Research Article

INTERNATIONAL JOURNAL OF CURRENT ADVANCED RESEARCH
ISSN: O: 2319-6475, ISSN: P: 2319-6505
Available Online at www.journalijcar.org
Volume 14; Issue 07; July 2025; Page No.329-333
DOI: http://dx.doi.org/10.24327/ijcar.2025.0333.0070

Subject Area : WOMEN'S HEALTH

STUDY OF QUALITY OF LIFE AMONG POSTMENOPAUSAL WOMEN USING WHOQOL-BREF

Dr. Rutuja Wayal (PT) and Dr. Monali M Kashyap (PT)

YMT College of Physiotherapy, Kharghar, Navi Mumbai.

ARTICLE INFO

Received 20th June 2025
Received in revised form 30th June, 2025
Accepted 16th July 2025
Published online 28th July, 2025

Key words:

Menopause, Quality of life, Postmenopausal, WHOQOL-BREF

ABSTRACT

Background: Postmenopausal women witness a wide range of symptoms. These symptoms may be unpleasant, especially since they occur at a time when women play key roles in the community. Also has an impact on their personal and social functioning, as well as their overall quality of life. Quality of life is a key outcome metric in health care, and understanding how menopause affects quality of life is an essential element of caring for symptomatic postmenopausal women. These symptoms are less common in nations where menopause is considered positively rather than negatively. In India, there is a significant dearth of information regarding how menopausal symptoms affect women. The WHOQOL-BREF is a self-administered questionnaire comprising 26 questions that assess an individual's perceptions of their health and well-being over the previous two weeks. It has been tested in multiple languages, across various cultural groups, and in diverse disease populations. **Aim**: To study the quality of life among postmenopausal women. **Methodology**- This was an experimental cross-sectional study of 30 postmenopausal women who had experienced menopause for the last five years. Participants were given the WHOQOL-BREF questionnaire and asked to select the best response that defined their quality of life. **Result**. The mean WHOQOL-BREF score was high across all disciplines. The mean ± SD of the whole WHOQOL-BREF score was 70.97 ± 15.33. The highest and lowest scores belonged to the environmental domain (72.67±15.27) and the psychological health domain (68.53±15.10), respectively. **Conclusion**: Menopause reduces the quality of life for postmenopausal women. Postmenopausal women experience an increased frequency of psychological and physical symptoms, which limits their activity and participation.

Copyright©

Copyright© The author(s) 2025,This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Menopause is defined as the general cessation of menstruation for 12 months or a period equivalent to 3 previous cycles or as the time of cessation of ovarian function resulting in permanent amenorrhea.[1] It is a stage when the menstrual cycle stops,for more than 12 months, and there is a drop in estrogen and progesterone levels (World Health Organization [WHO],1996).[2] The onset of this physiological stage marks the end of women's reproductive functions but also introduces them to a new phase of life.[3]

In the Western world, the most common age range for menopause (the last period from natural causes) is between 40 to 61. [3]. Indian women can experience menopause as early as 30-35 years old, even though the average age for menopause is about 48 years. [2] Due to increasing life expectancy, women will have to face longer periods of menopause.[3] The main impacts of menopause are linked to a lack of estrogen. The main health concerns of postmenopausal women include vasomotor symptoms, urogenital atrophy, osteoporosis, cardiovascular disease, cancer, decreased cognitive function, and sexual problems.[4] During the transition to menopause, hormonal shifts cause physiological changes and a variety of symptoms. As a result, women frequently encounter a diverse array of symptoms like hot flashes, difficulty sleeping, increased weight and abdominal swelling, fluctuations in mood, irregular periods, breast tenderness, feelings of sadness, and headaches. These symptoms could be distressing, particularly as they occur at a time when women have important roles in society, within the family, and at the workplace.[4] Some women have severe symptoms that greatly affect their personal and social functioning and quality of life.[3] Menopause symptoms last an average of 4.5 years, following a woman's last menstruation. [5]

The quality of life is impacted in a complex manner by an

*Corresponding author: **Dr. Rutuja Wayal (PT)**

YMT College of Physiotherapy, Kharghar, Navi Mumbai.

individual's physical well-being, mental state, degree of autonomy, social connections, and personal convictions, as well as their interaction with the prominent aspects of their surroundings.[4] QOL is also an aspect of health that plays a significant role in the conduct and evaluation of health interventions. Research into quality of life (QOL) is instrumental in laying the groundwork for improving the effectiveness of treatments and rehabilitation programs.[4] The World Health Organization (WHO) has described quality of life as how a person sees their place in society based on the values and culture around them and in regard to their aspirations, hopes, principles, and worries.[4] Also, the WHO identified four broad domains as being universally relevant for the quality of life, namely physical health, psychological well-being, social relationships, and environment.[6] Assessing the quality of life is a crucial aspect of healthcare, and it is essential to comprehend how menopause affects the quality of life in symptomatic postmenopausal women. Exploring the impact of menopause on quality of life has become integral to the clinical management of postmenopausal individuals. The study of QOL in post-menopause has become an essential component in clinical practice. Most studies on the QOL of postmenopausal women exist in developed countries. Very little information exists related to women in developing countries like India.[7] Sociocultural factors can alter women's attitudes and experiences of menopausal symptoms. In societies where menopause is seen as a positive experience rather than a negative one, these symptoms are less commonly observed. In India, there is a significant lack of understanding regarding the impact of menopausal symptoms on women.

The WHOQOL-BREF is a self-administered questionnaire comprising 26 questions that assess an individual's perceptions of their health and well-being over the previous two weeks. Responses to questions are on a 1-5 Likert scale where 1 represents "disagree" or "not at all" and 5 represents "completely agree" or "extremely". The WHOQOL-BREF has shown good discriminant validity, content validity, internal consistency, and test-retest reliability. It has been tested in multiple languages, across various cultural groups, and in diverse disease populations. The WHOQOL-BREF correlates well with the WHOQOL-100, suggesting that it is a suitable alternative to the longer version if time does not permit. Assessing the quality of life (QOL) of menopausal women in rural India using the WHOQOL-BREF may be more practical, especially in the absence of other validated and translated QOL assessment tools. The WHOQOL-BREF is widely available in multiple Indian languages, making it a suitable option for use in diverse linguistic regions.

Need for study

The transition through menopause is a life event that can profoundly affect the quality of life. More than 80% of women report physical and psychological symptoms that commonly accompany menopause. Maintaining good physical functioning with age is a vital component of independence in later life. Identifying characteristics associated with poor physical functioning could contribute to prevention and management strategies that help menopause women maintain their independence and also improve their quality of life. Health care provider plays a major role in assessing the needs of post- menopausal women, as well as in implementing appropriate health education programs and in developing new ways to meet their demands.

Aim

To study the Quality of life among Postmenopausal women.

Objective

To assess the quality of life of the study population by using the WHOQOL-BREF Questionnaire.

METHODOLOGY

Study type: Observational study

Study design: Cross-sectional study

Sampling method: Convenient purposive sampling

Population: Postmenopausal women

Sample size: 30

Inclusion: The study population comprised all postmenopausal women who had been menopausal for the last 5 years

Exclusion:

Women with induced menopause.

Simple hysterectomy.

Receiving any kind of hormone therapy during or after menopause.

Study procedure

Participants were selected on the basis of inclusion and exclusion criteria. A sample size of 30 was calculated & enrolled in the study as per the inclusion and exclusion criteria. Informed consent was taken. The study's purpose and procedure of the study were explained. The WHOQOL-BREF questionnaire was given to each participant, and they were asked to mark the best response that defined the quality of life. Those unable to read, questions were asked to them and their response were noted.

The mean score of items within each domain was used to calculate the domain score. Mean scores were then multiplied by 4 in order to make domain scores comparable with the scores used in the WHOQOL-100. The first transformation method converts scores to a range between 4-20, comparable with the WHOQOL-100. The second transformation method converts domain scores to a 0-100 scale. Scoring ranging from 4 to 20 is obtained for each domain, and a score is obtained based on proportions and with descriptive analysis.

Outcome Measure: WHOQOL -BREF Questionnaire

The WHOQOL-BREF questionnaire, which measures overall QOL and particular aspects of it, has four domains of physical health, psychological health, social relations, and environment. The questionnaire contains 24 questions to assess these aspects of QoL and two more questions about an individual's overall perception of their QoL and health. After performing the calculations, a score ranging from 4 to 20 is obtained for each domain, and a score ranging from 16 to 80 is obtained as a total score, with higher scores indicating better QoL. These scores are, in turn, convertible to score points in the range of 0 to 100.[9]A separate 5-point scale ranging from never (4) to always (0 points) was used for the measurement of each

item. The total score of each domain was 108; the higher score indicated a good QOL, a lower score indicated a poor QOL, and a high effect of menopausal symptoms on QOL. Those who obtained scores from 0 to 33.3% were considered to have poor QOL, from 33.3 to 66.7% were considered average QOL, and more than 66.7% were considered to have good QOL.[7] WHOQOL-BREF is also available in the translated version. It is free and available in the public domain with validated translations in Hindi and Marathi. A study related to the Validity and reliability of WHOQOL-BREF for use in India is also available. The adapted and translated version was well understood by the respondent. The item and scale level analyses supported the validity and reliability of the translated and adapted version of WHOQOL.

Statistical analysis: Data were presented as percentages

RESULT

30 postmenopausal women participated in the study. The average age of the participants was 51.34 ± 3.4 (mean ±SD) years. The mean is 16 to 80. These scores were, in turn, transformed into score points in the range of 0 to 100. Age at menopause was 48.066 ± 3.14, and the mean duration of menopause was 3.26 ±1.18(Table1). The mean score of the WHOQOL-BREF score was high in all domains (Table 2). The mean ±SD of the total WHOQOL-BREF score was 70.97±15.33. The highest and lowest scores belonged to the environmental domain (72.67±15.27) and the psychological health domain (68.53±15.10), respectively (Graph 1). The score of the physical domain was found to be 70.56±12.51, and that of the social domain was 72.1±18.45. G1 score, which represents an individual's overall perception of quality of life, was 3.8±0.65 out of 5, and G2 score, which represents an individual's overall perception of their health, was 3.6±1.01 out of 5 (Table 3). An analysis of data about age demonstrated no statistically significant differences ($p > 0.05$), and the Correlation coefficient was (r=-0.3340) (Table 4), which indicates a very weak linear relation (Graph 2). This implies that as age increases, there is a reduction in the total QOL score. Duration of menopause was not found to be significantly correlated with the total score ($p > 0.05$, r=0.04667) (Table4) (Graph 3).

Table 1. Age variables

Age variables	
Age (Years)	51.34 ±3.4
Age of menopause (Years)	48.06±3.41
Duration of menopause (Years)	3.26±1.18

Table 2. Mean score for each domain

Domain	
Physical	70.56±12.51
Psychological	68.53±15.10
Social	72.1±18.45
Environmental	72.67±15.27
Overall mean score	70.96±15

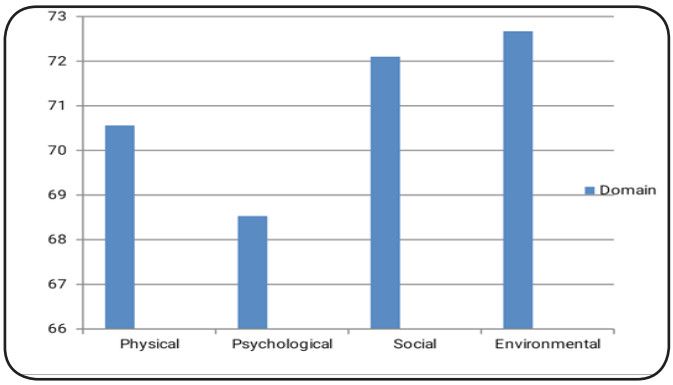
Table 3. General health question.

	Mean
GH (Q1)	3.8±0.65
GH (Q2)	3.6±1.01

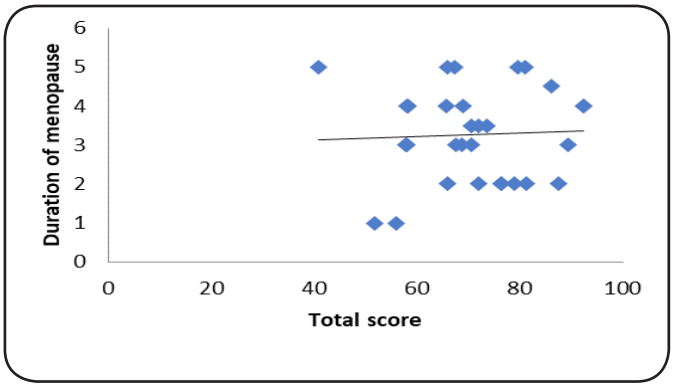
GH = general health

Table 4: Correlation of total score to Age and duration of menopause.

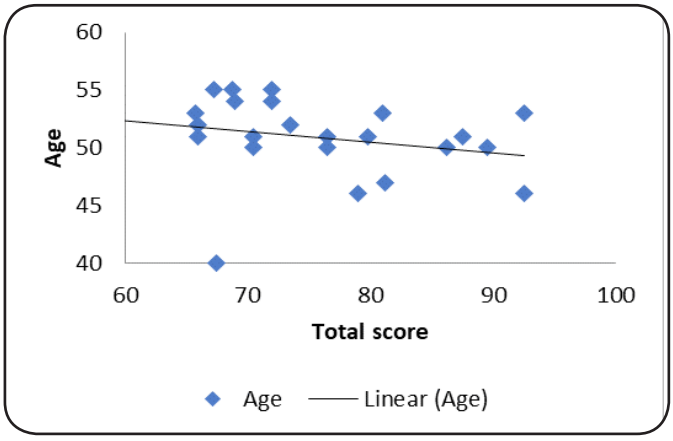
	P value	Coefficient of correlation (r)	
Total score v/s Age	0.0713	-0.3340	30
Total score v/s Duration of menopause	0.8065	0.04667	30



Graph 1. Total score of each domain



Graph 2. Correlation between Duration of menopause and Total score



Graph 3. Correlation between Age and Total score.

DISCUSSION

A primary healthcare model should comprehensively cater to the health needs of people, especially women in the menopausal phase of life, at risk for chronic physical, psychological, and social morbidity.[1] Menopause is an important phase in women's lives. As mentioned earlier, with increasing life expectancy, more women are expected to spend up to one-third of their lives in a menopausal state.[2]

The present study revealed that the mean age at menopause was 48.06 years. This is in good agreement with the findings of earlier studies of Cyriac et al.[4] in Kerala (49 + 3.6 years), Ruchika et al in Agra (48.26 years), Sagdeo and Arora in Nagpur (49.67 ± 6.53 years), Kaulagekar in Pune (48.3 ± 1.9 years), Broker et al. in Kerala (48.26 years), Sharma and Mahajan in Jammu (47.35 years), and Singh and Pradhan in Delhi (46.24 ± 3.38 years).[8] Other studies from India have reported 48.7 years and 49.33 years as the mean age of menopause among Indian women. This slight variation in the mean age of menopause may be due to the different populations studied or the sample size of the studies, or the regional differences like climate, diet, etc. Other studies across the world have revealed slightly different mean ages, but all of these studies are still within the normal range of menopausal age. The range of menopausal age in a study is from 37 to 55 years, and in developed countries ranges from 48-51 years.[10] There was no significant correlation between age and QOL, which does not correspond with a number of studies and could be the result of differences in the study population and data collection tools.[11,12] But it is consistent with the findings of Nazarpour, S.[4] The results also showed a weak correlation between the duration of menopause and the total score of QOL.

In the present study, the mean score for the physical domain was 70.56%. However, contradictory findings were reported by Z. M. Ibrahim&W. A. Sayed Ahmed, who state that the physical domain is most affected, which was 53.5%. The reasons for different frequencies can be many, as the menopausal symptoms are influenced by socio-demographic/sociocultural factors, economic stress, general health status, individual perception of menopause, genetic and racial differences, and reproductive parameters like parity.[3] Apart from all these differences, the different designs of studies, sample size, age range, distribution of menopausal status of participants, and the instruments used may also account for discrepant findings.[3] In our study, the most affected domain is psychological the mean score was 68.53%. In agreement with our finding, several other studies from the literature reported that physical and psychological symptoms were highly significant in Asian women. [3,13,14] While other domains like social and environmental were 72.1 % and 72.66% respectively.

We did not find a significant difference in scores for the environmental domain of WHOQOL-Brief. The environmental domain assesses the influence on the QOL of factors like financial resources, work environment, access to health and social care, freedom, and security.[3] These may not play a major role in detecting health status at different menopausal statuses.[3]

CONCLUSION

The current study revealed that menopause causes a slight decrease in quality of life among postmenopausal women. Postmenopausal women have a higher prevalence of psychological symptoms with a greater impact on their psychological welfare and physical symptoms, leading to various activity limitations and participation restrictions. Thus, appropriate intervention in the form of public health policies that aim to mitigate menopausal symptoms and maintain quality of life among these women is the need of the hour. An integrative approach to care addressing physical, social, and mental impairment or status would ensure that women engage in lifestyle modifications and health-promoting behaviors to improve their QOL.

References

1. Padubidri V G, Daftary S N. Menopause 13th ed. New Delhi: Reed Elsevier; 2006.Shaw's Textbook of Gynaecology; pp 56-67.
2. World Health Organization. Research on menopause in the 1990s.Report of a WHO scientific group. World Health Organ Tech Rep Ser. 1996; 866:1-107.
3. Karmakar N, Majumdar S, Dasgupta A, Das S. Quality of life among menopausal women: A community-based study in a rural area of West Bengal. Journal of Mid-life Health [Internet]. 2017 Jan 1;8(1):21.
4. Nazarpour S, Simbar M, Tehrani FR, Majd HA. Factors associated with the quality of life of postmenopausal women living in Iran. BMC Women S Health [Internet]. 2020 May 14;20(1).
5. Medical News Today: How long do menopausal symptoms last? Medically reviewed by Deborah Weatherspoon, Ph.D., R.N., CRNA on December 19, 2018. Written by Jenna Fletcher
6. Allah, Abd et al. Menopausal symptoms and the quality of life among pre-/postmenopausal women from a rural area in Zagazig city. (2012).
7. Sharma S, Mahajan N. Menopausal symptoms and their effect on quality of life in urban versus rural women: A cross-sectional study. Journal of Mid-life Health. 2015 Jan-Mar;6(1):16-20.
8. Mohamed HA, Lamadah SM, Zamil LG. Quality of life among menopausal women. Int J ReprodContraceptObstetGynecol 2014; 3:552-61.
9. Ganapathy T, Al Furaikh SS. Health-related quality of life among menopausal women. Arch Med Health Sci 2018; 6:16-23.
10. Sharma S, Tandon VR, Mahajan A. Menopausal symptoms in urban women. JK Science 2007.
11. Gobbens RJ, Remmen R. The effects of sociodemographic factors on quality of life among people aged 50 years or older are not unequivocal: comparing SF-12, WHOQOL-BREF, and WHOQOL-OLD. Clin Interv Aging. 2019; 14:231-9
12. Fallahzade H, Dehghani Tafti A, Dehghani Tafti MH, HF S, Hosseini H. Factors associated with quality of life in postmenopausal women in Yazd in 2008. J Shahid sadoghi Yazd Univ Med Sci. 2011;18(6):552-8
13. Madhukumar S, Gaikwad V, Sudeepa D. A community-based study on perceptions about menopausal symptoms and quality of life of postmenopausal women in Bangalore rural. Int J Health Sci Res. 2012; 2:49 56.
14. Rao A, Nayak G, Kamath A, Kumar P. A study of quality of life among perimenopausal women in selected

coastal areas of Karnataka, India. Journal of Mid-life Health [Internet]. 2012 Jan 1;3(2):71.

15. Ibrahim, Z M et al. Prevalence of menopausal related symptoms and their impact on quality of life among Egyptian women. Clinical and experimental obstetrics &gynecology vol. 42,2 (2015): 161-7.
16. Z.M. Ibrahim1, W.A. Sayed Ahmed1, S.A. El-Hamid2 (a) Department of Obstetrics and Gynecology, Suez Canal University, Ismailia (b) Department of Family Medicine, Suez Canal University, Ismailia (Egypt).
17. Cyriac SL, Viswanath L, Philip AT. Menopausal problems among (a) Postmenopausal women. JS TY - JOUR
18. Nusrat, Nisar & Sohoo, Nisar. (2010). Severity of Menopausal Symptoms and the quality of life at the different status of Menopause: A community-based survey from rural Sindh, Pakistan. Journal of Collaborative Research on Internal Medicine & Public Health 2.
19. WHOQOL-BREF Questionnaire http://www.who.int/mental_health/media/en/76.p

How to cite this article:

Rutuja Wayal (PT) and Monali M Kashyap (PT). (2025). Study of Quality of Life among Postmenopausal Women using WHOQOL-BREF, International Journal of Current Advanced Research, 14(07), pp.329-333.

****