



Knowledge of Women on Menopausal Transition in a Selected Panchayath, Kozhikode District

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Abstract

Background: Peri-menopause is a very complex time in woman's life. Good understanding is required to undergo this stage in a healthy way. A study on the attitude of the working woman on menopause revealed, nurses and post-menopausal woman had positive attitude than teachers and pre-menopausal woman. Studies are of the view that health literacy on urinary incontinence to be improved to enhance the QOL, since many consider this as part of their aging. Data from the woman's search for information on menopause revealed only less than half had any sort of learning related to menopause. They expressed the sentiments of shame or sentiments of disregard by the health care agencies. Studies reported that participants having more negative attitude are having more chance to have depression. Women with natural menopause had good body image score than with surgical menopause.

Keywords: Menopausal transition; Surgical menopause; Pre-menopausal;

Need and Significance

The World Health Organization defines natural menopause as the permanent stop of period ensuing from the loss of ovarian follicular activity while not a visible intervening cause and is confirmed solely once twelve consecutive months of amenorrhea. In general, the natural menopause time happens between forty five and fifty five years of age.

The mean age of natural menopause in Indian women seemed to be a very younger age (41.9-49.4 years). National family health survey 2005-2006, reported 18% of the currently married in the age group of 30-49 years had attained menopause. A very similar finding (17.7%) was reported in the previous NFHS survey too (NFHS 1998-1999).

Menopausal transition and menopause are simply a result of the bodily physiology of women. Since the life expectancy has been increased, the women need to spend their major life in this particular stage. Irrespective of the place of residence, the culture they belong, all suffer from menopausal symptoms of varying degrees. The prevalence and symptoms might differ according to the population they belong depending on many factors. Menopausal transition symptoms can be classified under various headings such as somatic symptoms, hormonal symptoms, mental or psychological symptoms and skeletal symptoms. Depending

on the degree of symptoms, the women's day to day life also may get affected and in turn their health related quality of life too.

Kerala, the health capital of India, in par with other developed countries as far as health indices are concerned, studies on women in menopausal transition were very few. The present study tried to reveal the knowledge of women in menopausal transition related to the health challenges associated with menopausal transition among women in seven randomly selected wards of a selected panchayath of a major block (Kunnamangalam) of Kozhikode district.

Objectives

1. To assess the knowledge on menopausal transition related health challenges among women in menopausal transition.
2. To find out the association of knowledge regarding menopausal transition related health challenges with selected socio demographic variables among women in menopausal transition.
3. To find out the association of knowledge regarding Menopausal transition and HRQOL among women in menopausal transition.

Methodology

Non experimental approach with a cross sectional survey design was adopted. 420 women of 40-55 years from Randomly Selected seven wards of (wards 3, 5,14,18,20,21,24) a selected panchayath of Kunnamangalam block of Kozhikode district, Kerala were included using a cluster sampling technique. After getting IEC permission from Govt. college of Nursing, data were collected using a semi structured interview schedule having three parts. Section A with socio personal variable, Section B to assess the reproductive, marital and clinical data. Section C to assess the Knowledge on menopausal transition. This section consists of 24 items, which are categorized as 8 items on the meaning and causes of menopausal transition, 7 items under signs and symptoms and problems associated with menopausal transition and 9 items under diet, exercise and management strategies adopted.

The collected data were analyzed using both descriptive and inferential statistics using SPSS software 18 versions.

Results

Socio personal characteristics of the participants

The present study showed nearly one fifth of the population belongs to the age group less than or equal to 44(25.7%), nearly one third in the age group of 45-49 years (35.5%) and the remaining one third belonged to the age group of greater than 50 years (38.8%). As far as religion is concerned nearly three fourth (74.8%) were Hindus, 20.7% were Islam and 4.3% were Christians and 0.2% were others. Out of the total sample more than half were home makers (68.8%) and 4.8% were private employees. Only 7.6% were doing private employment and the rest 18.8% were working in the Govt. sector. Educational status showed 20% with non-formal education, 30.2% with primary education, 17.6% completed secondary, 18.3% had higher secondary education and 8% were

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degree holders and 7.9% had post-graduation. Regarding income, more than half had an income below Rs.5000. Out of the subjects, 11% had an income of >200001 rupees. Nearly cent percent are having a nuclear family (96.2%), only 2.4% had joint family and 1.4% had separated family. Nearly half of the sample had more than three members in the family (48.3%), 0.7% is having a single member in the family. Nearly hundred percent are following a mixed dietary pattern (97.9%) and only 2.1% are vegetarians. 75.7% were following a sedentary life style and 24.3% doing hard work [1-5].

Menstrual, marital and clinical history

The mean age of attainment of menarche was 14. 12 years with a SD of 1.21 and nearly 90% attained menarche between 11 and 15 years. But 11% attained after the age of 16. Out of the total sample, 38.1% attained menopause. Out of the rest 38.6% had irregular menstruation and the rest with regular menstruation. Out of the sample with irregular menstruation, 23.8% had cycle duration less than 25 days and 13.6% had a longer cycle i.e., within 35-65 days and 1.2% had other type of irregularity. Women with menstruation 36.7% had a flow less than 5 days, 18.6% with 5-7 days of flow and 6.7% had >7 days flow. Out of the samples 92.9% were married, 1.2% were single, 4.5% widows and 1.4% living separated. Regarding age at marriage more than half married after 20 years (55.2%), 13.3% got married before 18 years and 1.2% was not married. The average age of attainment of menopause was 47.83 years. As far as other illnesses are concerned, 47.4% had the history of illnesses. Diabetes mellitus, Thyroid disorders and hypertension were seen more in this study group. Out of the sample with history of illness, 5.7% had Diabetes mellitus and 12.4% had Hypertension.6.7% with thyroid disorders and 6% with rheumatoid arthritis and 4.5% had the history of allergy. DM and hypertension were seen along with almost all other illness in this group [6-8].

Peri-menopausal status of the participants

Among the participants one fifth belonged to pre-menopausal (23.3%), 38.6% menopausal and 38.1% post-menopausal stage as per STRAW criteria. Out of the post-menopausal group 35.5% had natural menopause and 2.6% had surgical menopause (attained menopause after hysterectomy). The mean age of menopause was found to be 47.83 years. As far as number of pregnancy are concerned, more than 50% had less than two (57.1%), and 6% never became pregnant and not having children. Out of the sample, 10.7% of the women have one child, 50% with two children and 31.9% having more than two children. Regarding history of abortion 30.7% had and the rest don't.

Health seeking behavior of peri-menopausal women

Nearly one third (22.1%) of the sample underwent ca cervix screening and the rest do not. Regarding mammogram 5.5% only underwent mammographic screening. More than three fourth (65%) of the sample used oral contraceptive pill in their life for different reasons. Nearly ninety percent completed their last child birth before 35 years; More than forty percent breast fed their baby for one year and 35.71% breast fed for more than 2 years [9-11].

Knowledge on Menopause and Menopausal Transition

The analyzed research data showed more than thirty percent of the sample had very good overall knowledge, nearly thirty four percent

had well, nearly twenty four percent had average knowledge and nearly thirteen percent had poor overall knowledge related to menopause and menopausal transition. Detailed analysis of the knowledge of sample population regarding the meaning and causes, symptoms and problems associated with and management strategies were also done (Figure 1).

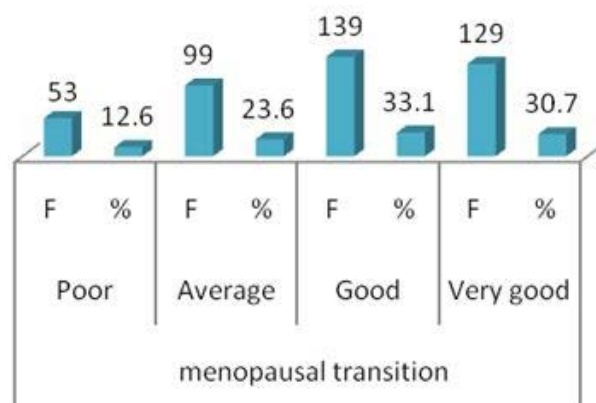


Figure 1: Distribution of participants based on total knowledge on menopausal transition.

Statistically significant association was found between knowledge regarding health challenges of menopausal transition in women with age, education, occupation, dietary pattern, Type of work, Duration of work, Regularity of menstruation, Duration of menstrual flow, Marital Status, Age of attainment of menopause, Menopausal transition stage women belong, Ca Cervix screening, Number of pregnancy, Duration of breast feeding and History of illness.

A statistically significant association was noted between the knowledge on menopausal transition and the HRQOL of women in menopausal transition. As knowledge increases, the coping strategies also improve and in turn improve the HRQOL.

The descriptive analysis between menopausal transition stage and knowledge on menopausal transition did not show a statistically significant association in the one way Anova analysis and there not existed a significant statistical variation of knowledge among the three groups (between pre-menopausal, menopausal and post-menopausal)

There was not a statistically significant effect of marital status on knowledge of women on menopausal transition at the p<0.05 level for the four groups (Figure 2).

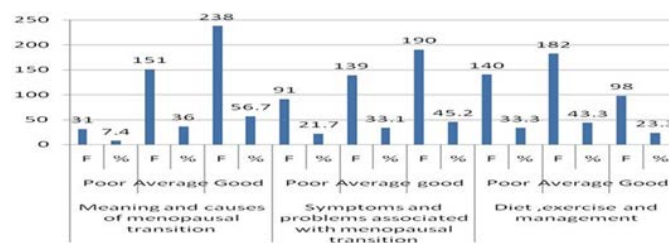


Figure 2: Distribution of participants based on knowledge on meaning, causes, symptoms, problems, diet, exercise and management of menopausal transition.

From the above figure it is clear that, regarding the knowledge of women on the meaning and causes of menopause, 56.7% had good knowledge, 36% with average knowledge and 7.4% had poor knowledge. As far as knowledge regarding the symptoms and problems associated with menopause 45.2%, 33.1% and 21.7% had good, average and poor knowledge respectively. Whereas regarding the knowledge of women regarding the diet, exercise and management 23.3%, 43.3% and 33.3% had good, average and poor knowledge. The variations in the knowledge level may be due to their education, occupation, exposure to the outside stimuli, interactions with other people etc.

The descriptive analysis between knowledge of women in menopausal transition with their education showed statistically significant difference between women who were having higher secondary education than with lower or higher education as determined by One Way Anova ($F(5,414)=15.201, p=0.000$). A Tukey HSD post hoc test revealed that the knowledge was statistically significantly lower among women who were higher secondary educated than with lower or higher education status. Women with degree and above showed a statistically significant higher mean score than other groups with lesser education as far as knowledge on menopausal transition is concerned. With increase in education the chance of exposure to information may be more.

The descriptive analysis between knowledge of women in menopausal transition with their occupation showed statistically significant difference between women who were doing private employment/coolie and temporary work had a statistically significantly lower knowledge score than women who were home makers as determined by One Way Anova ($F(3,416)=3.093, p=0.027$). A Tukey HSD post hoc test revealed that the knowledge was statistically significantly lower among women who were home makers than with government job. Women with government job showed a statistically significant higher mean score than other work groups as far as knowledge on menopausal transition is concerned. This finding may be due to the chance of getting more opportunity to the government employees regarding the various health schemes and insurance packages available or the social security they have due to their status (Table 1).

Variables	Minim	Maxim	Mean	Std. D
Knowledge on menopausal transition score	0	33	14.94	6.29
Health challenges of menopausal transition score	0	27	13.01	7.36
Management strategies adopted score	0	24	9.98	4.58

Table 1: Mean, Standard deviation of participant’s Knowledge on menopausal transition, Health challenges and management strategies (n=420).

It is evident that from the above table the mean knowledge score of participants on menopausal transition was 14.94 ± 6.287 , the mean score of health challenges were 13.01 ± 7.36 and the mean score of management strategies adopted were 9.98 ± 4.58 . The knowledge score showed an average level, which is according to their basic characteristics. The

chance of getting health related knowledge to this population was not that much high. But recently more and more governmental projects and medical institutions has taken the role of making aware about the importance of healthy living and health screening to the population (Table 2).

Knowledge on MT	Knowledge on MT	Health challenges	HRQOL	Management strategies
	1			
Health challenges	0.275**	1		
	0.000			
HRQOL	0.286**	0.628**	1	
	0.000	0.000		
Management strategies	0.288**	0.301**	0.311**	
	0.000	0.000	0.000	

**Correlation is significant at the 0.01 level (2-tailed)

Table 2: Correlation analysis of knowledge on menopausal transition, health challenges of menopausal transition, health related quality of life and management strategies adopted. (n=420).

Significant positive correlation was noted between knowledge on menopausal transition and health challenges, ($r=0.275, p<0.01$), Health related quality of life and knowledge on menopausal transition ($r=0.286, p<0.01$), HRQOL and health challenges showed a high positive correlation ($r=0.628, p<0.01$) management strategies adopted with knowledge on menopausal transition ($r=0.288$), with health challenges ($r=0.301$) and with HRQOL ($r=0.311$) $p<0.01$. These all findings point out the importance of having knowledge regarding the menopause and menopausal transition.

The descriptive analysis between menopausal transition stage and knowledge on menopausal transition did not show a statistically significant association in the one way Anova analysis and there not existed a significant statistical variation of knowledge among the three groups (between pre-menopausal, menopausal and post-menopausal)

[$F((2,417)=0.705) p<0.05$]. The finding tell us that being to a particular stage of life never make us knowledgeable, rather what we need and have make us to seek knowledge.

A one way between subjects ANOVA was conducted to compare the association of marital status on knowledge of women in menopausal transition. There was no significant effect of marital status on knowledge of women on menopausal transition at the $p<0.05$ level for the three groups ($F(3,416)=0.382, p=0.766$). Getting married never makes the women knowledgeable [12].

Discussion

The aim of the study was to assess the level of knowledge of women in menopausal transition on the most frequent symptoms accompanying the menopausal transition as well as the management strategies what they know and follow. The study was conducted among 420 women. The present study showed nearly one fifth of the population belongs to the age group less than or equal to 44(25.7%), nearly one third in

the age group of 45-49 years (35.5%) and the remaining one third belonged to the age group of greater than 50 years (38.8%). A self-prepared knowledge questionnaire was used to investigate their level of knowledge on the most common menopausal symptoms and methods of alleviating them.

As far as the knowledge of the sample on menopause and menopausal transition, the present study showed more than thirty percent had very good overall knowledge, 33.1% had good knowledge and the rest had poor knowledge on menopause and menopausal transition. Better knowledge was noted regarding the meaning and causes of menopausal transition than knowledge on symptoms and problems associated with MT or diet, exercise and other management strategies related to MT. Women with post-graduation showed a statistically significant higher mean score than other groups with lesser education as far as knowledge on menopausal transition is concerned. Women with government job showed a statistically significant higher mean score than other work groups as far as knowledge on menopausal transition is concerned.

Conclusion

Current reports indicate that there is a relationship between women's socio-economic status and their level of knowledge on the menopausal transition. Better knowledge and understanding about the common health challenges associated with this inevitable stage in women's life help them to phase this task very efficiently. Early recognition of bodily changes and timely seeking of health care services will surely improve the health related quality of our women.

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