

Women's Perception Towards Menopause

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ABSTRACT

Objective To determine knowledge and attitude towards menopause among women aged 40 – 60 year presenting with gynecological complaints.

Study design Descriptive cross sectional survey.

Place & Duration of study Obstetrics & Gynaecology Unit III, Civil Hospital Karachi from February 2009 to January 2010.

Methodology Two-hundred premenopausal and postmenopausal women of 40 – 60 year of age were recruited in the study. They were interviewed after informed consent to obtain information about knowledge and attitude towards menopause. Data entered and analyzed by SPSS version 10. Descriptive statistics like frequencies, percentage proportions were calculated to present all categorical variables.

Results The mean age of the participants was 46.8 year, 54.5% were premenopausal and 45.5% postmenopausal, out of them 10% had surgical menopause. 99% were married and 98.5% multiparous and grand multiparous. Only 22% were educated. 94% had heard about menopause, only 30% knew about symptoms, consequences (22%) and treatment of menopause (11%) especially hormone replacement therapy (HRT - 2%). Ageing and natural transition were considered the common reasons of menopause. Only 21.5% had negative attitude towards menopause due to reason of somatic problems, loss of fertility and femininity. 58.5% considered treatment for menopause unnecessary.

Conclusion Majority of women knew about menopause but lacked knowledge because of limited source of information, education and cultural taboos.

Key words Menopause, Knowledge, Attitude, Perception, Gynecological complaints.

INTRODUCTION:

Menopause is a natural transition in a women's life resulting in permanent cessation of menstrual cycle due to ovarian follicular exhaustion. Natural menopause occurs between 35-60 years average being 50 year.¹ Average age is 47.4 year in Pakistan.² Pathological menopause is sudden and occurs after removal or irradiation of both ovaries and uterus.¹

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.³ This gives the body a break from the difficulty of bearing and raising children.⁴

No two women experience the menopause in the same way or at the same time. Changing hormonal levels account for hot flushes, a symptom that about half of menopausal women experience. Hot flushes and night sweats are thought to be caused by a complex interaction that involves fluctuating hormones level, the hypothalamus region of brain that regulates body temperature, brain chemicals and receptors, and body's blood vessels and sweat glands.⁵

The type and prevalence of symptoms that a women exhibits during perimenopause and postmenopause period are often multi-dimensional due to social,

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cultural, physiological and psychological background.

Hot flushes is the most common symptom reported from Western city dwellers, but they are uncommon in Japan.⁶ Objective of this study was to provide insight into women's knowledge towards menopause as well as their concern and attitude towards this stage of life.

METHODOLOGY:

This study was conducted in outpatient Department of Obstetrics and Gynaecology Unit III, Civil Hospital Karachi from February 2009 to January 2010. Two-hundred women were included through convenience sampling. This was a descriptive cross sectional survey that included premenopausal and postmenopausal women of 40-60 year of age. Women who had surgically induced menopause were also included.

A semi structured questionnaire was used with open and closed ended questions based on questions in instrument used in previous studies. Questionnaire was specially designed to collect information regarding sociodemographic characteristics, knowledge and attitude of women towards menopause. Finally respondents were asked for their opinion about menopause and need of treatment and health education to determine their attitude towards menopause.

Data were entered and analyzed using computer software SPSS version 10. Descriptive statistics like frequencies, percentage, proportions were calculated to present all categorical variables like characteristics, presenting complaints, knowledge and attitude of subjects.

RESULTS:

Demographic characteristics of study population were as follow. The mean age of study population was 46.8 year. Out of the total 163 were housewives. There were both perimenopausal (n=109, 54.5%) and postmenopausal (n=91, 45.5%) women in the study. Twenty (10%) women had surgical menopause. Majority of them were illiterate (n=87, 43.5%) and 69 (34.5%) were able to read Holy Quran while 15% were matriculate and beyond 99% were married and 98.5% multiparous and grand multiparous.

The knowledge about menopause according to demographic variables is given in table I. Majority (n=188, 94%) have heard about menopause regardless of their level of education, occupation and parity. Opinion that menopause occur in which decade of life is given in table II. Regarding knowledge about reasons of menopause 90 (45%) women had no idea. The suggested reasons were ageing (n=42, 21%) and natural transition (n=37, 18.5%). Most of the women did not know about symptoms of menopause. Most of them did not known about health hazards. Table III also shows knowledge regarding treatment. Perception of women is given in table III according to which 117 women do not want to be treated and 154 expressed desire to receive education.

DISCUSSION:

Perception and experience of menopause is not universal and wide variation exists in women from different ethnic origin living in different countries.⁶ The study aimed to determine knowledge and attitude towards menopause among middle aged women. Study highlighted that women thought of menopause not as a syndrome. Almost all women had heard

Table I: Distribution of Knowledge About Menopause Among Study Subjects According To Demographic Variables.

		Knowledge about Menopause		
		Yes (n=188)	No (n=18)	Total (n=200)
Marital Status	Married still	171	10	181
	Unmarried	02	00	02
	Widow or Divorced	15	02	17
Parity	Nulliparous	05	01	06
	Multiparous =5	68	03	71
	Grand multipara >5<10	95	06	101
	Great grand multipara = 10	20	02	22

Table II: Knowledge about Menopause

A	Age of menopause (year)	N=200	Percentage 100%
	60	12	06
	50	74	37
	40	72	36
	30	01	0.5
	Do not know	42	21.5
B	Various menopausal symptoms		
	Menstrual irregularities	93	46.5
	Vasomotor symptoms	54	27
	Psychological symptoms	46	23
	Urogenital symptoms	31	15.5
	Skin changes	22	11
	Other e.g. backache, breast tenderness, joint pain	59	29.5
C	Consequences of menopause		
	Osteoporosis	10	5
	Risk of cardiovascular disease	01	0.5
	Cancers	02	1
	Dementia	00	0
	Weight gain	03	0.5
	Dim vision	18	9
	Multiple response	31	15.5
	No knowledge about consequences of menopause	135	67.5
D	Treatment of menopause		
	HRT	04	2
	Herbal remedies	06	6
	Life style modification	04	2
	Calcium rich diet	04	2
	Dilatation & Curettage	04	2
	Do not know about treatment	178	89

had heard about menopause. In this study 18.5% were working women and all of them knew about menopause as compared to housewives who had neutral attitude. Knowledge and education have direct relationship to the understanding of this condition. Regarding knowledge 94% of our women had heard about menopause. This figure was higher than is found in earlier local studies.⁸⁻¹¹

In this study few women had knowledge about menopausal symptoms (11% - 46%), consequences

(20%) and treatment (11%). Only 2% had heard about HRT. This correlated with local studies. Regarding attitude 78.5% perceived menopause as a natural / neutral, 16% positive and only 21% considered it negative. Attitude of educated women was also not different from uneducated women as reported in other study.¹² It was concluded that level of education influences a more positive perception of menopause.

Most of the participants reported positive attitude

Table III: Attitude of Study Subjects Towards Menopause

Attitude	Response	Number N=200	Percent 100%
Opinion about menopause	Positive	32	16
	Negative	43	21.5
	Neutral	100	50
	Don't know	25	12.5
Feels need of treatment	Yes	83	41.5
	No	88	44
	If premature	7	3.5
	Don't know	22	11

about menopause, more than 90% believed it as a normal phase of life and more than 40% stated as a good experience. Women in eastern Muslim countries perceive menopause as natural period as it provides relief from repeated pregnancies.¹² A study from India showed similar results that 57% perceived menopause as convenience.¹³

According to Asia Pacific Menopause Federation consensus statement in management of menopause in April 2008,¹⁴ vasomotor symptoms are less frequent and intense in this region, somatic symptoms appear to be more predominant in caucasian population and major difference in experience and response to menopause may found in rural / urban region at different education level and life style.^{15, 16} Chinese suffer less with menopause because they accept it as natural phenomenon.¹⁷

The fact that women in developing countries face menopause better than western women is found in many studies.¹⁷ Finally 77% of our women considered need of health education and 41.5% liked to be treated if treatment as suggested by their physician. Despite long history of medicalization of menopause in the west majority of women in eastern countries view menopause as natural process and hold a positive attitude.¹²

CONCLUSIONS:

Majority of women though knew about menopause but lacked knowledge because of being uneducated and limited sources of information. They considered it as a part of ageing and natural phenomenon. Wide range of perceptions and experiences during menopausal phase of life indicates its multi factorial origin that needs further research.

REFERENCES:

1. Global Muslim Women. [Internet] Menopause available from URL Global Muslim women. Com/ menopause.
2. Noorani KJ, Siddiqui N, Farzana. Age of natural menopause in Pakistani women. J Coll Physicians Surg Pak. 1998;8:227-9.
3. Syed IB. Menopause. Islamic research Foundation International. 2012;13:6.
4. Southin TE. Islamic women and menopause. Menopause. [Internet] 2012.
5. Vanda. Premenopause vs menopause: What is the difference? Discovery Health. 2012
6. Borland S. Loosing 10lbs 'can reduce menopause symptoms' including hot flushes and night sweats. Mail on line 2012.
7. Donati S, Cotichini R, Mosconi P, Satolli R, Colombo C, Liberati A, et al. Menopause: knowledge, attitude and practice among Italian women. 2009;.
8. Jamelle RN. Awareness of menopause and pattern of menopausal symptoms in HRT clinic. Pakistan J Obstet Gynaecol. 1996;92:16-8.
9. Mazhar SB, Erum GE. Knowledge and attitude of elder women towards menopause. J Coll Physicians Surg Pak. 2003;13:621-4.
10. Nusrat N, Nishat Z, Afreen G, Aftab M, Asia N. Knowledge attitude and experience of Menopause. J Ayub Medic Coll 2008;20: 56-9.

11. Malik HS. Knowledge and attitude towards menopause and hormone replacement therapy (HRT) among postmenopausal women. *J Pak Med Assoc.* 2008;58:164-7.
12. Biri A, Bakar C, Maral I. Women with and without menopause over age of 40 in Turkey: consequences and treatment options. *Maturitas.* 2005;50:167-76.
13. Aaross R, Muliya J, Abreham S. Medicosocial dimensions of menopause: a cross national study from rural south India. *Nalt Medic J India.* 2002;15:14-7.
14. Asia Pacific Menopause Federation. Asia-Pacific Menopause Federation consensus statement on the management of menopause April 2008.
15. Guidelines for hormone replacement therapy of Asian women during menopausal transition and thereafter. *Climacteric.* 2006;9:146-51.
16. IMS Updated recommendations on postmenopausal hormonal therapy. *Climacteric.* 2007;10:181-1.
17. ASOT. Demography of menopause and pattern of climacteric symptoms in the East Asian Region. First consensus meeting on menopause in menopause in East Asian Region. [Online] 2003, [cited Oct 2004].