.

Women During Menopausal Transition: Psychological, Somati-Vegetative Symptoms

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Abstract:

Purpose: The menopausal transition is a critical phase for psychological disorders such as depression and anxiety. Women will experience various kinds of complaints, both physical and psychological, due to a significant decrease in hormone levels. The consequences of this situation can result in a decrease in a woman's quality of life when she enters the menopause phase. This study, with its unique approach of using sensitive measuring instruments to detect menopausal symptoms in women in the menopausal transition phase, aims to collect data on women's health during this period. This sets it apart from previous studies conducted in Indonesia. Method: This research is quantitative research using cross-sectional observational methods. The total number of respondents was 102 women aged 40 to 55, not undergoing hormonal therapy, not having abnormalities or disorders of the uterus, not having had previous uterine surgery (hysterectomy), and not experiencing chronic/chronic menstrual cycle disorders. The sampling technique uses purposive sampling. The research instrument was the Indonesian version of The Menopause Rating Scale, a widely recognized tool for measuring menopausal symptoms which the inventor knew of this measuring instrument. Result: Data collection for this research is expected to be completed by specific date. Conclusion: Researchers are optimistic about the potential impact of this study. By collecting data that adequately represents the condition of women in the menopausal transition phase, we can determine appropriate health promotion efforts. This will empower women to recognize and address their complaints during the menopausal transition, leading to improved health and quality of life.

Keywords*: the menopausal transition, menopausal symptom, the menopause rating scale*

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1. Introduction

Menopausal symptoms have significant impact on women quality of life. These symptoms can last 5 to 10 years before menopause(Gracia & Freeman, 2018). Therefore, women need to be aware of and increase adequate knowledge about the symptoms of menopause that appear in order to overcome these negative impacts. Many studies have proven the impact of hormonal changes in the menopause transition phase (Agarwal, et al., 2018; Diyu & Satriani, 2022; Simangunsong, 2019). Especially in Indonesia, researchers have not obtained data that comprehensively describe the condition of women in the menopause transition phase. Meanwhile, health workers need information related to menopause symptoms to provide comprehensive health services to women in the menopause transition phase. The data referred to by researchers is also related to the level of severity suffered by women in the menopause transition phase due to extreme hormonal changes.

The menopause transition phase is not a disease, but rather a transition phase in every woman's life marked by a decrease in the production of the estrogen, progesterone and testosterone hormone. This hormonal decline is fluctuating, causing physical, psychological and even social disorders. The results of Harper (2022) study on British women found that there were many disorders felt by the respondents, the 10 most common symptoms included: mood swings, brain fog, fatigue, irregular periods, poor concentration, anxiety, irritability, problem sleeping, weight gain, and night sweats. These disorders can range from mild to severe.

The menopausal transition can be identified as a time of increased risk for depressive mood in women (Gordon, et al., 2021). Maki et.al., (2019) identified 12 cross-sectional studies on the prevalence of depressive symptoms across women's reproductive stages. The conclusion was that perimenopausal women were 45–68% more likely to suffer from depression than premenopausal women (28–31%). The women reported a clinically significant increase in symptoms. The scientific study de Wit et.al., (2021) generated data that the majority of women (82.0%) reported experiencing moderate to severe irritability at least once. However, the severity of irritability varied greatly from week to week (mean between-subject coefficient of variation/CV) 72.9% and mean within-subject CV 63.7%.

Research on women during the menopause transition is widely conducted by health professions such as nursing and midwifery. Research topics published in Google Scholar often relate to husband

support, level of knowledge, and women's attitudes towards menopause. The purpose of this study was to determine the prevalence of menopause symptoms and the factors that influence them. The success of this study can provide information related to menopause symptoms. In addition, the results of this study can be used by health providers to develop promotive management to overcome menopause symptoms, so that there is an increase in women's quality of life.

2. Methode

This study is a cross-sectional study. The sample in this study was 102 women aged 40-55 years in the Bekasi and Jakarta areas. The stages of aging used the STRAW (Stages of Reproductive Aging Workshop) rules to identify perimenopause Harlow et.al., (2017) that consist of premenopause, perimenopause, menopause transition, menopause, and postmenopause. This study used age groups of women in the perimenopause and menopause transition phase Soules et.al., (2001) state that in general the terms perimenopause and climacteric should not be used in scientific papers, but use the term menopause transition

The research instrument used The Menopause Rating Scale (MRT) discovered Heinemann et.al., (2004),and adapted into the Indonesian version by Susanti et.al., (2019). Researchers used this measuring instrument because it has several advantages, including MRS has been compared with other questionnaires with results (r = 0.91) (Schneider, et al., 2000). It proves that MRS is valid for measuring the population and quality of life of women approaching menopause. Furthermore, MRS is the right tool to evaluate routine symptoms in women approaching menopause (Zöllner, et al., 2005). The MRS consists of three dimensions (somatic-vegetative, psychological), and 11 items on a 5-point Likert scale from 0 to 4. The somatic-vegetative dimension is in items 1,2,3 and 11), the psychological dimension is in items 4,5,6 and 7), and the urogenital dimension is in items 8, 9 and 10). Possible MRS scores range from 0 to 44, with 0 meaning no symptoms and 44 meaning severe symptoms.

Respondent characteristics consisted of demographic data (age, number of children, age at menarche, occupation, education, marital status, and health status (not undergoing hormonal therapy, not experiencing uterine abnormalities or abnormalities, never having undergone uterine surgery (hysterectomy), and not experiencing chronic/chronic menstrual cycle disorders.). Data

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collection used the teleinterview technique. Data were processed using the SPSS data processing system with a significance level of $p < 0.05$.

3. Result

Table 1. Unavariate Analysis Results

Variable	Frequency (n=102)	Percentage (%)
Age		
40-43	27	26,47
44-47	28	27,45
48-51	22	21,57
52-55	25	24,51
Health Status		
not undergoing replacement therapy (hormonal), not experiencing any disease in the uterine area, not undergoing hysterectomy, not doing heavy sports/exercise for more than 10 hours per week, not experiencing chronic irregular menstrual cycle disorders, not experiencing anatomical abnormalities in the urinary system, not experiencing anatomical abnormalities in the ovaries.	100	98,04
not undergoing replacement therapy (hormonal), not experiencing any disease in the uterine area, not undergoing hysterectomy, not doing more than 10 hours of heavy exercise per week, not experiencing anatomical abnormalities in the urinary system, not experiencing anatomical abnormalities in the ovaries.	2	1,96
Total Childern		
0	6	5,88
1	23	22,55
2	21	20,59
3	34	33,33
4	14	13,73
5	4	3,92
Age of First Menstruation		
9	4	3,92
10	4	3,92
11	3	2,94

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12	22	21,57
13	26	25,49
14	16	15,69
15	17	16,67
16	8	7,84
17	2	1,96
Employment Status		
Working Woman	38	37,25
Housewife	64	62,75
Marital status		
Divorced Alive	7	6,86
Divorced Dead	8	7,84
Married	83	81,37
Not Married	4	3,92
Education Status		
Low (Elementary, Middle, High School)	60	58,82
High (College)	42	41,18

Berdasarkan tabel 1 diperoleh dari 102 responden, dari kelompok usia 40-43 tahun didapatkan hasil sebanyak 27 responden (26,47%), kelompok usia 44-47 sebanyak 28 responden (27,45%), kelompok usia 48-51 sebanyak 22 responden (21,57%), dan kelompok usia 52-55 sebanyak 25 responden (24,51%). Data status kesehatan yaitu tidak sedang mengalami terapi sulih (hormonal), tidak mengalami penyakit di daerah kandungan, tidak mengalami operasi histerektomi, tidak melakukan olah raga/exercise berat lebih dari 10 jam per minggu, tidak mengalami gangguan siklus menstruasi tidak teratur menahun/kronik, tidak mengalami kelainan anatomi pada sistem perkencingan, tidak mengalami kelainan anatomi pada ovarium sebanyak 100 responden (98,04%) dan tidak sedang mengalami terapi sulih (hormonal), tidak mengalami penyakit di daerah kandungan, tidak mengalami operasi histerektomi, tidak melakukan olah raga/exercise berat lebih dari 10 jam per minggu, tidak mengalami kelainan anatomi pada sistem perkencingan, tidak mengalami kelainan anatomi pada ovariu sebanyak 2 responden (1,96%) saja.

Based on table 1, there were 102 respondents, from the 40-43 age group, the results were 27 respondents (26.47%), the 44-47 age group as many as 28 respondents (27.45%), the 48-51 age

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group as many as 22 respondents (21.57%), and the 52-55 age group as many as 25 respondents (24.51%). Health status data, namely not undergoing replacement therapy (hormonal), not experiencing diseases in the uterine area, not undergoing hysterectomy surgery, not doing heavy sports/exercise for more than 10 hours per week, not experiencing chronic irregular menstrual cycle disorders, not experiencing anatomical abnormalities in the urinary system, not experiencing anatomical abnormalities in the ovaries as many as 100 respondents (98.04%) and not undergoing replacement therapy (hormonal), not experiencing diseases in the uterine area, not undergoing hysterectomy surgery, not doing heavy sports/exercise for more than 10 hours per week, not experiencing anatomical abnormalities in the urinary system, not experiencing anatomical abnormalities in the ovaries as many as 2 respondents (1.96%) only.

Data on the number of children obtained were women who had no children as many as 6 respondents (5.88%), the number of children 1 as many as 23 respondents (22.55%), the number of children 21 as many as 20.59%), the number of children 3 as many as 34 respondents (33.33%), the number of children 4 as many as 14 respondents (13.73%), and the number of children 5 as many as 4 respondents (3.92%). The age of first menstruation was at 9 years old with 4 respondents (3.92%), at 10 years old with 4 respondents (3.92%), at 11 years old with 3 respondents (2.94%), at 12 years old with 22 respondents (21.57%), at 13 years old with 26 respondents (25.49%), at 14 years old with 16 respondents (15.69%), at 15 years old with 17 respondents (16.67%), at 16 years old with 8 respondents (7.84%), at 17 years old with 2 respondents (1.96%).

Data on employment status, namely working as many as 38 respondents (37.25%) and as a housewife as many as 64 respondents (62.75%). From the marital status obtained divorced as many as 7 respondents (6.86%), divorced by death as many as 8 respondents (7.84%), married status as many as 83 respondents (81.37%), and not married as many as 4 respondents (3.92). From the educational status of the low education group (Elementary School, Junior High School, Senior High School) as many as 60 respondents (58.82%) and higher education (College) as many as 42 respondents (41.18%).

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Analysis of Measurement Results Using MRS

Table 2. Respondent symptoms during the menopausal transition

No.	Menopouse Complaint	MRS Measurement		p-value
		Mean ± SD		
1	Body feels very hot, sweating	0.61	0.987	0.027
2	Heart discomfort (irregular heartbeat, palpitations)	0.33	0.836	0.000
3	Sleep problems (difficulty sleeping, difficulty sleeping soundly, waking up too early)	0.98	1.202	0.000
4	Depressed feelings (feeling depressed, sad, crying easily, not excited / lethargic, mood swings)	0.82	1.112	0.000
5	Irritability (feeling nervous, angry, aggressive)	0.72	1.102	0.000
6	Resting (feeling restless, panic)	0.66	1.121	0.000
7	Physical and mental fatigue (decreased general performance, decreased memory, decreased concentration, forgetfulness / senile)	1.25	1.256	0.000
8	Sexual problems (changes in sexual desire, sexual activity and sexual satisfaction)	0.94	1.257	0.037
9	Bladder and urinary tract problems (difficulty urinating, frequent urination, uncontrolled urination)	0.34	0.838	0.000
10	Vaginal dryness (dry or burning sensation, in the vagina, difficulty in intercourse)	0.56	0.991	0.025
11	Joint and muscle discomfort (joint pain, rheumatic complaints)	1.66	1.309	0.000

Table 2 showed that psychological symptoms were the most common symptoms felt by women in the menopause transition phase. Then somato-vegetative symptoms and the lowest wereurogenital symptoms. This showed that psychological symptoms are not trivial, while this transition period can occur for 3-9 years (Muharam, et al., 2018),   depending on theindividual condition of the woman.

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4. Discussion

Menopause symptoms vary among women. It occurs due to hormonal changes in the female reproductive system (10). At the age of 40, women begin to start the menopause transition period because of changes in reproductive hormones. In the premenopause phase, climacteric complaints and uterine bleeding periods are irregular. This period starts at the age of 40. In certain women, vasomotor complaints (related to nerves and blood vessels) and premenstrual syndrome complaints such as body aches and irritability can occur. In women experiencing menopause, their estrogen levels have decreased. The symptoms that appear can also be more numerous compared to symptoms during premenopause. The changes that occur during the climacteric period will not be the same for every woman. It depends on the amount of estrogen that each woman has (Bromberger, et al., 2015).

Agarwal, et al., (2018) study on Indian women generated comprehensive data on symptoms and signs experienced by women during the transition. Research of Soares (2017) found data on the prevalence rate of depression during the menopausal transition reaching 20%. It means that the majority of women do not experience clinically significant mood disturbances during this transition phase. These women adapted to the transition and demonstrated high quality of life and well-being. They also showed good resistance to the negative effects of perimenopause. Initial assessment when entering perimenopause is a very important part of predicting the risk of depression during the transition. Agarwal also emphasizes that even if women do not have a history of depression, they are still susceptible to perimenopausal depression.

In this study, the results of demographic characteristics were obtained with the youngest age being 40 years and the oldest age being 55 years. The results of the study based on the distribution of characteristics of the number of parities, the most results were found to have 3 children as many as 34 people (33.33%) and the least who had 5 children were 4 people (3.92%). In a study conducted by Irul dan Esti (2018), the distribution of characteristics based on the number of parities was found to have the most results in the number of parities ≥3. It is in line with the results of the distribution of characteristics of the number of parities in this study. The results of the distribution of characteristics based on the age of menarche were most at the normal age of menarche (12-14 years) totaling 64 people (62.75%). The results of the Indonesian Demographic and Health Survey

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report (2018) stated that the majority of Indonesian adolescents have a menarche age ranging from 11-14 years. It is in line with the results of the distribution based on the age of menarche in this study.

The results of this study showed a difference in psychological well-being between working and unemployed menopausal women. Working menopausal women have a higher average score compared to unemployed menopausal women. It is in accordance with the opinion of Ahrens dan Ryff (2006) who state that women with good education and performing dual roles with higher level of autonomy. Working women and those with high levels of education have more freedom to access resources and abilities that they can use to manage various roles. The implication is that they feel autonomy in carrying out various roles in their lives.

5. Summary

Hormonal changes are indeed a natural occurrence. However, these changes affect the physical, psychological, and social aspects of women in the menopause transition phase. Based on the results of data analysis and journal studies, the most common symptoms are psychological symptoms. The broad impact of this psychological disorder affect the psychological well-being of women. The results of the study published in scientific research journals only target a small portion of the total number of women in the menopause transition phase. Further research is needed to perfect this study, especially for mothers who do not work. So that these women have a way to deal with symptoms during the transition. On the other hand, health providers can develop adequate promotive efforts.

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