

Research Article

A cross sectional study on knowledge and attitude of females regarding menopause

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ABSTRACT

Objectives: To determine the knowledge and attitude of females regarding menopause.

Settings: Department of Obstetrics and Gynaecology, Jinnah Hospital, Lahore from January 2018 to June 2018.

Materials & Methods: Total 177 menopausal women of age 45-55 years were selected. Women with gynecological malignancy, psychological illness and thyroid disorders were excluded. Demographic profile (Name, Age, Parity, Address and Contact) was also noted. A predesigned proforma was given to all women to determine the status of knowledge and attitude of females regarding menopause.

Results: Mean age was 50.84 ± 3.03 years. Majority of the patients 96 (54.24%) were between 51 to 55 years of age. Mean duration of disease was 4.78 ± 2.36 years. Mean BMI was 27.65 ± 3.70 kg/m². Mean knowledge score was 14.89 ± 7.65 and mean attitude score was 4.57 ± 2.39 . The results of our study have shown 20 (11.30%) of the subjects with poor knowledge, 83 (46.89%) with moderate knowledge and 74 (41.81%) with good knowledge. This study has also shown 141 (79.66%) of the women with a positive attitude and remaining 36 (20.34%) with negative attitude towards menopause.

Conclusion: This study concluded that health care providers understand women's attitudes and expectations regarding menopause, in order to give optimal information and support to the individual woman.

Keywords: Menopause, knowledge, attitude, positive.

INTRODUCTION

Menopause is the natural process of women's life which includes inability to conceive and stoppage of menstruation". Age of 51 years is the average of menopause.¹The symptoms preceding menopause are irregular menstruation and after menopause are hot flushes, dry skin and vaginal dryness. Some women also experience emotional and physical symptoms. The attitude and knowledge about menopause may differ from one female to another and these differences are

because of female age, parity, education and hormonal status as well as their cultural, economical and geographical status.²

It is very important that every woman should understand the menopausal transition and transform it into Functional knowledge. According to a study done in Botswana, it is responsibility of gynecologists and midwives to provide knowledge of menopausal transition to every women.³There are significant differences in

menopausal attitude because of educational background, suggesting that illiterate women displayed better positive attitude than educated ones. Similarly, there are significant differences in menopausal symptoms and attitude across menopausal status. Pre-menopausal women experienced the highest menopausal symptoms than the pre and postmenopausal ones and postmenopausal women displayed positive attitude than pre and peri-menopausal ones.⁴

One Turkish study indicates 90.7% of the women surveyed see menopause as the “end of youth” 85.8% see it as the “beginning of getting older” & 97.6% as the “end of the fecundity”.⁵ Another study shows 68.51% women experience hot flushes and excessive sweating, 37.7% experience dryness of vagina & 30.7% sexual problems. Regarding knowledge attitude and practices towards menopause 57.5% recognize that menopause was concerned with stop of menstruation 47.9% denying the physical and psychological effects of menopause.⁶

The rationale of this study was to assess the knowledge and attitude of females regarding menopause. Controversial magnitudes had been observed in literature even in local studies. Then based on the results of this study, public awareness programmes could be arranged on regional and national levels for educating women about menopause-related changes through educational training and guidance to maintain active, healthy lives which would help to increase their knowledge as well as improving their attitude towards menopause.

MATERIAL AND METHODS

This cross sectional study was conducted at Department of Obstetrics and Gynaecology, Jinnah Hospital, Lahore from January 2018 to June 2018. Total 177 women presenting to gynecology outdoor with symptoms of post-menopause i.e. hot flushes (feeling of intense heat with sweating and rapid heartbeat, and may typically last from two to thirty minutes for each occurrence), insomnia (loss of sleep), increase in weight, mastodynia (breast pain) and headache,

menopause >1 years, age of 45-55 years, parity 1-5 were selected. Patients with history of Gynecological Malignancy (medical record), patients with history of any Psychological illness (on clinical evaluation), history of Thyroid disorder (TSH>5mIU/L) were excluded from the study.

Written and informed consent was obtained from each female to use their information for research purpose only. Demographic profile (Name, Age, Parity, Address and Contact) was also noted. A predesigned proforma was given to all women to determine the status of knowledge and attitude of females regarding menopause. All this information was recorded in pre-designed Performa.

OPERATIONAL DEFINITIONS:

Menopause: Cessation of menstruation from last two years in women of age group 45-55 years.

Knowledge: It was assessed by a questionnaire which included 26 questions. The answers to these questions were designed as right and wrong. Every correct answer had one score and every wrong answer had zero score, according to which people's knowledge was classified into three categories:

- **Poor knowledge** = score of 0–9.
- **Average knowledge** = score of >9–17.
- **Good knowledge** = score of >17-26.

Attitude: It was assessed by a questionnaire which included 10 questions. The answers to these questions were designed as agree and disagree. Every agree answer had one score and every disagree answer had zero score, according to which people's attitude was classified into two categories:

- **Negative attitude** = score of 0-5.
- **Positive attitude** = score of >5–10.

Data was entered and analyzed by SPSS version 17. Quantitative variables like age, duration of menopause, parity, BMI, knowledge score and attitude score were calculated as mean and standard deviation. Qualitative variables like body mass index ($<27\text{kg/m}^2$ / $>27\text{kg/m}^2$), parity and

status of knowledge (poor/average/good) and attitude (positive/negative) about menopause were calculated as frequency and percentage.

Effect modifiers like age, duration of menopause, parity and body mass index ($<27\text{kg/m}^2$ / $>27\text{kg/m}^2$) were controlled through stratification and post-stratification chi square test was applied to see their effect on status of knowledge and attitude. P-value ≤ 0.05 was taken as significant.

RESULTS

Age range in this study was from 45 to 55 years with mean age of 50.84 ± 3.03 years, mean duration of disease was 4.78 ± 2.36 years, mean BMI was 27.65 ± 3.70 kg/m^2 , mean knowledge score was 14.89 ± 7.65 , mean attitude score was 4.57 ± 2.39 and mean parity of 3.20 ± 1.34 .

The results of our study have shown 20 (11.30%) of the subjects found with poor knowledge, 83 (46.89%) with average knowledge and 74 (41.81%) with good knowledge. (Fig. 1) This study has also shown 141 (79.66%) of the women with a positive attitude and remaining 36 (20.34%) with negative attitude towards menopause. (Fig. 2)

Stratification of status of knowledge with respect to age groups, duration of menopause, BMI and parity was done.

Two age groups were made i.e. age group 45-50 years and age group 51-55 years. In age group 45-50 years, there were 81 (45.76%) subjects and status of knowledge was found poor, average and good in 11 (13.58%), 34 (41.98%) and 36 (44.44%) subjects respectively. In age group 51-55 years, there were 96 (54.24%) subjects and status of knowledge was found poor, average and good in 09 (9.38%), 49 (51.04%) and 38 (39.58%) subjects respectively. But statistically insignificant association between status of knowledge and age groups was noted with p value 0.426).

Total 102 (57.63%) found with ≤ 5 years of menopause and 13 (12.75%) subjects found with poor knowledge regarding menopause followed by 46 (45.10%) subjects with average knowledge and 43 (42.16%) subjects with good knowledge.

Out of 75 (42.37%) subjects having duration of menopause >5 years, 07 (9.33%), 37 (49.33%) and 31 (41.33%) subjects found with poor, average and good knowledge. But statistically insignificant association between status of knowledge and duration of menopause was seen with p value 0.734.

Total 99 (55.93%) subjects found with ≤ 27 kg/m^2 BMI and status of knowledge was poor, average and good in 12 (12.12%), 41 (41.41%) and 46 (46.46%) subjects respectively. Out of 78 (44.07%) subjects having BMI >27 kg/m^2 , total 08 (10.26%) subjects found with poor knowledge, 42 (53.85%) subjects found with average knowledge and 28 (35.89%) subjects were found with good knowledge. There were insignificant association of BMI with status of knowledge was observed with p value 0.254.

There were 25 (14.12%) subjects were para 1 followed by 31 (17.51%) subjects were para 2, 41 (23.16%) subjects were para 3, 43 (24.29) subjects were para 4 and 37 (20.93) subjects were para-5. Status of knowledge was poor, average and good in 3 (12.0%), 9 (36.0%) and 13 (52.0%) para 1 subjects, in 2 (6.45%), 14 (45.16%) and 15 (38.39%) para 2 subjects, in 7 (17.03%), 17 (41.46%) and 17 (41.46%) para 3 subjects, in 3 (6.98%), 18 (41.86%) and 22 (51.16%) para 4 subjects and in 5 (13.51%), 25 (67.57%) and 7 (18.92%) para 5 subjects. Statistically insignificant ($P = 0.089$) association between parity and status of knowledge was noticed. (Table 1)

In age group 45-50 years, out of 81 (45.76%) subjects, total 61 (75.31%) subjects found with positive attitude and 20 (14.69%) subjects found with negative attitude. In age group 51-55 years, out of 96 (54.24%) subjects, 80 (83.33%) subjects found with positive attitude and 16 (16.67%) were found with negative attitude. Insignificant association between age groups and attitude was noted with p value 0.186. among the 102 (57.63%) subjects with ≤ 5 years of duration of menopause, 79 (77.45%) subjects found with positive attitude and 23 (22.55%) subjects found

with negative attitude. In 75 (42.37%) subjects having >5 years of duration of menopause, 62 (82.67%) subjects with positive attitude and 13 (17.33%) subjects found with negative attitude. There was insignificant ($P = 0.394$) association of duration of menopause with attitude was observed. Total 99 (55.93%) subjects have BMI $\leq 27 \text{ kg/m}^2$ and positive and negative attitude was noted in 77 (77.78%) subjects and 22 (22.22%) subjects respectively. Among the 78 (44.07%)

subjects with BMI $>27 \text{ kg/m}^2$, attitude was found positive and negative in 64 (82.05%) subjects and 14 (17.95%) subjects respectively. Insignificant ($P = 0.483$) association of BMI with attitude was noticed. Positive attitude was noted in 19 (76.0%), 22 (70.97%), 34 (82.93%), 36 (82.72%) and 30 (81.08%) subjects in para 1, para 2, para 3, para 4 and para 5. Statistically insignificant ($P = 0.662$) association of parity with attitude was noted. (Table 2)

Fig. 1: Frequencies for knowledge (poor, average, good)

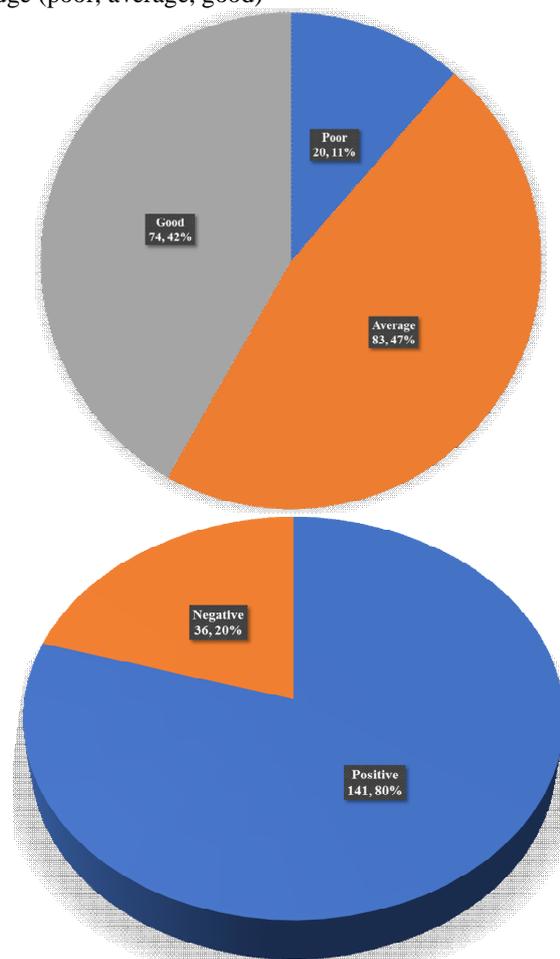


Fig. 2: Frequencies for attitude (Positive, Negative)

Table 1: Stratification of status of knowledge with respect to age groups, duration of menopause, BMI and parity

Variable	Status of knowledge			Total
	Poor	Average	Good	
Stratification of status of knowledge with respect to age groups				
(P = 0.426)				
45-50 years	11 (13.58%)	34 (41.98%)	36 (44.44%)	81 (45.76%)
51-55 years	09 (9.38%)	49 (51.04%)	38 (39.58%)	96 (54.24%)

Stratification of status of knowledge with respect to duration of menopause (P = 0.734)				
≤5 years	13 (12.75%)	46 (45.10%)	43 (42.16%)	102 (57.63%)
>5 years	07 (9.33%)	37 (49.33%)	31 (41.33%)	75 (42.37%)
Stratification of status of knowledge with respect to BMI (P = 0.254)				
≤27 kg/m ²	12 (12.12%)	41 (41.41%)	46 (46.46%)	99 (55.93%)
>27 kg/m ²	08 (10.26%)	42 (53.85%)	28 (35.89%)	78 (44.07%)
Stratification of status of knowledge with respect to parity (P = 0.089)				
Para-1	3 (12.0%)	9 (36.0%)	13 (52.0%)	25 (14.12%)
Para-2	2 (6.45%)	14 (45.16%)	15 (38.39%)	31 (17.51%)
Para-3	7 (17.03%)	17 (41.46%)	17 (41.46%)	41 (23.16%)
Para-4	3 (6.98%)	18 (41.86%)	22 (51.16%)	43 (24.29%)
Para-5	5 (13.51%)	25 (67.57%)	7 (18.92%)	37 (20.93%)

Table 2: Stratification of status of Attitude with respect to age groups, duration of menopause, BMI and parity

Variable	Attitude		Total
	Positive	Negative	
Stratification of attitude with respect to age groups (P = 0.186)			
45-50 years	61 (75.31%)	20 (14.69%)	81 (45.76%)
51-55 years	80 (83.33%)	16 (16.67%)	96 (54.24%)
Stratification of attitude with respect to duration of menopause (P = 0.394)			
≤5 years	79 (77.45%)	23 (22.55%)	102 (57.63%)
>5 years	62 (82.67%)	13 (17.33%)	75 (42.37%)
Stratification of Attitude with respect to BMI (P = 0.483)			
≤27 kg/m ²	77 (77.78%)	22 (22.22%)	99 (55.93%)
>27 kg/m ²	64 (82.05%)	14 (17.95%)	78 (44.07%)
Stratification of attitude with respect to parity (P = 0.662)			
Para-1	19 (76.0%)	06 (24.0%)	25 (14.12%)
Para-2	22 (70.97%)	09 (29.03%)	31 (17.51%)
Para-3	34 (82.93%)	07 (17.07%)	41 (23.16%)
Para-4	36 (82.72%)	07 (16.28%)	43 (24.29%)
Para-5	30 (81.08%)	07 (18.92%)	37 (20.93%)

DISCUSSION

Purpose of present study was to assess the knowledge and attitude of women regarding menopause. Age range in this study was from 45 to 55 years with mean age of 50.84 ± 3.03 years. Majority of the patients 96 (54.24%) were between 51 to 55 years of age. There is variability in determining the exact age of natural menopause, the average onset of menopause was

46.5 years.⁷ Other studies also show variations in reported age at menopause: 50.9 years among Norwegian women, 44.3 years among Mayan women and 48 years among the African women of Nigeria.⁸

The results of our study have shown 20 (11.30%) of the subjects with poor knowledge, 83 (46.89%) with moderate knowledge and 74 (41.81%) with good knowledge. This study has also shown 141 (79.66%) of the women with a positive attitude

and remaining 36 (20.34%) with negative attitude towards menopause. Malik HS showed in a study that 97% of women had heard about menopause and 29.4% were aware of the symptoms. Majority of respondents had positive (47%) attitude towards menopause.⁹ While Nusrat et al¹⁰ 15.8% women knew about effects and symptom of menopause, 78.79% women considered menopause as a natural process, while 21.2% perceived it as a disease, 83.42% women were happy about cessation of menses and they did not want to have menses again, while 16.57% women wanted to have menses again. Noroozi Eet al¹¹ in his study had shown 8% of the subjects with poor knowledge, 68% with moderate knowledge and 38.5% with good knowledge. Meanwhile, he had also shown 81.5% of the women with a positive attitude and remaining 18.5% with negative attitude towards menopause.

Other researcher from Bahrain¹² found out that, divorced and widowed women had the most positive attitude towards menopause. The widowed and divorced women do have positive attitude since no longer have worry about the spouse view of menopause¹², it is also indicated that wives express positive attitude towards menopause than their husbands.¹³

In a study, mean age of menopause was 47.44 years with median age was 48 years. The only factors that significantly associated with age at menopause were education and pattern of menstrual cessation and 93.4% of menopausal women were heard about menopause, 56.6% had prior knowledge of menopausal symptoms, cessation of menstruation was positive in 47.0% and 85.8% of women perceive menopause as natural condition.¹⁴ In another study, 51% women had poor knowledge of menopause, while the balance reported their knowledge of menopause was good (29%), very good (17%) or excellent (2%).¹⁵

Hence, it is easily understood that direct experience with menopause is playing a role in attitude, i.e. those who have not yet experienced menopause are more afraid of what to expect

during menopause on the contrary postmenopausal women had already gone through this period of time and thus became less susceptible to false stereotypes. This indicates that once women have gone through menopause they find it to be less troubling than they were anticipating earlier in life.

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