

# Symptoms and Problems of Menopausal Women in Klong Toey Slum

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## Abstract

This study was conducted to assess the symptoms and problems of postmenopausal Thai women in Klong Toey slum. The interview was randomly performed according to the home number by well-trained social workers and a standardized questionnaire was used. One hundred and nineteen postmenopausal women were eligible for the study. The women were of low socioeconomic and educational background. Their mean age was  $58.9 \pm 6.9$  years. The mean time since menopause was 7 years. The prevalence of the climacteric symptoms was as follows : vasomotor symptoms 72.3 per cent, urological symptoms 80.7 per cent, genital symptoms 87.4 per cent and psychological symptoms 98.3 per cent. However, the prevalence of severe vasomotor, urological, genital and psychological symptoms which these women recognized as problems was 29.4 per cent, 19.3 per cent, 15.1 per cent and 75.6 per cent, respectively. In conclusion, the prevalence of climacteric symptoms of postmenopausal women in Klong Toey slum were high but the symptoms which these women recognized as problems were low. These women probably perceived these symptoms as a natural change of life.

It is estimated that the aging population (age > 65 years) of Thailand will increase from 3 per cent in 1985 to 9.1 per cent by the year 2025<sup>(1)</sup>. Chompootweep et al, conducted a study and found that the average age at menopause of Thai women was  $49.5 \pm 3.6$  years<sup>(2)</sup>. Therefore, the number of postmenopausal Thai women will increase in the near future.

Menopause is the permanent cessation of menstruation resulting from loss of ovarian follicular activity<sup>(3)</sup>. Estrogen deficiency may have a

dramatic influence on osteoporosis, cardiovascular disease, vasomotor symptoms and urogenital problems<sup>(4)</sup>. At present, there are no data on the prevalence of the symptoms and problems of postmenopausal Thai women in a low socioeconomic area such as Klong Toey slum. The menopausal data is considered to be of great importance in providing appropriate health care as well as improving the medical service for the middle-aged elderly with regard to the climacteric.

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The objective of this study was to determine the prevalence of the symptoms and problems of postmenopausal women in Klong Toey slum which is a low socioeconomic area in the city.

MATERIAL AND METHOD

The study was conducted at Klong Toey slum by simple random sampling technique. One hundred and nineteen women enrolled in this study were healthy postmenopausal women. The term "postmenopause" was defined as the natural cessation of the menstruation(5). Two well-trained social workers conducted the interview using standardized questionnaires on a home visit basis. Data

collection was performed from December 1994 to May 1995.

The questionnaire consisted of a series of questions concerning demographic characteristics, years since menopause, menopausal symptoms and sexual behavior. Its contents and language were adopted for optimal understanding after a first pilot pretest done during October 1994 by the social workers.

RESULTS

One hundred and nineteen postmenopausal women were interviewed. They were of low socioeconomic and educational background. Their mean

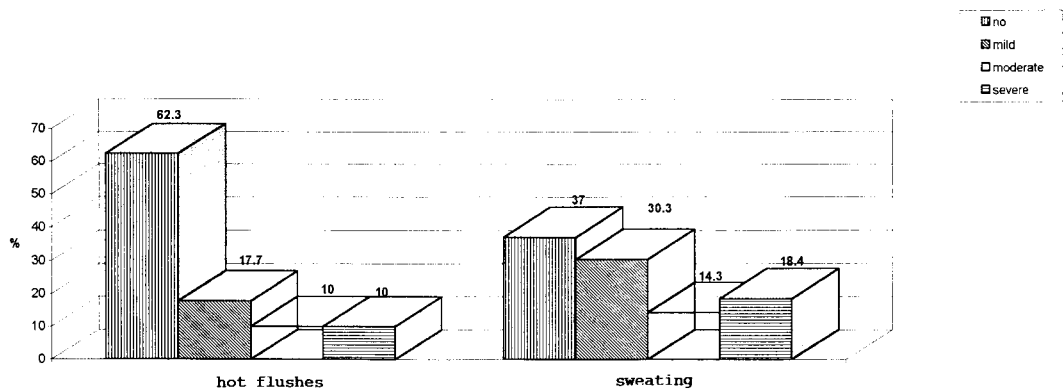


Fig. 1. Percentage of different severity of vasomotor symptoms (n = 119).

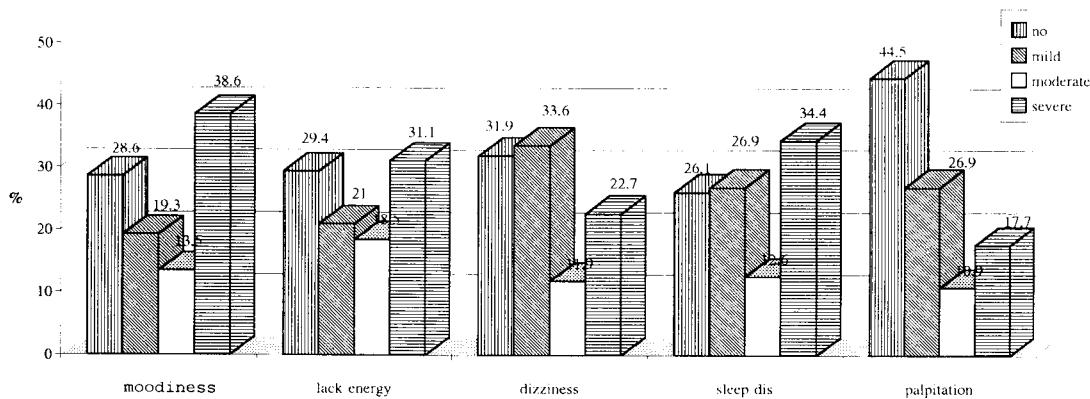


Fig. 2. Percentage of different severity of psychological symptoms (n = 119).

footnote : lack energy = lack of energy  
sleep dis = sleep disturbance

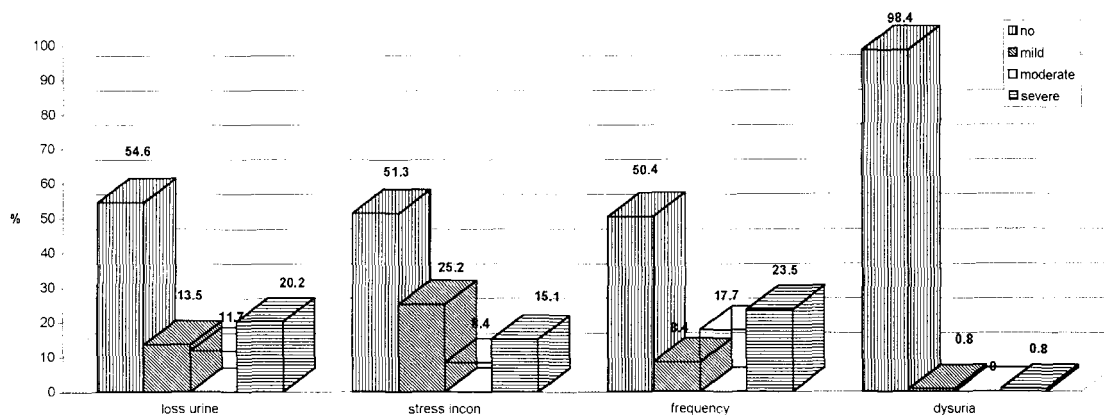


Fig. 3. Percentage of different severity of urinary symptoms (n = 119).

footnote : loss urine = loss of urinary control

stress incon = stress incontinence

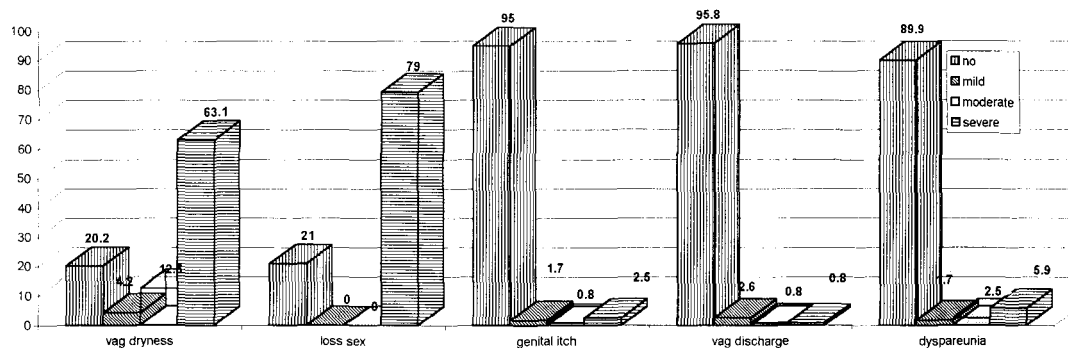


Fig. 4. Percentage of different severity of genital symptoms (n = 119).

footnote : vag dryness = vaginal dryness

loss sex = loss of sexual desire

genital itch = genital itching

vag discharge = vaginal discharge

Table 1. Prevalence of symptoms and problems in menopausal women in Klong Toey slum.

	Symptoms (%)	Problems (%)
Vasomotor	72.3	29.4
Psychological	98.3	75.6
Urinary	80.7	37.8
Genital	87.4	15.1

age was  $58.9 \pm 6.9$  years. The mean time since menopause was seven years. The mean number of their living children was 5.

The prevalence of different severity of vasomotor symptoms, psychological symptoms, urinary symptoms and genital symptoms are shown in Fig. 1, Fig. 2, Fig. 3 and Fig. 4.

The prevalence of climacteric symptoms and symptoms that the postmenopausal women thought were problems, are shown on Table 1.

The postmenopausal women in Klong Toey slum who had an active sexual life was 26.1 per cent. Of these, there was a sexual problem in 83.9 per cent because most of them had a dramatic loss of sexual desire.

## DISCUSSION

The prevalence of hot flushes has been reported as high as 80 per cent in some western countries<sup>(6)</sup>. Nevertheless, the prevalence reported from Japan and Indonesia was much lower<sup>(7-9)</sup>. In Bangkok, Chompootweep *et al.*, conducted a study in middle-class women, aged between 45-59 years, and found that women with irregular cycles in perimenopause experienced more symptoms than those with regular cycles or postmenopause (22.3%, 10.3% and 5.7%, respectively,  $P < 0.05$ ). Chirawatkul presented the data at the 6th International Congress on the Menopause showing that 20 per cent of Thai women aged between 40 and 50 years who lived in rural areas experienced hot flushes<sup>(10)</sup>. In this study, we surveyed the prevalence of menopausal symptoms in Klong Toey slum in which the population was in the low socioeconomic class. The mean time since menopause of the population was 7 years. The prevalence of hot flushes was 37.7 per cent, though they perceived these as problems in only 15.9 per cent. Despite the variety of prevalences in different studies of various social classes, the prevalence of hot flushes in the Thai population was found to be lower than in western countries.

Concerning the psychological symptoms, we found that postmenopausal women in Klong Toey slum experienced it in 98.3 per cent and they perceived these as problems in 75.6 per cent, in which the common complaints were sleep disturbance, lack of energy and moodiness (as shown in Fig. 2). Even though psychological symptoms may be influenced by causes other than estrogen deficiency such as socioeconomic or family problems, Chompootweep found an increasing prevalence of these symptoms in women in the perimenopausal

period<sup>(2)</sup>.

Regarding urogenital symptoms, the prevalence of genital symptoms in this study was 87.4 per cent but it was perceived as a problem in only 15.1 per cent. The prevalence is comparable with 13.7 per cent<sup>(11)</sup> data in Thai women who graduated from a college reported by Dusitsin *et al.* In Sweden, Berg *et al.* found that the postmenopausal women had a vaginal discomfort rate of 22.3 per cent and they commented that 87.5 per cent of these women had sexual problems<sup>(12)</sup>. In Thailand, the prevalence is underreported probably because of Thai culture which women could not express urogenital problems in an open manner. Hence, the prevalence may not represent the actual problem in their society. Most of postmenopausal women in Klong Toey slum had loss of sexual desire. In Norway, 59 per cent of perimenopausal women had decreased frequency of sexual activity<sup>(13)</sup>.

Epidemiological studies on the climacteric performed in U.S.A., in Europe and in East and South-East Asia revealed that typical and atypical climacteric symptoms are more severe and result in greater use of medicaments in the Western world<sup>(14)</sup>. McCarthy showed that vasomotor symptoms cause virtually no difficulties at all in Asian women and that the psychological impact of the menopause is also much less of a problem in Asia than in Western countries<sup>(15)</sup>.

The problems of climacteric symptoms in Klong Toey slum were not common probably because these women perceived these symptoms as a natural change of life. Hence, menopausal health education is essential for women to understand and find the preventive and treatment strategies for better quality of life in the climacteric period.

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## อาการและปัญหาของสตรีวัยหมดระดูในชุมชนแออัดคลองเตย

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การศึกษานี้เป็นการศึกษาอาการและปัญหาของสตรีไทยวัยหมดระดู ที่อาศัยในชุมชนแออัดคลองเตย โดยมีกอบรม นักสังคมสงเคราะห์ให้สัมภาษณ์สตรีวัยหมดระดูตามแบบสอบถามที่ได้ปรับมาตรฐานแล้ว และคัดเลือกสตรีวัยหมดระดูเหล่านี้ตามวิธีสุ่มตัวอย่างแบบง่ายที่มีสตรีที่เข้าเกณฑ์การคัดเลือกทั้งหมด 119 คน สตรีเหล่านี้เป็นกลุ่มที่มีเศรษฐกิจและการศึกษาดำ มีอายุเฉลี่ย  $58.9 \pm 6.9$  ปี และหมดระดูมานานเฉลี่ย 7 ปี ความชุกของอาการในสตรีวัยหมดระดูมีดังนี้ อาการทางระบบประสาทอัตโนมัติร้อยละ 72.3 อาการระบบทางเดินปัสสาวะร้อยละ 80.7 อาการระบบอวัยวะสืบพันธุ์ร้อยละ 87.4 และอาการทางจิตประสาทร้อยละ 98.3 อย่างไรก็ตาม อาการทางระบบประสาทอัตโนมัติ อาการระบบทางเดินปัสสาวะ อาการระบบอวัยวะสืบพันธุ์ และอาการทางจิตประสาทที่รุนแรงจนเป็นปัญหา พบว่า มีร้อยละ 29.4, 19.3, 15.1 และ 75.6 ตามลำดับ โดยสรุปพบว่า ความชุกของอาการในสตรีวัยหมดระดูในชุมชนแออัดคลองเตย พบมากแต่อาการที่เป็นปัญหาพบได้น้อย ทั้งนี้อาจเป็นเพราะสตรีกลุ่มนี้คิดว่าเรื่องเหล่านี้เป็นเรื่องของธรรมชาติ

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