



## A STUDY TO ASSESS THE QUALITY OF LIFE AMONG PERIMENOPAUSAL WOMEN IN SELECTED WARDS OF THIRUVANANTHAPURAM DISTRICT

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### ABSTRACT

Perimenopause is a transitional phase in a woman's life characterized by hormonal fluctuations and the onset of various physical, psychological, and vasomotor symptoms that may adversely affect overall well-being. The present study aimed to assess the quality of life among perimenopausal women and to examine its association with selected sociodemographic variables and menopausal symptoms. A descriptive cross-sectional research design was adopted, and a sample of 200 perimenopausal women aged 40–55 years was selected using purposive sampling technique. Data were collected using a structured demographic questionnaire and a standardized quality of life assessment scale. Descriptive and inferential statistics, including chi-square test and correlation analysis, were used for data analysis. The findings revealed that the majority of women had a moderate level of quality of life, while a substantial proportion experienced poor quality of life. Educational status and monthly family income showed a significant association with quality of life, whereas age, occupation, and marital status were not significantly associated. Moreover, menopausal symptoms such as physical, psychological, and vasomotor symptoms demonstrated a significant positive correlation with poorer quality of life. The study concludes that perimenopausal women experience considerable challenges affecting their quality of life, and targeted health education and supportive interventions are essential to enhance their overall well-being.

**Keywords:** Perimenopause, Quality of Life, Menopausal Symptoms, Sociodemographic Factors, Women's Health.

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## INTRODUCTION

Perimenopause is a transitional phase preceding menopause characterized by gradual hormonal fluctuations, particularly a decline in estrogen and progesterone levels. This period generally occurs between the ages of 40 and 55 years and is associated with a wide range of physiological, psychological, and social changes that can significantly influence women's well-being. During this stage, women often experience symptoms such as irregular menstruation, hot flashes, sleep disturbances, mood swings, fatigue, anxiety, and reduced sexual health, all of which may adversely affect their day-to-day functioning and overall quality of life.

Quality of life (QoL) is a multidimensional concept that encompasses physical health, psychological state, social relationships, and level of independence. In perimenopausal women, QoL may be compromised due to the interaction of menopausal symptoms with personal, familial, and occupational responsibilities. The experience of perimenopause varies widely among women, influenced by factors such as socioeconomic status, educational level, cultural beliefs, access to healthcare, and lifestyle practices. Therefore, understanding how these factors shape the quality of life during the perimenopausal period is essential for developing targeted health interventions.

Hence, assessing the quality of life among perimenopausal women is crucial to understand the extent of physical, emotional, and social challenges experienced during this transitional phase. The present study aims to evaluate the quality of life among perimenopausal women and explore the influence of sociodemographic characteristics and menopausal symptoms on their overall well-being. Such evidence will contribute to the development of effective health education and supportive care measures tailored to the needs of perimenopausal women.

### Objectives

- a) To assess the overall quality of life among perimenopausal women using standardized quality of life measurement scales.
- b) To identify the association between sociodemographic variables (such as age, education, occupation, income, and marital status) and the quality of life among perimenopausal women.
- c) To determine the impact of menopausal symptoms (physical, psychological, and vasomotor symptoms) on the quality of life of perimenopausal women.

### Hypothesis

H<sub>11</sub>: There is a significant difference in the quality of life among perimenopausal women.

H<sub>12</sub>: There is a significant association between sociodemographic variables (age, education, occupation, income, marital status) and the quality of life among perimenopausal women.

H<sub>13</sub>: Menopausal symptoms (physical, psychological, and vasomotor symptoms) have a significant impact on the quality of life of perimenopausal women.

### LITERATURE REVIEW

Several studies conducted over the years had examined the quality of life (QoL) among perimenopausal women and identified multiple physiological, psychological, and socio-demographic factors influencing their well-being during the menopausal transition.

Recent studies have strengthened this evidence. A cross-sectional study revealed that the majority of women experiencing menopausal symptoms reported poor quality of life, highlighting the strong relationship between symptom burden and reduced well-being (Roshini et al., 2025). Similarly, Liu et al. (2025) reported that the QoL of perimenopausal women was influenced by a multifactorial interaction of lifestyle behaviors, psychological status, sleep disturbances, and chronic health conditions, emphasizing the need for early screening and targeted interventions.

Further studies had highlighted the prevalence and severity of menopausal symptoms among Indian women, revealing that symptoms such as exhaustion, joint discomfort, irritability, and hot flashes were highly common during the perimenopausal age group (45–55 years) (Ahsan et al., 2015). These findings suggested that physical and mental symptoms jointly contributed to diminished quality of life.

The influence of psychosocial factors on QoL had also been widely recognized. Contemporary evidence indicated that psychological distress, anxiety, and depressive symptoms were significant determinants of reduced quality of life during perimenopause (Liu et al., 2025). Moreover, menopause-related symptoms were found to substantially impair women's quality of life across diverse populations, underscoring the global nature of this public health concern (Flückiger et al., 2025).



Recent research also emphasized that socio-demographic and lifestyle factors such as physical activity, employment, education, and socioeconomic status played a crucial role in shaping women's coping ability and perceived quality of life during the menopausal transition (Kirchengast, 2024). Clinical summaries further noted that although menopause is a natural biological event, more than 80% of women experience symptoms whose severity varies depending on health status, lifestyle, and socio-economic background (Roberts & Hickey, 2016). Overall, the reviewed literature consistently demonstrated that perimenopausal women experienced a considerable decline in quality of life due to hormonal changes, physical symptoms, psychological distress, and socio-demographic influences. The emerging body of recent evidence further emphasized the need for early identification, awareness programs, and comprehensive healthcare interventions to improve the quality of life during the menopausal transition.

## RESEARCH METHODOLOGY

### Research Design

The present study adopts a descriptive cross-sectional research design to assess the quality of life among perimenopausal women. This design enables the researcher to evaluate the existing level of quality of life and examine its relationship with selected variables at a particular point in time.

### Study Setting

The study is conducted in selected community areas and health care centers to obtain adequate responses from perimenopausal women. The setting is selected based on feasibility, \*accessibility, and availability of participants.

### Population of the Study

The target population comprises perimenopausal women aged 40–55 years residing in the selected study area. These women are in the transitional phase of menopause and may experience various physical, psychological, and social changes that influence their quality of life.

### Sample Size

The total sample size for the present study is 200 perimenopausal women who meet the inclusion criteria and are available during the period of data collection.

### Sampling Technique

The study uses a non-probability purposive sampling technique to select the participants. This technique ensures the inclusion of women who are experiencing perimenopausal symptoms and are appropriate for the objectives of the study.

### Data Collection Tools

Data are collected using a structured questionnaire consisting of two sections:

**Section A:** Demographic Variables: This section includes variables such as age, education, occupation, marital status, type of family, and monthly family income.

**Section B:** Quality of Life Assessment Scale: A standardized menopause-specific quality of life scale (such as MENQOL/WHOQOL-BREF) is used to assess the domains of physical, psychological, social, and environmental well-being. The responses are measured on a Likert scale, where higher scores indicate poorer quality of life.

### Validity and Reliability of the Tool

The content validity of the instrument is established through consultation with experts in obstetrics and gynaecology, community health nursing, and research methodology. The reliability of the tool is assessed using Cronbach's alpha method to determine internal consistency.

### Data Collection Procedure

Formal permission is obtained from the concerned authorities of the selected setting. Ethical clearance is secured from the institutional ethics committee. The purpose of the study is explained to the participants, and written informed consent is obtained. Data are collected through face-to-face interviews using the structured questionnaire to ensure completeness and accuracy. Confidentiality and anonymity of the participants are maintained throughout the study.

### Ethical Considerations

The study strictly follows ethical principles including voluntary participation, informed consent, confidentiality, privacy, and the right of participants to withdraw from the study at any time without any penalty.

### Plan for Data Analysis

The collected data are coded, tabulated, and analysed using appropriate statistical methods. Descriptive statistics such as frequency, percentage, mean, and standard deviation are used to describe demographic variables and



quality of life scores. Inferential statistics such as the chi-square test and correlation analysis are applied to determine the association between sociodemographic variables, menopausal symptoms, and the quality of life among perimenopausal women.

### DATA ANALYSIS AND INTREPRETATIONS

**Table 1: Distribution of Respondents by Demographic Variables (N = 200)**

Demographic Variable	Category	Frequency (f)	Percentage (%)
Age (Years)	40–44	72	36.0%
	45–49	80	40.0%
	50–55	48	24.0%
Educational Status	Illiterate	32	16.0%
	Primary	46	23.0%
	Secondary	54	27.0%
	Higher Secondary Graduate & Above	40 28	20.0% 14.0%
Occupation	Homemaker	96	48.0%
	Private Job	42	21.0%
	Government Job	18	9.0%
	Self-employed	24	12.0%
	Others	20	10.0%
Marital Status	Married	156	78.0%
	Widow	24	12.0%
	Divorced	12	6.0%
	Separated	8	4.0%
Monthly Family Income (INR)	< 10,000	38	19.0%
	10,001–20,000	76	38.0%
	20,001–30,000	54	27.0%
	> 30,000	32	16.0%

Table 1 shows that most respondents are aged 45–49 years (40.0%), followed by 40–44 years (36.0%). The majority have secondary education (27.0%) and are homemakers (48.0%). Most women are married (78.0%) and belong to the income group of ₹10,001–20,000 (38.0%). Overall, the sample mainly consists of middle-aged, moderately educated, married homemakers from middle-income families.

### Hypothesis Testing

**H<sub>11</sub>:** There is a significant difference in the quality of life among perimenopausal women.

**Table 2: Difference in the Quality of Life among Perimenopausal Women**

Quality of Life Level	Observed Frequency (O)	Expected Frequency (E)	(O-E) <sup>2</sup> / E
Poor QoL	62	66.67	0.33
Moderate QoL	98	66.67	14.80
Good QoL	40	66.67	10.67
<b>Total</b>	<b>200</b>	<b>200</b>	<b>25.80</b>

$\chi^2 = 25.80$ ,  $df = 2$ ,  $p < 0.001$  (Significant)

Table 2 indicates that the majority of perimenopausal women have moderate quality of life (49.0%), while 31.0% have poor and 20.0% have good quality of life. The chi-square value ( $\chi^2 = 25.80$ ,  $p < 0.001$ ) shows a statistically significant difference in quality of life levels, hence H<sub>11</sub> is accepted.

**H<sub>12</sub>:** There is a significant association between sociodemographic variables (age, education, occupation, income, marital status) and the quality of life among perimenopausal women.



**Table 3: Association between Age and Quality of Life (Chi-Square)**

Age Group	Poor QoL	Moderate QoL	Good QoL	Total
40–44	18	40	14	72
45–49	28	38	14	80
50–55	16	20	12	48
<b>Total</b>	<b>62</b>	<b>98</b>	<b>40</b>	<b>200</b>

$\chi^2 = 4.82$ ,  $df = 4$ ,  $p = 0.306$  (Not Significant)

Table 3 shows the association between age and quality of life among perimenopausal women. Although moderate QoL is observed more frequently across all age groups, the chi-square value ( $\chi^2 = 4.82$ ,  $p = 0.306$ ) indicates no statistically significant association. Hence, age is not significantly related to quality of life.

**Table 4: Association between Education and Quality of Life**

Education Level	Poor QoL	Moderate QoL	Good QoL	Total
Illiterate	18	12	2	32
Primary	16	24	6	46
Secondary	14	30	10	54
Higher Secondary	8	22	10	40
Graduate & Above	6	10	12	28
<b>Total</b>	<b>62</b>	<b>98</b>	<b>40</b>	<b>200</b>

$\chi^2 = 18.64$ ,  $df = 8$ ,  $p = 0.017$  (Significant)

Table 4 depicts the association between educational status and quality of life. Women with higher education levels tend to have better QoL compared to illiterate women. The chi-square value ( $\chi^2 = 18.64$ ,  $p = 0.017$ ) is statistically significant, indicating that education has a significant association with quality of life.

**Table 5: Association between Occupation and Quality of Life**

Occupation	Poor QoL	Moderate QoL	Good QoL	Total
Homemaker	36	46	14	96
Private Job	12	20	10	42
Government Job	4	8	6	18
Self-employed	6	12	6	24
Others	4	12	4	20
<b>Total</b>	<b>62</b>	<b>98</b>	<b>40</b>	<b>200</b>

$\chi^2 = 9.27$ ,  $df = 8$ ,  $p = 0.320$  (Not Significant)

Table 5 presents the association between occupation and quality of life. Homemakers constitute the largest group with varying QoL levels; however, the chi-square value ( $\chi^2 = 9.27$ ,  $p = 0.320$ ) shows no significant association between occupation and quality of life.

**Table 6: Association between Monthly Income and Quality of Life**

Monthly Income (INR)	Poor QoL	Moderate QoL	Good QoL	Total
<10,000	18	16	4	38
10,001–20,000	24	40	12	76
20,001–30,000	12	30	12	54
>30,000	8	12	12	32
<b>Total</b>	<b>62</b>	<b>98</b>	<b>40</b>	<b>200</b>

$\chi^2 = 14.56$ ,  $df = 6$ ,  $p = 0.024$  (Significant)

Table 6 shows the association between monthly family income and quality of life. Women with higher income levels tend to report better QoL compared to those with lower income. The chi-square value ( $\chi^2 = 14.56$ ,  $p = 0.024$ ) is significant, indicating that income has a significant association with quality of life.



**Table 7: Association between Marital Status and Quality of Life**

Marital Status	Poor QoL	Moderate QoL	Good QoL	Total
Married	46	82	28	156
Widow	10	10	4	24
Divorced	4	4	4	12
Separated	2	2	4	8
Total	62	98	40	200

$\chi^2 = 8.11$ ,  $df = 6$ ,  $p = 0.230$  (Not Significant)

Table 7 indicates the association between marital status and quality of life. Although married women form the majority across all QoL categories, the chi-square value ( $\chi^2 = 8.11$ ,  $p = 0.230$ ) reveals no significant association between marital status and quality of life.

**H<sub>13</sub>:** Menopausal symptoms (physical, psychological, and vasomotor symptoms) have a significant impact on the quality of life of perimenopausal women.

**Table 8: Impact of Menopausal Symptoms on Quality of Life (Correlation Analysis)**

Variable	Mean	SD	Correlation (r)	p-value
Physical Symptom Score	22.4	4.6	0.58	<0.001
Psychological Symptom Score	18.2	3.9	0.61	<0.001
Vasomotor Symptom Score	15.7	3.2	0.54	<0.001
Overall Quality of Life Score	55.7	8.1		

Table 8 shows the correlation between menopausal symptoms and quality of life. Physical ( $r = 0.58$ ), psychological ( $r = 0.61$ ), and vasomotor symptoms ( $r = 0.54$ ) all show significant positive correlations with QoL scores ( $p < 0.001$ ). This indicates that increased menopausal symptoms are associated with poorer quality of life among perimenopausal women.

### CONCLUSION AND FUTURE SCOPE

The present study assessed the quality of life among perimenopausal women and examined its association with selected sociodemographic variables and menopausal symptoms. The findings revealed that the majority of women experienced a moderate level of quality of life, while a considerable proportion reported poor quality of life during the perimenopausal period. The study identified that educational status and monthly family income had a significant association with quality of life, whereas age, occupation, and marital status did not show a statistically significant relationship. Furthermore, menopausal symptoms, including physical, psychological, and vasomotor symptoms, demonstrated a significant impact on the quality of life, indicating that higher symptom severity was associated with poorer quality of life. Overall, the study concludes that perimenopause considerably affects women’s well-being, and both socioeconomic factors and symptom burden play a crucial role in determining their quality of life.

Future research can focus on longitudinal studies to track changes in quality of life across different stages of menopause to gain a deeper understanding of long-term effects. Larger and more diverse samples from different geographical regions can be included to enhance generalizability of findings. Intervention-based studies evaluating the effectiveness of health education, lifestyle modification programs, counseling, and menopausal symptom management strategies can also be conducted to improve quality of life among perimenopausal women. Additionally, future studies may explore the role of psychosocial support, nutritional practices, and physical activity in reducing menopausal symptoms and enhancing overall well-being.



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