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Cross-Sectional Study

Quality of Life of Postmenopausal Women and Effectiveness of a Self-Instructional Module on Coping Strategies in a Rural Area of Tamil Nadu

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A B S T R A C T

Background: Postmenopausal women face multifaceted challenges that affect their quality of life. This study aimed to assess the quality of life among postmenopausal women and develop a self-instructional module on coping strategies in a rural area of Tamil Nadu.

Methods: A descriptive cross-sectional study was conducted among 60 postmenopausal women aged 45–55 years residing in a rural area of Tamil Nadu. Participants were selected using purposive sampling. Data were collected using the WHOQOL-BREF standardized 5-point Likert scale. Descriptive and inferential statistics were used for analysis. A self-instructional module on coping strategies was developed and administered to enhance awareness and coping mechanisms.

Results: The majority (81.7%) of participants had a fair quality of life, while 18.3% reported poor quality of life. Significant associations were found between quality of life and age χ^2=10.11, p<0.05) and monthly income (χ^2=3.96, p<0.05). Most women demonstrated fair scores in physical, psychological, social, and environmental domains. The self-instructional module was well-received by participants.

Conclusion: The findings highlight the need for community-based nursing interventions to improve postmenopausal women's well-being. Nurses play a crucial role in promoting awareness, self-care practices, and coping strategies during menopause.

Keywords: Menopause, Quality of Life, Postmenopausal Women, Coping Strategies, Self-Instructional Module, Nursing Intervention

Introduction

Menopause is a significant transitional phase in a woman's life, marking the cessation of menstruation and the end of reproductive capability. It involves physiological, psychological, and social adjustments that can profoundly influence a woman's quality of life. Globally, the number of postmenopausal women is projected to reach 1.2 billion by 2030, with 76% residing in developing countries (World Health Organization, 2021).[1] In India, the average age of menopause is 46 years, and nearly 165 million women are

expected to be over 60 years of age by 2025 (International Menopause Society, 2023).[2]

Menopause-related symptoms such as hot flashes, mood swings, insomnia, and fatigue are often compounded by sociocultural factors including gender norms and limited access to healthcare. Studies conducted in India (Nissy et al., 2025; Mohanta et al., 2024).[3,4]reveal that rural women experience greater challenges in managing menopausal symptoms due to lack of awareness and healthcare access.

In India the average life span of women at birth was 73.6 years in 2023. The life expectancy rose by 28.72 years between 1960 and 2023 and data from September 2025 indicates that Indian women live approximately 4 years longer than men (World Bank,2025). This means that women will live approximately a quarter 1/3 of her life in postmenopausal phase. With the increased life expectancy, today's women still have to amend to the challenges in respite of her life.

Nurses play a vital role in health promotion during the menopausal transition by implementing educational interventions and developing coping strategies. Therefore, this study aimed to assess the quality of life among postmenopausal women in a rural area of Tamil Nadu and develop a self-instructional module to improve coping strategies.

Materials and Methods

A descriptive cross-sectional study was conducted among 60 postmenopausal women aged 45–55 years residing in a rural area of Tamil Nadu. The participants were selected using purposive sampling. Inclusion criteria included women who had attained menopause within 1–5 years, were living with their husbands, and were willing to participate. Women with chronic illnesses or psychiatric disorders were excluded.

Data were collected using the WHOQOL-BREF standardized 5-point Likert scale developed by the World Health Organization (WHO, 2022).[5] The tool assessed quality of life across four domains: physical, psychological, social, and environmental. The total score was categorized as poor (0–50%), fair (51–75%), and good (76–100%). Content validity was ensured through expert review, and reliability was established (r=0.87).

Ethical approval was obtained from the institutional review board. Informed consent was taken from all participants, ensuring confidentiality and voluntary participation.

Results

The study findings shows that majority (55%) of participants were aged 51–55 years, 73.3% had primary education, and 75% had a family income below ₹3000 per month. Most (76.7%) belonged to nuclear families, and 83.3% were non-vegetarians.

Table 1 shows that most of the postmenopausal women 35 (55%) between the age of 51 to 55 years, majority 44 (73.3%) were educated up to Primary level education, 45 (75%) of them had family income of below 3000 per month, majority 46 (76.7%) were belongs to nuclear family, all 60 (100%) of them belongs to Hindu religion, most of the postmenopausal women 50 (83.3%) On-Vegetarian, 36 (60%) of them were house wife and 24 (40%) were as coolie workers.

Table 2 presents the domain-wise quality of life of postmenopausal women. In the physical domain, 25.0% of the participants had poor quality of life, 71.7% had fair quality of life, and 3.3% had good quality of life. In the psychological domain, 8.3% had poor quality of life, 83.4% had fair quality of life, and 8.3% had good quality of life. In the social domain, 11.7% had poor quality of life and 88.3% had fair quality of life, while none of the participants had good quality of life. In the environmental domain, 8.3% had poor quality of life, 90.0% had fair quality of life, and 1.7% had good quality of life. Overall, the majority of the postmenopausal women reported a fair quality of life across all four domains, with the highest proportion observed in the environmental domain (90.0%).

Figure 1 Shows the Overall quality of life of postmenopausal women. The majority of the participants (81.7%) had a fair quality of life, while 18.3% had poor quality of life. None of the participants reported a good quality of life. Furthermore, a statistically significant association was observed between quality of life and age (χ^2=10.11, p<0.05) as well as monthly family income (χ^2=3.96, p<0.05) with quality of life. No statistically significant association was found between quality of life and type of family or occupation.

Table 1.Distribution of Post Menopausal Women Based on Demographic Variables

N=60

S.No	Demographic Variables	-	Number	Percentage (%)
1.	Age in years	45-50	27	45
		51-55	33	55
2.	Educational status	Illiterate	9	15
		Primary	4	73.3
		Higher secondary	44	11.7
		College	-	-

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3.	Monthly income (in Rupees)	<3000	45	75
		3001-5000	15	25
		5001-10000	-	-
		>10000	-	-
4.	Type of family	Nuclear	46	76.7
		Joint family	14	23.3
5.	Dietary pattern	Vegetarian	10	16.7
		Non- vegetarian	50	83.3
6.	Occupation	Housewife	36	60
		Coolie	24	40
		Professional	-	-
		Non-professional	-	-

Table 2.Postmenopausal Women Based on Various Domain of Quality Of Life

N=60

Domains	Quality of life					
	Poor		Fair		Good	
	no	%	no	%	no	%
Physical domain	15	25	43	71.7	2	3.3
Psychological domain	5	8.3	50	83.4	5	8.3
Social domain	7	11.7	53	88.3	-	-
Environmental domain	5	8.3	54	90.0	1	1.7

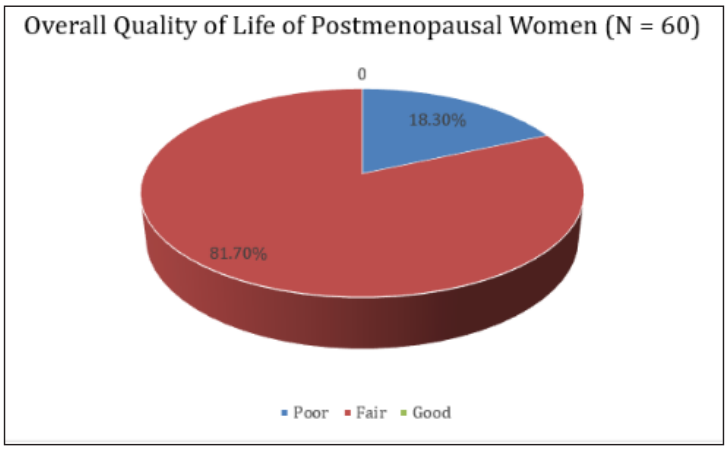

Figure 1.Distribution of women based on quality of life

Discussion

The study demonstrated that most postmenopausal women in rural Tamil Nadu experience a fair quality of life. These findings align with studies by Kaur et al. (2021)[6] and Pavana & Kavya (2023)[7], who reported similar trends among rural Indian women. Age and income were significant determinants, suggesting that older women and those with lower income levels experience more challenges during menopause.

Psychological and social domains were relatively better, likely due to familial support and cultural acceptance of menopause as a natural phase. However, limited access to health services and low health literacy remains barriers to optimal quality of life.

The development of a self-instructional module proved beneficial as it enhanced awareness and coping strategies among participants. This is supported by Ravikumar & Josephine (2022)[8] and Yazdkhasti et al. (2021)[9], who

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emphasized the role of educational interventions in improving menopausal well-being.

Nurses can serve as change agents by organizing awareness programs, promoting lifestyle modifications, and advocating for accessible health services for menopausal women.

Conclusions and Recommendations

Menopause significantly influences the physical and psychological well-being of women, especially in rural areas. The study concludes that the majority of postmenopausal women have a fair quality of life, influenced mainly by age and income. Educational initiatives such as self-instructional modules can improve awareness and coping mechanisms.

Recommendations

- Conduct comparative studies between rural and urban populations.
- Evaluate the long-term effects of self-instructional modules on menopausal adaptation.
- Implement community-based health programs focusing on menopausal education.
- Incorporate yoga and lifestyle counseling into nursing interventions for menopausal women.

Source of Findings: None

Conflict of Interest: None

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