these women not only suffer from mental and psychological problems but also from physical problems. Furthermore specific communication system which dominates the families and women of this province, multifamily life, and domination over their lives has eradicated or underestimated their opportunity to think about their physical problems.

It is recommended to pay attention to the role of husband as the most important and intimate person who can understand the condition and problems of menopausal women should support her. It has been indicated in different studies that cultures in which women social rank after menopause is increased in family and society and social support is accomplished by family members especially husband, they suffer less from psychological and mental disorders (21,22).

Douche et al. concluded that women psychological problems after menopause is related to their social support (23). Most women in menopausal age are in situations that have important role in family regarding their vocational, social responsibility and emotional aspect. So helping them overcome their mental problems is a kind of service to the family and society. In other words when husband of a menopausal woman has more information of her mental and physical conditions he is able to understand her better and to provide more support. Studies have indicated that existence of social support has beneficial effects on physical and mental health and satisfaction of social support hinders depression signs in menopausal women (24).

The present study indicated that there was not any difference between general health level of menopausal women who had son and the other menopausal women. We did not find any study of other researchers which has examined this case but it seems that existence of a son regarding their importance in dominant culture of this province can determine mental health but other studies did not acknowledge it. A significant statistical correlation was observed between the mean score of menopausal women and number of their children. Results of the study named the quality of life and its related factors in menopausal women done in Kashan. Its results indicated that majority of women 48.8% who had good quality of life had only one or two children (28). While in Khaledians study the number of children of the majority of people (49.5%) was 2 or 3. its results indicated that number of present children in family has correlation with the quality of life (25).

It was defined in the present study that when the number of family children increases, general health decreases. Since women as the center of families are responsible for different tasks such as child care, catering, cooking, house cleaning and hospitality, there is also little or no men's cooperation in home affairs in specific culture of this province. So women cope more with these problems, for this reason probability of mental health reduction and exhaustion increases. It was also determined in other studies that the increase of the number of present children causes the quality of life to get better (13), due to Iranian families' traditional life and children support of their parents. It was recognized in the study that there is a correlation between menopausal women's general health and their age. It means that by getting old their general health decreases. We did not find any study that was completely similar to ours but in another study performed to compare the quality of life and the age, results showed that the quality of life between physical, mental, social and sexual domains of menopausal women who are 49 or older is lower

than that of those who are less than 49 years old (26). It seems that growing old increases the physical problems which totally affect the total score of mental health. Moreover others have indicated that although menopause is a physiological process in women's life but it proceeds in a 10-year- period which deals with biological, psychological, social, cultural factors and reproductive organs functioning, abandonment of home by children, physical illnesses of the spouse himself and conjugal stresses of this period. It also deals with social factors that are demographic like education level, income, and job. As time passes after the beginning of menopause the effect of emotional, environmental and other factors will be more on menopausal women (27, 28, 29, 30, and 31).

Findings of the study showed that general health of women who had addicted husbands was lower than the other group. Examination of this subject in other studies showed that wives of addicted persons suffer more from stresses, mental, psychic traumas and physical damages, for instance results in Jalalis study (32) showed that the amount of violence experienced by wives of addicted persons is significantly more than that of wives of non-addicted persons (p<0.01).

In fact constraints emanated from drug abuse, impulsive behaviors of addicts, use of wrong strategies of coping and adaptabilities, and lack of life and social abilities are of the most important roots of violence in women's life which addicts encounter them more than non-addicts. Since disorder of mental health can be the source of medical and psychiatry problems in future, we must prevent it with legal and psychological solutions as much as we can and to reduce its intensity.

Also,statistical tests showed a significant correlation between general health of menopausal women and their education. Other studies have also indicated that the quality of life of menopausal women who were illiterate or had low level of education was lower than that of women who had higher levels of education (B.A, M.A, and M.SC). The reason for this difference could be related to the increased awareness of women who have higher level of education compared to that of women with lower education, which causes better dealing, more endurance of menopause side effects and finally improvement of their general health.

Conclusion:

Regarding the results of the accomplished study it is time to research about menopausal women, teach them and support them more properly. Health centers as initial levels of health services can perform an important role. However for all women who experience menopause teaching should be provided. In fact teaching them about natural and normal menopause is least work to do to take care of them, before a common problem progresses.

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