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Research Article

### INVESTIGATING THE RELATIONSHIP BETWEEN DOMESTIC VIOLENCE AND SEVERITY OF MENOPAUSAL SYMPTOMS AND QUALITY OF LIFE IN POSTMENOPAUSAL WOMEN REFERRING TO WOMEN CLINICS OF FATEMIYEH HOSPITAL IN HAMADAN, 2016

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#### Abstract:

*Considering the fact that women's physical, emotional and psychological safety in society is considered as an important factor in the stability of family and society, this study aimed to evaluate the relationship between domestic violence and severity of menopausal symptoms and quality of life in postmenopausal women. Women of menopausal age make up the majority of women in our society. This descriptive-cross sectional study is conducted on 356 of postmenopausal women referring to Fatemiyeh who had inclusion criteria by sampling method. The questionnaires used in this study were demographic variables, the standard questionnaire on violence against women and the questionnaire of SF-36 standard of quality of life and Greene Climacteric Symptoms Scale. Data analysis was performed using descriptive statistics (mean, standard deviation and frequency distribution tables) and inferential statistics (Pearson correlation test and one way ANOVA) were performed. The results showed that the severity of menopausal symptoms is increased by increasing the four dimensions of violence (psychological, economic, physical and sexual) and the quality of life is reduced by increasing psychological and physical violence ( $P < 0.05$ ). In addition, increasing the level of education leads to increase the quality of life score and reduce the severity of menopausal symptoms in postmenopausal women. Other findings include the association of age increase with the decrease in the quality of life score of women and the increase in the severity of menopausal symptoms in postmenopausal. According to the findings of this study, there is a significant relationship between the various dimensions of domestic violence and the quality of life of postmenopausal women. As the quality of life of postmenopausal women is reduced by increasing the score of all four dimensions of violence (psychological, physical, sexual and economic). In addition, the severity of menopausal symptoms is increased by increasing psychological, physical, and sexual violence.*

**Keywords:** domestic violence, quality of life, symptoms of menopause, postmenopausal women.

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**INTRODUCTION:**

Family is the smallest social unit and yet the largest and most influential educational unit in the community. In such a way, this institution can be the source of massive individual-social changes and the growth of human values among its members. Unfortunately, today, this little social institution has been given less value than the past and every day, especially in large cities, there is an increase in familial problems and upsets of shaky and growing statistics on divorce, child abuse, domestic violence, poverty, delinquency, addiction, suicide, escape and ... which all indicate the lack of respecting the rights and privacy of family by its members [1]. Domestic violence includes abuse against the other party, in any kind of close and friendly relation, family violence and violence against the wife. Various forms of violence can be physical, verbal, emotional, psychological, sexual and economic. More than 60% of Iranian women have been victims of domestic violence at least once in their lives. Physical violence is the most common form of violence [1-3]. The rate of reported spouse's abuse in Kenya is 42%, in India 22-60%, and in Albania 40-80% [4]. Statistics of domestic violence in Iran is different. It was reported in a study that 92% of women were subjected to domestic violence and the most common type of violence against women was psychological violence (54%)[5-6]. Violence against women is not only for a young age. Spouse abuse goes beyond the young age and includes menopause ages. Nelson et al. Showed that violence against the elderly and postmenopausal occurs in many ways including physical, psychological and indifference. More than 90% of people who commit violence are family members, spouses and children of elderly people [7]. Menopause is one of the evolutionary stages of women that cause women to undergo massive changes. Reducing estrogen levels around menopause leads to occur a wide range of symptoms. The most common change is vasomotor symptoms, including flushing and night sweats. Other symptoms of menopause may include dizziness, rapid and irregular heartbeat, vaginal mucosal atrophy and bladder irritability, mood changes, sleep disturbances, headache, muscle aches, joint pain, difficulty concentrating, and memory disorders. Symptoms such as irritability, anger and depression also increase around menopause [8, 9]. Women abused by their husbands, compared to women without experience of abuse have more reported physical symptoms such as headaches of gynecological disorders such as dysmenorrhea and dyspareunia (painful intercourse), specific diseases such as irritable bowel syndrome, arthritis, and conditions leading to hospitalization. In addition to physical symptoms, psychological symptoms such as depression, anxiety, post-traumatic

stress, suicide, drug and alcohol have also been reported due to mistreatment. These consequences may occur through poor health status, undesirable quality of life and high use of health services [10]. Measuring quality of life in this case may be a good way to examine the effectiveness of interventions for mistreatment in women victims of their spouse's violence and abuse [11, 12]. Measurement of quality of life, in addition to informing health staff about the potential effects of mistreatment [13], can be useful in designing, implementing and evaluating health measures and preventing abuse, in accordance with social and cultural contexts [11, 13]. Several studies indicate that domestic violence affects the quality of life, but few studies have been done on its effect on menopausal symptoms and the quality of life in postmenopausal women and contradictory results are obtained [14-18]. Given the lack of studies on domestic violence in postmenopausal women and its impact on the severity of menopausal symptoms, this study aimed to determine the relationship between domestic violence and quality of life and severity of menopausal symptoms in postmenopausal women.

**METHODS:**

This study is a descriptive-analytic cross-sectional study. The statistical population is all postmenopausal women referring to women's clinic of Fatemiyeh hospital in Hamadan. The subjects were entered into the study by available sampling method including 356 postmenopausal women who referred to this clinic in 2016. They were evaluated after reviewing inclusion criteria. The inclusion criteria were married and postmenopausal women having a reading and writing literacy who are not afflicted with known physical and mental illnesses. The instruments used in this study were questionnaire of demographic variables, standard questionnaire of measuring violence against women, SF-36 standard questionnaire of quality of life and Green scale questionnaire. After expressing the issue in the ethics committee and acquiring a license from Hamadan University of Medical Sciences, the researcher referred to the research environment for data collection. After introducing himself, expressing the research objectives, obtaining informed written consent from the samples and reviewing the inclusion criteria, the data were completed through a structured interview face to face based on the questionnaire. Data were analyzed using SPSS version 18 and descriptive statistic indexes (mean and standard deviation) and inferential statistics. Inferential statistics (Pearson correlation test, one way ANOVA) were used [19-21], to assess the relationship between quantitative and qualitative variables and quality of life in menopause.

**FINDINGS:**

This study was conducted on 365 postmenopausal women who had referred to the women clinic of Fatemiyeh hospital. Finally, considering the incomplete information of nine participants, 356 people were analyzed. Most of participants had diploma grade and were housewives (Table 1). After checking the assumption of normality of the scores of violence, quality of life and menopause symptoms and ensuring its establishment, the Pearson correlation coefficient was used to examine the relationship between different dimensions of violence and quality of life and menopause symptoms. According to the results of this test, the quality of life of postmenopausal women is decreased by increasing the score for all four dimensions of violence (psychological, physical,

sexual, and economic)( Table 2). The severity of menopausal symptoms is increased by increasing psychological, sexual and physical violence. The one-way analysis of variance was used to investigate the relationship between education level and quality of life and severity of menopausal symptoms. The mean score of menopausal symptoms was statistically significant in different levels of education but it was not the same for the quality of life (Table 3). The Pearson correlation coefficient test was used to determine the relationship between the age and quality of life score and the severity of menopausal symptoms in postmenopausal women. According to the results of this test, increasing the age leads to decrease the quality of life of women and increase the severity of postmenopausal symptoms.

**Table 1: Demographic characteristics of postmenopausal women participating in the study**

Variable	Variable	Number	Percentage
The woman's education	Illiterate	8	2.2
	Elementary	35	9.8
	Finished guidance school	76	21.3
	Diploma	154	43.3
	Associate degree	26	7.3
	Bachelor	51	14.3
	Higher than bachelor's degree	6	1.7
The woman's job	Housewife	307	86.2
	Government employee	24	6.7
	NGO employee	25	7
Smoking	Yes	49	13.8
	No	307	86.2
Addiction	Yes	2	0.6
	No	354	99.4
The spouse's education	Illiterate	24	6.7
	Elementary	50	14.0
	Finished guidance school	97	27.2
	Diploma	114	32.0
	Associate degree	8	2.2
	Bachelor	52	14.6
The spouse's job	Higher than bachelor's degree	11	3.1
	Farmer	1	0.3
	Government employee	69	19.4
	NGO employee	16	4.5
	Worker	35	9.8
	Free	201	56.5
Number of children	Unemployed	34	9.6
	None	84	23.6
	One	124	34.8
	Two	99	27.8
	Three	24	6.7
	Four	17	4.8
	Five	6	1.7
Six or more	2	0.6	

**Table 2: Relationship between domestic violence and quality of life and the severity of menopausal symptoms in postmenopausal women participating in the study**

Variable	Quality of life		Menopausal symptoms	
	Correlation Coefficient	Significant Level	Correlation Coefficient	Significant Level
Psychological violence	-0.18	0.001	0.07	0.01
Physical violence	-0.14	0.014	0.81	0.001
Sexual violence	-0.03	0.001	0.04	0.014
Economic Violence	-0.08	0.011	0.10	0.08

**Table 3: Relationship between education level and quality of life and menopausal symptoms- one way ANOVA**

Variable		Number	Mean	Standard Deviation	P-value
Quality of life	Illiterate	8	5.30	0.94	F(6.343)=1.78 P value = 10
	Elementary	34	9.83	4.62	
	Finished guidance school	75	9.09	3.87	
	Diploma	151	8.93	3.57	
	Associate degree	26	8.98	3.27	
	Bachelor	50	8.63	3.12	
	Higher than bachelor	6	8.25	3.90	
Total		356	8.92	3.67	
Severity of menopausal symptoms		Number	Mean	Standard Deviation	F(6.344)=2.2 P value = 0.04
	Illiterate	8	49.12	4.64	
	Elementary	34	53.23	3.83	
	Finished guidance school	75	52.62	3.98	
	Diploma	151	52.84	2.89	
	Associate degree	26	52.15	3.96	
	Bachelor	51	53.00	3.12	
Higher than bachelor	6	51.00	2.19		
Total		356	52.70	3.38	

**DISCUSSION:**

The aim of this study was to determine the relationship between domestic violence and the severity of menopausal symptoms and quality of life in postmenopausal women referred to women clinic of Fatemiyeh Hospital in Hamadan. In the present study, there was a significant statistical relationship between the dimensions of domestic violence and the quality of life of postmenopausal women, as the quality of life in postmenopausal women is decreased by increasing the scores for all four dimensions of violence (psychological, physical, sexual and economic). This finding is consistent with the study of Gharacheh *et al.* (2010) who reported the overall quality of life of women, who had experienced their spouse's mistreatment, in a low status compared to similar women without their husband's abuse [22]. Diop-Sidibe *et al* (2005) in their study noted that

mistreatment of the spouse leads to reduce the participation and the rate of women's productivity in social and economic activities and reduce their quality of life [23]. Other findings of this study include the psychological, sexual and physical dimensions of domestic violence with the severity of menopausal symptoms. In this study, it was seen that the severity of menopausal symptoms is increased by increasing psychological, sexual and physical violence. The findings of the present study is consistent with a number of studies indicating an increased risk of medical and psycho-social problems such as gynecological disorders [24], mental diseases [25, 26] in women with a history of domestic violence. For example, in a study by Stöckl *et al.* (2013) it was reported that all aspects of violence in older women have a significant relationship with women's health symptoms, such as gastrointestinal problems,

psychological symptoms, and pelvic problems [27]. In addition, in a study by Bonomi *et al.* (2007), it was seen that the postmenopausal women with a history of domestic violence have a variety of medical and social-psychological problems compared to non-violent women. These problems included physical, psychological - social, depression, anxiety, cervical pain problems and fertility problems. The mistreated women had a three-fold increase of sexually transmitted diseases and urinary tract infections [28]. Vegunta *et al.* (2016) in a study reported that the general severity of menopausal symptoms and the severity of any menopausal symptom, except for vasomotor were higher in postmenopausal women who were mistreated during the last year compared to those who were not under violent [29]. In the present study, the findings indicated that increasing the level of education would increase the quality of life score and reduce the severity of menopausal symptoms in postmenopausal women. This means that the percentage of desirable quality of life was more in women with higher education degrees. It is consistent with the studies of Monshipour [30], Abedzadeh *et al.*, [31], Elsabagh *et al.* [32] and Sharif Nia *et al.* [33]. However, it is inconsistent with the study of Khaledian *et al.* [34]. The impact of education can be in relation with increasing awareness of women with higher education and more demand for medical advice, receiving and following programs and health services compared to people with low education. It also leads to better deal with complications of menopause and easier tolerance of its complications in these people and improve their quality of life. On the other hand, an increase in the level of education leads to reduce the severity of menopausal symptoms in postmenopausal women. This finding is consistent with the study of Makvandi [35] who reported that the overall score of MRS (Menopausal Rating Scale) was lower in women with higher education that represents their less complaint about menopausal symptoms [35]. Other studies have also reported that multiple factors may affect the number and severity of menopausal symptoms including smoking, caffeine intake and low levels of education [36, 37]. This could be due to increased awareness of women with higher education than those with low education, which makes them deal with the complications of menopause better and bear it easier [38]. The findings of this study indicate that increase of age will reduce the quality of life score in women and will increase the severity of menopausal symptoms in postmenopausal women. As the results suggest, the quality of life has been better in younger menopausal women, which is consistent with the studies of Monshipour [30], Chedraui [39], Fallah Zadeh Dar Yazd [33] and Sharif Nia [33]. However, it is inconsistent with the study of Ekstrom in Sweden

[40]; as in their study, the percentage of desired quality of life is increased by increasing the age. According to the researcher, the contradiction between the findings of this study and the results of the Ekstrom study could be due to different social supports and welfare status that different societies provide to middle-aged people. There was no significant difference in the relationship between employment status and severity of menopausal symptoms and quality of life in postmenopausal women. This finding is consistent with the study of Shobeiri [41] but contradicts with the study of Monshipour [30] and Blumel *et al.*, [42]. It seems that having organizational and administrative responsibilities increase confidence in postmenopausal women and improve their quality of life [43]. Given the contradictory results in this regard, further studies are required.

### CONCLUSION:

According to the findings of this study, there is a significant relationship between the various dimensions of domestic violence and the quality of life of postmenopausal women, so that by increasing the score for all four dimensions of violence (psychological, physical, sexual and economic), the quality of life of postmenopausal women is reduced. In addition, the severity of menopausal symptoms is increased by increasing psychological, sexual and physical violence. Other variables that affect the quality of life and the severity of menopausal symptoms are the level of education and age. Findings are contradictory regarding the impact of employment on the quality of life and severity of menopausal symptoms and need more studies in this field.

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