Knowledge and Experience of Menopause - A Rural Based Study in Aligarh

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ABSTRACT: The menopause is a transitional phase in women’s life. The level of oestrogen is decreased, because of which a variety of symptoms such as hot flushes, mucosal dryness, excessive sweating, emotional fluctuations, psychoses, decreased strength and calcification of bones occurs. Attitudes, perception and expectations are part of the psychosocial phenomenon surrounding menopause. Natural menopause is diagnosed after 12 months of amenorrhoea not associated with a pathological cause. Menopause is a gradual process that lasts for about 2 years, called climacteric. It is normal and should not be taken as a disease or syndrome. The aim of this study was to find out the knowledge and experience of menopausal symptoms among women who had attained menopause.

Material and Methods: A cross-sectional study was conducted during Jan-Feb in 2010 in the rural areas of Jawan, Aligarh. The study population comprised of women (40-60 years) who had attained menopause. The women with a history of surgical menopause (i.e. history of surgical removal of both the ovaries with or without hysterectomy) were excluded from the study. A total of 100 females were taken. Informed consent was taken from each participant. Questionnaires were prepared for the study. Data was collected and analysed using SPSS software.

Results: Most of the females under study reported complaint of backache, followed by complaint of body ache. This was followed by history of hot flushes and night sweats in most of them. About half of females gave complaint of insomnia and loss of memory. Most of females under study knew that menopause is a natural process. 53% of females were happy about menstrual cessation but 47% were worried about it. Only 2% of females under study had heard about HRT. Before attaining menopause, 73% of females under study were aware about the age of menopause and 25% were aware about few menopausal symptoms. Conclusion: Knowledge, attitude and menopausal symptoms in studied population were not very different from other studies reported within the country and abroad. Medical care providers should be encouraged to educate women about menopause, its symptoms, consequences and treatment options. There should be menopause clinics in the health centres.

Key Words: menopause, symptoms, knowledge, rural areas

INTRODUCTION

The menopause is a transitional phase in women’s life. It occurs between the ages of 45 and 52 years(1). The level of oestrogen is decreased, because of which a variety of symptoms such as hot flushes, mucosal dryness, excessive sweating, emotional fluctuations, psychoses, decreased strength and calcification of bones occurs(2). During this period, a woman can contribute to the happiness of the family, friends and society in many ways(3). The focus is on menopausal women due to increase life expectancy and their population(4, 5). Women’s awareness regarding menopause is based on different factors like age, no. of births, social, economic, cultural, educational status and geographical factors(6). Attitudes, perception and expectations are part of the psychosocial phenomenon surrounding menopause(7). Natural menopause is diagnosed after 12 months of amenorrhoea not associated with a pathological cause(8). Menopause can be induced by surgery, chemotherapy or radiation. Menopause is a gradual process that lasts for about 2 years, called climacteric. It is normal and should not be taken as a disease or syndrome(9). This gives the body a break from the difficulty of bearing and raising children(10). According to a study 15.8% postmenopausal women have adequate knowledge about the effects and symptoms related to menopause(11).

The aim of this study was to find out the knowledge and experience of menopausal symptoms among women who had attained menopause.

Material and Methods

A cross-sectional study was conducted during Jan-Feb in 2010 in the rural areas of Jawan, Aligarh. The study population comprised of women (40-60 years) who had attained menopause (women who had experienced amenorrhoea for 12 or more consecutive months were considered to be in natural menopause). The women with a history of surgical menopause (i.e. history of surgical removal of both the ovaries with or without hysterectomy) were excluded from the study. A total of 100 females were taken. Informed consent was taken from each participant. Questionnaires were prepared for the study. Data was collected and analysed using SPSS software.
### RESULTS

**Table-1 Experience of Menopausal Symptoms (N=100)**

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. BODYACHE</td>
<td>80</td>
</tr>
<tr>
<td>2. BACKACHE</td>
<td>87</td>
</tr>
<tr>
<td>3. HOT FLUSHES</td>
<td>77</td>
</tr>
<tr>
<td>4. NIGHT SWEATS</td>
<td>70</td>
</tr>
<tr>
<td>5. INSOMNIA</td>
<td>55</td>
</tr>
<tr>
<td>6. MOOD CHANGES</td>
<td>40</td>
</tr>
<tr>
<td>7. DEPRESSED MOOD</td>
<td>63</td>
</tr>
<tr>
<td>8. DYSpareunia</td>
<td>42</td>
</tr>
<tr>
<td>9. VAGINAL DRYNESS</td>
<td>38</td>
</tr>
<tr>
<td>10. URINARY SYMPTOMS</td>
<td>27</td>
</tr>
<tr>
<td>11. WEIGHT GAIN</td>
<td>36</td>
</tr>
<tr>
<td>12. LOSS OF MEMORY</td>
<td>51</td>
</tr>
<tr>
<td>13. HEADACHE</td>
<td>29</td>
</tr>
</tbody>
</table>

**Table-2 Knowledge and Attitude towards Menopause (N=100)**

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.IS MENOPAUSE A NATURAL PROCESS</td>
<td>91</td>
</tr>
<tr>
<td>2.IS MENOPAUSE A DISEASE</td>
<td>9</td>
</tr>
<tr>
<td>3.HAPPY ABOUT MENSTRUAL CESSATION</td>
<td>53</td>
</tr>
<tr>
<td>4.WORRIED ABOUT MENSTRUAL CESSATION</td>
<td>47</td>
</tr>
<tr>
<td>5.KNOWLEDGE ABOUT HRT</td>
<td>2</td>
</tr>
<tr>
<td>6.PREVIOUS KNOWLEDGE OF AGE OF MENOPAUSE</td>
<td>73</td>
</tr>
<tr>
<td>7.PREVIOUS KNOWLEDGE OF MENOPAUSAL SYMPTOMS</td>
<td>23</td>
</tr>
</tbody>
</table>
As shown in table-1, 87% of females under study reported complaint of backache, followed by 80% reporting complaint of body ache. This was followed by history of hot flushes and night sweats by 77% and 70% of females respectively. Depressed mood was found in 63% of females under study, 55% of females gave complaint of insomnia and 51% of females gave complaint of loss of memory. Dyspareunia was reported by 42% of females under study, vaginal dryness by 38% of females and weight gain by 36% of females. Headache and urinary symptoms were reported by 29% and 27% of females respectively.

As shown in table-2, 91% of females under study knew that menopause is a natural process. However, 9% thought menopause to be a disease. 53% of females were happy about menstrual cessation but 47% were worried about it. Only 2% of females under study had heard about HRT. Before attaining menopause, 73% of females under study were aware about the age of menopause and 23% were aware about few menopausal symptoms.

**DISCUSSION**

In our study, 87% of females reported complaint of backache, followed by 80% reporting complaint of body ache. This was followed by history of hot flushes and night sweats by 77% and 70% of females respectively. Depressed mood was found in 63% of females under study, 55% of females gave complaint of insomnia and 51% of females gave complaint of loss of memory. Dyspareunia was reported by 42% of females under study, vaginal dryness by 38% of females and weight gain by 36% of females. Headache and urinary symptoms were reported by 29% and 27% of females respectively.

A Study reported (12) most prevalent complaint to be joint pain in the menopausal females, i.e. in 65%. Hot flushes and night sweats were observed in 56% of females, followed by irritability in 43% and depression in 42% of females. Bladder problem was observed in 39% and vaginal dryness in 32% of females.

In studies by Sarkar et al (13), prevalence of hot flushes was found to be more where as studies done by Bansal et al (14), Yahya and Rehan (15) reported prevalence of hot flushes and night sweats to be 47.3% and 32% respectively.

Another study (16) reported maximum complaints of backache and bodyache (82.77% and 65.25% respectively). It was similar to our study. This was followed by insomnia in 45.27% of females. Hot flushes and night sweats were found in 36.84% and 32.39% of females under study. This figure was very low as compared to our study.

Another study (17) reported tiredness to be the most common complaint, followed by hot flushes and night sweats. Some other studies (18, 19, 20, 21, 22, 23, 24, 25, 26) showed variable results.

Flint (24) found that Rajput women in India had very few problems during menopause. In our study, 91% of females under study knew that menopause is a natural process. However, 9% thought menopause to be a disease. 53% of females were happy about menstrual cessation but 47% were worried about it. Only 2% of females under study had heard about HRT (hormone replacement therapy). Before attaining menopause, 73% of females under study were aware about the age of menopause and 23% were aware about few menopausal symptoms.

Nusrat N et al (11) reported awareness about menopause in 78.79% of females under study and only 15.87% had knowledge about symptoms and health implications of menopause. Most of these women were uneducated and belonged to low socio-economic group. While a study of 100 women conducted in Karachi (26), Pakistan, it was reported that 93% among 79 uneducated and 57% among 21 educated women were aware of menopause and its implications. Another study (27) in Pakistan reported similar results that 74.3% respondents had heard and knew about menopause, 55.7% were aware of symptomatology while only 10% knew about the sequel of menopause.

A study in South India showed that 57% of women perceive menopause as convenient (28).

Nusrat N et al (11) also reported that 78.79% of women perceived menopause as a natural process and 83.42% were happy due to cessation of menses.

Rehana et al (29) reported positive attitude in 72.4% of women towards menopause because of freedom from cyclic bleeding and uninterrupted prayers. She also reported that 93% of women considered menopause as a natural process and not as a disease. The results were similar in other studies also (27, 30, 31).

Monika S (12) reported that more than 60% of respondents considered menopause to be harmful because of the physical and psychological impact on health. Whereas it was welcomed by 39% of women because of getting freedom from menstruation. Kaur (32) found a high proportion (94%) of rural women happily accepted menopause.

Another study (17) reported that 53% of women perceived menopause in a negative way and 85.8% of women perceived menopause as a natural condition. This was similar to other study (33).

Ozumba et al (34) reported that 75% of respondents perceived menopause in a negative way.

In a study (35) in Karachi, few women had knowledge about menopausal symptoms (11% - 46%), consequences (20%) and treatment (11%). Only 2% had heard about HRT, like in our study. Regarding attitude, 78.5% perceived menopause as a natural, 16% positive and only 21% considered it negative.
CONCLUSION

Knowledge and attitude and menopausal symptoms in studied population were not very different from other studies reported within the country and abroad. Medical care providers should be encouraged to educate women about menopause, its symptoms, consequences and treatment options. There should be menopause clinics in the health centres. Management of menopause with the HRT is not always justifiable in poor developing countries. So the quality of women should be improved through behavioural change communication (BCC).

REFERENCES