



**PSYCHOLOGICAL BEHAVIOR PATTERNS AND COPING STRATEGIES OF POST-MENOPAUSAL WOMEN IN RURAL BANGLADESH**

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**ABSTRACT**

A cross-sectional study in selected areas of Bogra from January 2017 to December 2017 was conducted to identify the coping strategies adopted by 213 postmenopausal women. Data was collected by semi-structured questionnaire after taking written consent. Coping strategies measured by questionnaire developed by Methodist University College Ghana. Among 213 respondents 66.2% are in the age group 45-50 years with the mean age of 50.16 years are from nuclear family and 56.3% had only primary educational background and 42.7% respondent's monthly family income is in between 0-10000 taka. More than half 59.2% suffered from hot flush, 33.8% had sleeping disorder, 60.1% had joint problem or muscle pain, 46.0% had problem during intercourse frequently and 39.4% felt less desirable in family or society sometimes. Most of the respondents 73.2% were moderately stressed. Respondents used more social coping, followed by spiritual coping, Physical coping and medical coping. Age had association only with social coping. Educational level of respondents has association with physical coping, spiritual coping, and medical coping. Monthly family income was associated with their physical coping, social coping and spiritual coping. Assurance should be given through counseling that they do not have any disease, it is a part of normal physiology and again if the severity persist then they should go to healthcare provider.

**KEYWORDS:** *Mental stress, postmenopausal women, coping strategies.*

**INTRODUCTION**

Menopause transition is the period of time during which a woman passes from reproductive to non-reproductive stage. This stage is associated with raised serum follicle stimulating hormone (FSH) levels and variable length of menstrual cycle or missed menses.<sup>[1]</sup> The transition into menopause can be divided into overlapping stages ranging from premenopausal stage, perimenopause stage to postmenopausal stage based on menstrual patterns.<sup>[2]</sup>

Due to hormonal changes during menopause women may experience a wide range of physical, psychological and social problems. Issues associated with their fertility and decreased reproductive functioning makes them feel less desirable in the society. Symptoms often include depression anxiety, irritability, and tension.<sup>[3]</sup>

Menopause-related sleep disturbances are controversial. Depression, stress, and other factors such as restless leg and other periodic limb movement syndromes might also contribute to sleep disturbances in these patients.<sup>[4]</sup> Loss of bone mass (osteoporosis) is the most serious symptom of menopause also it aggravates chronic back pain and broken bones.<sup>[5]</sup> At present, the women's inability to

cope with the symptoms of menopause is the most common cause of referral to health centers. Menopausal problems, including psychosocial aspects, could affect women's life.<sup>[6]</sup> During dealing with menopause, lack of awareness and access to appropriate knowledge was a major challenge that could be augmented by the provision of conflicting information.<sup>[7]</sup>

**MATERIALS AND METHODS**

The research has been undertaken with the objective to identify the coping strategies adopted by postmenopausal women by a cross-sectional descriptive study and one-time question answer session. Population comprises of 213 postmenopausal women at selected area at Bogra District with some inclusion (The women whose age group between 45-60 years age group and were in menopause for more than one year) and exclusion criteria (The women who had attained menopause surgically, the women who were severely ill, physically and/or mentally, and Menopausal women who were not willing to participate). Households were selected by convenient sampling. Pre testing was done before data collection. Data were collected by face-to-face interview

and that was taken at home of the participant ensuring the privacy and confidentiality.

### Coping Strategy Access Scale

The 23 item questionnaire developed by the researcher which measure four coping styles, namely; Physical, Social, Spiritual and Medical. The physical coping domain consists of 5 items and this domain has a reliability value of 79. The social coping domain consists of 5 items and has a reliability value of 75. The spiritual domain consists of 8 items and has a reliability value of 81. The medical coping domain has 5 items and has a reliability value of 71. All the items on the coping questionnaire were scored on a 4-point Likert scale (1 = never, 2 = sometimes, 3 = frequently, 4 = always).

Data were entered into computer using SPSS version 20. Means and standard deviations were calculated for continuous variables while frequencies and percentages were calculated for categorical variables, simultaneously to see the relationship and statistical significance Chi-Square test, ANOVA test and Pearson product-moment correlation test done. In order to find out association between two or more variables Chi-Square test and Fisher's exact test were performed to see the statistical significance.

### RESULT

Most of respondents i.e. 141 (66.2%) belonged to age group 45-50 years, 63 (29.6%) were age group 51-55 and only 9(4.2%) were in the age group 55-60 years. Maximum age of the respondents was 60 year and minimum age of respondents was 45 year. Mean age of respondents was 50.16 and SD ( $\pm 3.725$ ) years. Out of 213 respondents 154 (72.3%) were Muslim and 59

(27.7%) were Hindu. Among 213 respondents 120 (56.3%) were primarily educated, 64 (30%) were illiterate. The rest of the respondents 29 (13.6%) were Secondary or above level of education. Among the 213 respondents 198 (93%) were married, 4 (1.9%) were divorced and 11 (5.2%) were widow. Among the 213, majority of respondents 175 (82.2%) were housewives and rest of the respondents 38(17.8%) were service holder. Among 213 respondents 150 (70.4%) were from nuclear family and 63 (29.6%) from joint family. More than half of respondents 117 (54.9%) were live in pukka house, 58 (27.2%) in semi pukka and rest of respondents 38 (17.8%) live in kuccha house. According to the income of family, monthly family income was ranged up to >30000 and it was found that 91(42.7%) family were in the income group 0-10000 taka and 76 (35.7%) family were in the income group of 11000-29000 taka and only 46 (21.6%) family were in the income group and >30000 taka. Study shows that age of respondents had a statistically significant effect on one coping strategy, social coping ( $F= 4.14$ ,  $P= .017$ ). To explore the statistical significant post-hoc analysis done with assuming equal variance, Games-Howell test reveal that there is a significant difference between 45-50 years of age group (Mean-1.76) and 56-60 years age group (Mean-1.86) and in between 51-55 years (Mean-1.83) and 56-60 years (Mean-1.86) of age group. The significant difference of mean score in relation to educational qualification is found in physical coping ( $F= 6.575$ ,  $P= .00$ ) spiritual coping ( $F= 2.875$ ,  $P= .05$ ) and medical coping ( $F= 4.87$ ,  $P= .00$ ). Hochberg test revealed that there was a significant difference between illiterate (Mean= 1.64) and secondary and above (Mean= 1.83), in between primary (Mean= 1.62) and secondary and above (Mean= 1.83), ( $P < .05$ ) in medical coping.

**Table 1: Distribution of respondents according to level of stress after Menopause. (n= 213)**

Stress	Frequency	Percent %
Low Stressed	5	2.3
Moderate Stressed	156	73.2
High perceived stressed	52	24.4

**Table 2: Distribution of respondent according to could not cope with things after menopause.**

Could not cope with things	Frequency	Percent %
Never	4	1.9
Almost never	8	3.8
Sometimes	128	60.1
Fairly often	69	32.4
Very often	4	1.9

**Table 3: Distribution of respondents according to using coping strategies. (n=213)**

Coping Strategies	Total respondent	Mean	SD
Social	213	2.334	0.436
Spiritual	213	2.261	0.415
Physical	213	1.786	0.397
Medical	213	1.658	0.335

**Table 4: Association between educational status and coping strategies. (n=213)**

	N	Mean	±SD	F	P value
<b>Level of education</b>					
<b>Physical Technique</b>					
Illiterate	64	1.82	.351	6.575	.002
Primary	120	1.71	.384		
Secondary and above	29	2.00	.478		
Total	213	1.78	.398		
<b>Medical Technique</b>					
Illiterate	64	1.64	.338	4.871	.009
Primary	120	1.62	.316		
Secondary and above	29	1.83	.362		
Total	213	1.65	.335		
<b>Monthly income</b>					
<b>Physical Technique</b>					
0-10000	91	1.65	.370	16.29	.000
11000-29000	76	1.80	.331		
>30000	46	2.03	.436		
Total	213	1.78	.398		
<b>Social Technique</b>					
0-10000	91	2.34	.396	3.66	.027
11000-29000	76	2.24	.423		
>30000	46	2.46	.507		
Total	213	2.33	.437		

## DISCUSSION

Among the 213 respondents 141(66.2%) represented the age group 45-50 years, followed by 63(29.6%) was age group 51-55 years, 9(4.2%) was age group 56-60 years. Maximum and minimum ages of the menopausal women were 60 years and 45 years respectively. The mean age of the post-menopausal women was found 50.16 years with SD ± 3.72 years. The findings were nearly similar with another study which was conducted among 50 post-menopausal women. Among 50 respondents majority 26(52%) were age group 45-50 years.<sup>[8]</sup> Educational qualification of maximum post-menopausal women was primary 120 (56.3%). Most of the post-menopausal women 175(82.2%) were housewife, rest of the respondents 38(17.8%) were in the service. Highest and lowest income was 2000 taka and 300000 taka. Monthly income of the family 91(42.7%) were within 0-10000 taka, 76(35.7%) family were within 11000-29000 taka and 46 (21.6%) family were >30000 taka. The findings were compared with a cross sectional study where among 23 (46%) post-menopausal women had no formal education and 10 (20%) were primarily educated. 42(84%) were unemployed, 20 (34%) of them had monthly income between 5001-6000 taka. The study found most common problems after menopause were hot flush where frequently 59.2%, always 19.7% experienced hot flush. Sleeping disorder where 33.8% frequently, 31.0% sometimes, 18.8% always had sleeping disorder. Joint problem or muscle pain where 60.1% experienced frequently, 13.1% always had joint problem or muscle pain. Problem during intercourse due to dryness of vagina where 46% frequently, 4.2% always experience this problem. Less desirable in the family or society where 36.2% frequently felt less desirable.<sup>[9]</sup> In

this study women used more social coping (mean=2.33) followed by spiritual coping (mean=2.26), physical coping (mean= 1.78), medical coping (mean=1.65). In comparison to another cross sectional study women in that study used more spiritual coping (mean= 2.60) followed by social coping (mean=2.19), medical coping (mean=1.96) and physical coping (mean=1.87).<sup>[10]</sup> In context of Bangladesh large scale of study is needed to explore all unrevealed factors influencing the mental stress among post-menopausal women for taking necessary measures.

## CONCLUSION

The main aim of the study was to determine the coping strategies adopted by them as well as to see the relation between mental stress and coping strategies. The study therefore, concludes that almost all post-menopausal women of this study experience significant mental stress and they usually use social and spiritual coping strategies to combat with mental stress which occur due to menopause.

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## Declarations

**Funding:** This research protocol was self-funded.

**Conflict of Interest:** No competing interests relevant to this study to disclose for all authors. Full forms submitted and on file for all authors.

**Ethical Approval:** The objectives and importance of the research were explained to all participants prior to recruitment. Participation in the study was voluntary. The confidentiality of the participants was maintained, and written informed consent as well as ascent was obtained from all participants. The study was approved by the Institutional Review Board (IRB) of the National Institute of Preventive and Social Medicine (NIPSOM) and obtained an ethical clearance waiver from same source

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