ORIGINAL ARTICLE

KNOWLEDGE AND ATTITUDE TOWARDS MENOPAUSE IN MIDDLE AGED PAKISTANI WOMEN

Rehana Yasmeen¹, **Rubina Hussain¹**, **Shama Chaudhry¹**, **Aliya Waheed¹** ¹Department of Obstetrics and Gynaecology, Dr. Ziauddin Hospitals, Karachi, Pakistan.

ABSTRACT

Background: Menopause lead to changes in women's physiological functioning. It has significant physical, mental, social and psychological impact on women's life. The purpose of this study was to investigate the knowledge and attitude of middle age women toward the menopause.

Methods: A cross sectional study based on sample of convenience was conducted at the outpatient department of Ziauddin Hospital, Karachi from 1st July 2014 to 31st January 2015. The study participants were 250 menopausal women between the ages of 45-60 years. Data was collected by means of a question-naire, which consists of three parts containing questions about demographic information, knowledge and attitude.

Results: The mean age of women in the current study was 51.9 +/- 4.2years (range 45 - 60 years). The mean age at menopause was 45.9 +/- 3.8years. As far as the knowledge about menopause is concerned 4.8% (12women) had weak, 71.2% (178women) had moderate and 24% (60women) had good knowledge about menopause phenomenon. Majority of respondents had positive (72.4%) attitude towards menopause and 27.6% had negative attitude towards menopause.

Conclusion: Majority of women in the current study had moderate knowledge about menopause. Women's attitude towards menopause in majority of women was positive and they perceived menopause as a natural event and not a disease. The study reflects that the respondents widely varied in their ideas about the mean age of menopause as well as about the impact of menopause on their routine life.

KEY WORDS: Menopause, knowledge, attitude, Pakistan.

INTRODUCTION

Menopause is a physiological and biological phenomenon marking the end of women's reproductive life due to ovarian failure. Natural menopause occurs between the ages of 45–55 years.¹ Women are greater in population , their life expectancy and average age is more than men, but they face specific problems resulting from the natural and physiological conditions related to menopause transition which make them feel disabled and imperfect .lt is an important natural process occurring in women's life and marked by cessation of menstruation and end of fertility .² The average age at menopause in Pakistan is estimated to be 49.3 years, while female life expectancy is 67 year ^{3.4}. The definition of menopause according to World Health Organization (WHO) is the permanent cessation of menstruation as a result of loss of ovarian activity. Menopausal period play an important role in the reproductive life of a woman and gives rise to many physical and mental changes. Life expectancy is increasing, age at menopause remains relatively unchanged, and so women are spending more of their lives in the postmenopausal period^{4, 5}. The prevalence of menopausal symptoms is 80%, it means that more than 80% of older women experience physical or psychological symptoms in the years approaching menopause, which affect their quality of life due various changes and disturbances⁶.

The hormones estrogen and progesterone, integral to reproductive aging are no longer produced

Corresponding Author: Dr Rehana Yasmeen*

during menopause^{7, 8}. The decline and eventual cessation of estrogen production specifically, is attributed to cause a variety of symptoms during menopause, affecting each woman differently. These include hot flashes, night sweats, breast tenderness, vaginal dryness, irregular menses, mood changes, vaginal atrophy, osteoporosis, heart disease, and sometimes premature ovarian failure⁹. Majority menopausal women feel happy and healthy and do not seek medical advice from healthcare providers (with the exception of women having surgical menopause). In Pakistan, Muslim women welcome menopause transition because of the added advantage of uninterrupted prayers and fasting in addition to fertility cessation¹⁰.

Menopause lead to changes in women's physiological functioning and women who are unable to understand the changes that are taking place during menopause, become more anxious and disturbed. Thus familiarity with these changes and understanding their reasons is essential in the life of all women, and helps them enter this stage of their life with adequate knowledge and a positive attitude¹¹.

According to a local study 15.8% postmenopausal women have adequate knowledge about the effects and symptoms related to menopause¹². Knowledge is power and women with proper information and training about menopause transition are expected to have better quality of life and management of their problems¹³. Knowledge is a basic condition for the use of health services and attitude is an effective organizing principle in performing an action and can start health behaviour due to the effect it has on the person¹⁴. Past studies on menopause have emphasised on menopausal symptoms, their prevalence and impact on auality of life but little work has been done on knowledge and attitude of older women towards menopause in Pakistan. The study aimed for the identification of knowledge and attitude towards menopause in elderly women in our population and to help in the development of health educational programs to promote women's health during menopausal years.

METHODS

A cross-sectional study based on non-probability convenient sampling was conducted at the outpatient department of Ziauddin University Hospital, Karachi Pakistan. The duration of Study was from 1st July 2014 to 31st January 2015.

A total of 250 women of ages 45-60 years attending the outpatient department were interviewed after taking written consent. The interviews were carried out by using a questionnaire. There were three parts of the questionnaire, the first part contain socio demographic information, the second part contains knowledge questions and the third part was about women's attitude towards menopause. Data analysis was done by using computer software SPSS (Statistical program for social sciences) version 20.

RESULTS

The mean age of respondents in the current study was 51.9 +/- 4.2years (range 45 - 60 years). The mean age at menopause was 45.9 +/- 3.8years. Majority of respondents belonged to middle socioeconomic class (86.4%) and 106 (42.2%) had received formal education (graduation and masters). Sixty two (24.8%) completed their education till matriculation. Among the study participants 67.2% were house wives and 32.8% were working women. Majority of the women (87.6%) were married and had children. Parity ranged from 0-11, only nine women were nulliparous. Ninety three percent (93%) of women had heard about menopause and 57% were aware of the symptoms. Only few knew the long term complications of menopause. Out of 250 women 233 (93.2%) did not consider menopause to be a medical condition or disease but a natural phenomenon. As far as the knowledge about menopause is concerned 4.8% (12women) had weak, 71.2% (178women) had moderate and 24%(60women) had good knowledge about menopause phenomenon. Majority of respondents had positive (72.4%) attitude towards menopause and 27.6% had negative attitude towards menopause. Sixty four percent (64.4%) respondents were sexually active but reported decrease frequency. Decrease libido was reported by 35 participants.

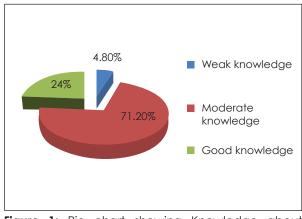


Figure 1: Pie chart showing Knowledge about menopause.

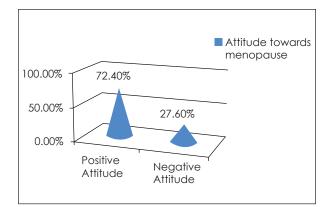


Figure 2: Percentage of positive and negative attitudes towards menopause

DISCUSSION

Menopause is the time of dramatic hormonal and psychosocial changes in women's life¹⁵. More women are exposed to the potential long term effects of menopause due to increasing female life expectancy. The social, cultural and economic settings greatly influence the attitudes of women to menopause and may also affect the perception towards its symptoms¹⁶. Menopausal symptoms are experienced by women in all countries of the world but their prevalence varies in different societies. Hot flushes and night sweating is the commonest climacteric symptom experienced in Caucasian population¹⁷. In the current study majority (93%) of women had heard about menopause .This is comparable to other studies,^{16,10} and (29.7%) had knowledge about symptoms but few knew about long-term health hazards like osteoporosis and cardiac problems. In different ethnic groups attitudes of women towards menopause differed, with African women being the most positive, while Chinese and Japanese American women showed the least positive attitude¹⁹, In our study majority of women expressed positive (72.4%) attitude towards menopause because of freedom from cyclic bleeding and due to the benefit of uninterrupted prayers. These finding are consistent with past studies^{10, 18, 19}. In contrast to these studies Hispanic women used to regret on cessation of menstruation²⁰. In the present study, majority of the participants (93%) considered menopause a natural aging process and do not perceive it as a disease. It was also observed in other studies^{21, 22}. The less educated, older and poor socioeconomic class lack the knowledge about menopause. This finding is consistent with results of other studies^{23,24}.

CONCLUSION

Majority of women in the current study had moderate knowledge about menopause. Women's attitude towards menopause in majority of women was positive and they perceived menopause a natural event and not a disease. The study reflects that the respondents widely varied in their ideas about the mean age of menopause as well as about the impact of menopause on their routine life. It is the need of time that elderly women should be educated to improve their knowledge and to remove myths and stigmas about menopause. The older women should also be educated through awareness programmes and menopause clinics should be set so that they are able to cope with the increased health risks and long term complications of menopause by adopting a healthy life style.

REFERENCES

1. Lund KJ. Menopause and the menopausal transition. Med Clin North Am 2008; 92 (5):1253–71.

2. Khalil P, Motahhareh A, Mohammad A, Mohammad EM. Tehran: Pooneh Publications; Clinical guide and executive health program team to provide menopausal services to women 60-45 years. 2008; pp. 89-91.

3. Nisar N, Ahmed SN. Severity of menopausal symptoms and the quality of life at different status of menopause: A community based survey from rural Sindh, Pakistan. Int J Collab Res Intern Med Public Health 2010; 2(5): 118-30.

4. Twiss JJ, Hunter M, Rathe-Hart M, Wegner J, Kelsay M, Saladole W, Peri Menopausal Symptoms, Quality of Life and Health Behaviours in Users and Non-users of Hormone Therapy. J Am Assoc Nurse Pract; 2007; 19 (11): 602-613.

5. Rotem M, Kashmir T, evine R, Ehrenfeld M, A Psyco Educational Programme for Improving Women's Attitudes and Coping with menopause symptoms. J Obstet Gynecol Neonatal Nurs 2005; 34:233-40.

6. Whelan TJ, Goss PE, Ingie JN, Pater JI., Tu DS, Pritchar et. Al. Assessment of quality of life in MA. 17: a randomized, placebo controlled trial of Letrozole after 5 years of tamoxifen in postmenopausal women. J. Clinoncol 2005; 23:6931-40.

7. Li Q, Geng X, Zheng W, Tang J, Xu B, Shi Q. Current understanding of ovarian aging. Sci China Life Sci. 2012; 55:659–69.

8. Djahanbakhch O, Ezzati M, Zosmer A. Reproductive ageing in women. J Pathol. 2007; 31:211-19.

9. Hoffman B, Schorge J, Halvorson L, Bradshaw K, Cunningham F.New York City: The McGraw Hill Companies;William's Gynecology; 2012; 2nd Ed: pp. 1–1399.

10. Mazhar SB, Erum G, Knowledge and Attitude of Post-Menopausal Women towards menopause. A perspective from MCH Centre, PIMS. JCPSP. 2003; 13: 9-11.

11. Choi MW. The menopause Transition; change, loss and adaptation, Holistic Nursing practice.1995; 9(3):53-62.

12. Nusrat N, Nishat Z, Gulfareen H, Aftab M, Asia N, attitude and experience of menopause. J Ayub Med Coll Abbottabad.2008; 20:56-9.

13. Biri A, Bakar C, Maral I, Karabacak O, Bumin MA. Women with and without menopause over age of 40 in turkey: consequences and treatment options. REHANA YASMEEN, RUBINA HUSSAIN, SHAMA CHAUDHRY, ALIYA WAHEED

J. Maturitas.2005; 50; 167-76.

14. Christion P. Determinants of health primitives' behavior. Nurs Clin North Am. 1998; 26: 815-33.

15. Jin Yong Lee, Chang Suk Suh. The attitudes of postmenopausal women towards hormone replacement therapy (HRT) and effects of HRT on lipid profiles. Proceedings of the first consensus meeting on menopause in East Asian region, 1997; May 26-30, Geneva, Switzerland.

16. Pan HA, Wu MH, Hsu CC, Yao BL, Huang KE. The perception of menopause among women in Taiwan. J. Maturitas 2002; 41: 269-74.

17. Bosworth HB, Bastian LA, Kuchibhatia MN, Steffens DC, McBride CM, Skinner CS, et al. Depressive symptoms, menopausal status and climacteric symptoms in women at midlife. J Psychosom Med 2001; 63:603-8.

18. Yahya S, Rehan N. Perceptions of menopause among rural women of Lahore.

J Coll Physicians Surg Pak 2003; 13: 252-4.

19. Kaufert P, Boggs P P, Ettinger B, Woods N F, Utian WH. Women and menopause: beliefs, attitudes and

behaviour. The North American Menopause Society 1997. Menopause Survey. Menopause 1998; 5: 197-202.

20. Nir-Caein R, Nahum R, Yogev Y, Rosenfeld J, Fisher M, Kaplan B. Ethnicity and attitude towards menopause and hormone replacement therapy in Northern Israel. Clin Exp Obstet Gynecol 2002; 29: 91-4.

21. Carolan M. Menopause: Irish women's voices. J Obstet Gynecol Neonatal Nurs 2000; 29: 397-404.

22. Adekunle AO, Fawole AO, Okunlola A. Perceptions and attitudes of Nigerian women about the menopause. J Obstet Gynaecol 2000; 20: 525-9.

23. Cowan G, Warren LW, Young JL. Medical perceptions of menopausal symptoms. Psychol women 1985; 9: 3-14.

24. Maharaj NR, Gangaram R, Moodley J. The Menopause, hormone replacement therapy and informed consent: are women in an under resourced country adequately aware? J Obstet Gynecol 2007; 27: 300-4.