

A community-based study on knowledge regarding menopause and coping strategies for menopausal symptoms in the field practice area of a Medical College

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Abstract

Background: Menopause is a difficult period that changes a woman's life. Hormonal deficiency (estrogen) is usually associated with symptoms like hot flushes, joint pain, palpitations. Often, some of these symptoms are severe enough to affect women's daily activities. Hence, the author conducted a study to determine the knowledge level about menopause, symptoms experienced, and coping methods used among women in the post-menopausal period. **Methods:** A cross-sectional study was conducted among 116 post-menopausal women aged 40-65 years in the field practice areas using a structured questionnaire. **Results:** The mean age of women in this study observed was 47.6±2.9 years. The common symptoms were joint and muscle pain (95.68%), depressive mood (93.68%), sleep disturbance (73.27%). About 80% of women knew that irregular menses is the early indicator of menopause, and 42.4% didn't use any coping methods to overcome symptoms. Women knew that menopause is attained by the age of 55 years (96.55%). **Conclusion:** Menopausal women should necessitate additional information about their physical and psychological needs. Also, health intervention can be given to the women regarding symptoms, and to overcome these symptoms. Coping methods like yoga, meditation and HRT can be utilized at the ground level like sub-centers.

Keywords: Menopause, Menopausal symptoms.

Introduction

The World Health Organization (WHO) has defined post-menopausal women as those who have stopped bleeding one year ago or who have stopped menstruating due to medical/surgical interventions or both⁽¹⁾. Menopause is a period of psychological crisis that may change women's lives. Hormonal deficiency (estrogen) is often associated with symptoms such as joint pain, heart palpitations. Some of these symptoms may be bad enough to deal with daily⁽²⁾.

Menopause is not a disease but a natural change in women's health caused by a decrease in the production of hormones such as estrogen and progesterone. A woman may become a victim of both, physical and mental problems due to loss of fertility and transition to later life. The bodily complaints may be hot flashes, night sweats or chills, sleep disturbances, vaginal dryness, weakness, mood swings, extreme irritability, loss of skin tone, and urinary incontinence. Psychological complaints may include loss of self-esteem, depression, irritability, forgetfulness, difficulty in concentrating, panic attacks, and anxiety⁽³⁾. The signs of menopause experienced by these women are sufficient to affect their daily activities. Most of these women are unaware of the changes caused due to menopause. This manifestation is directly due to a decrease in estrogen levels as women approach menopause. Some of these women begin to experience these menopause symptoms at the beginning of the menstrual cycle. The most common symptoms they experience can be grouped into vasomotor, physical,

emotional, or sexual complaints⁽⁴⁾.

Post-menopausal women can use various coping strategies. Exercise, diet, and weight management have been found to help minimize menopausal symptoms. However, it depends on the individual woman and may vary over time⁽⁵⁾.

With the aging of the worldwide population in the coming decades, it is estimated that 1.2 billion women worldwide will be menopausal or post-menopausal by the year 2030⁽⁶⁾. Nearly 8% of Indian women experience signs of menopause between 35-40 years and reach menopause between 45-55 years of age⁽⁷⁾. The critical problems associated with menopause are physical, hormonal, mental changes that negatively impact a women's life. There is a lack of knowledge regarding menopausal symptoms and their coping methods that further results in women struggling with their menopause associated life changes⁽⁸⁾.

Objectives

1. To study knowledge level about menopause among post-menopausal women
2. To identify symptoms women experienced during menopause
3. To determine coping methods they used during menopause

Methodology

A cross-sectional study was conducted among post-menopausal women within the age group of 40-65 years, residing in field practice areas of the medical college. The data was collected from September 2019 to October 2019.

Sample size

Sample size is calculated by taking 80.5% prevalence for symptoms as observed in a previous study⁽⁹⁾. The author considered an 8% error and approximated the sample size to 100 women.

Data Collection

The study was conducted with the help of MSW using a pre-tested questionnaire. Women who had menopause were interviewed through house-to-house visits using convenient sampling. Those who gave consent and attained menopause by the natural method were included in the study. Women who reached early menopause before 40 years due to surgery and those who refused to give consent were excluded from the study.

Data analysis

Data was entered, coded, and analyzed anonymously using Microsoft Excel version 2019. Variables are described as numbers and proportions.

Ethical consideration

Ethics Committee permission was not separately taken since the observational study was conducted in the field practice area of the Community Medicine Department of a medical college, and it was a part of routine services and practices. Informed verbal consent was taken from the women participating in the study prior to data collection.

Result

In this study, 116 women in post-menopausal period were included. The mean age of menopause among women in this

study was 47.6 ± 2.9 years. The demographic characteristics of study women are given in Table 1.

Table 1: Socio-demographic characteristics of women, Ahmedabad

Characteristics	N (%)
Age in years	
40-49	24 (20.68)
50-59	60 (51.72)
>60	32 (27.58)
Education	
Literate	57 (49.13)
Illiterate	59 (50.86)
Occupation	
Homemaker	66 (56.89)
Domestic worker	47 (40.51)
Employed	3 (2.58)

Most of the women (79.31%) knew that irregular menstruation was the first sign of menopause (Table 1). Almost 96.55% of women knew that menstruation happened when they were 50 years old. It has also been observed that literate women were aware of hormones i.e., menstruation occurs due to increased hormonal changes. The details about women's knowledge regarding menopause are given in Table 2.

Table 2: Knowledge regarding menopause among women, Ahmedabad

Knowledge criteria	Literate N (%)	Illiterate N (%)	Total N (%)
Menopause attained by age of 55	57 (50.89)	55 (49.11)	112 (96.54)
An early indicator is menstrual irregularities	50 (54.35)	42 (45.65)	92 (79.30)
Increase in hormones	14 (73.68)	5 (26.32)	19 (16.37)
HRT useful in menopause	36 (85.71)	6 (14.29)	42 (36.20)
Natural approach for menopause is better	52 (55.91)	41 (44.09)	93 (80.16)
Osteoporosis is complication of menopause and not due to age	8 (80.00)	2 (20.00)	10 (8.61)

The common symptoms were joint, and muscle pain (95.68%), depressive mood (93.68%), sleep disturbances

(73.27%). The symptoms experienced by the women are shown in Figure 1.

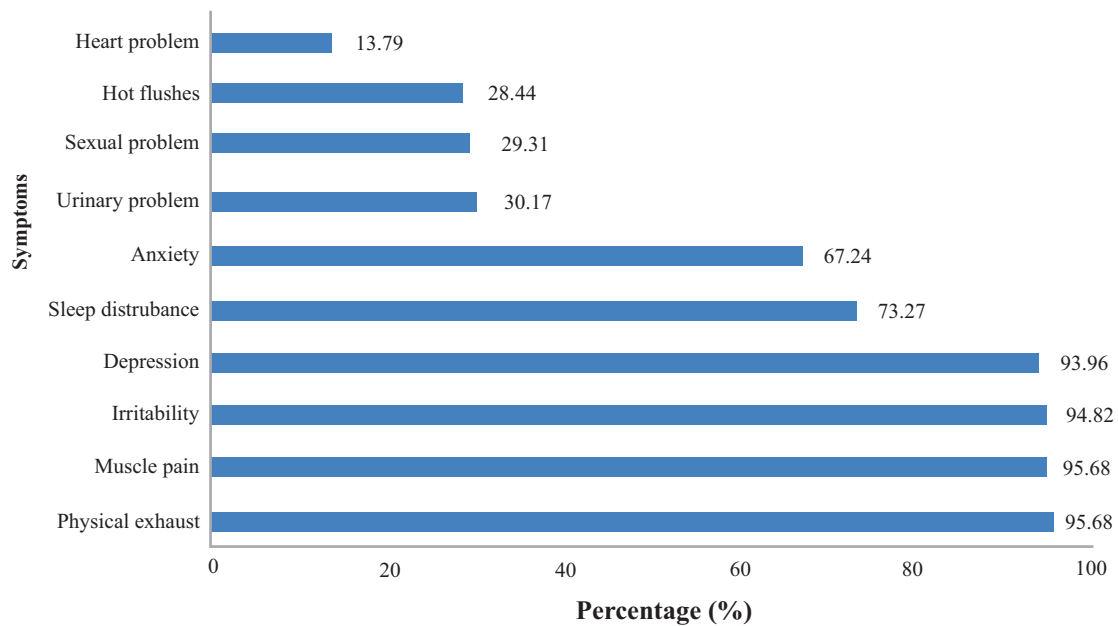


Figure 1: Menopausal symptoms experienced by women

A large proportion, i.e. 42.24% of women did not use any coping strategies to overcome the symptoms shown in figure 2.

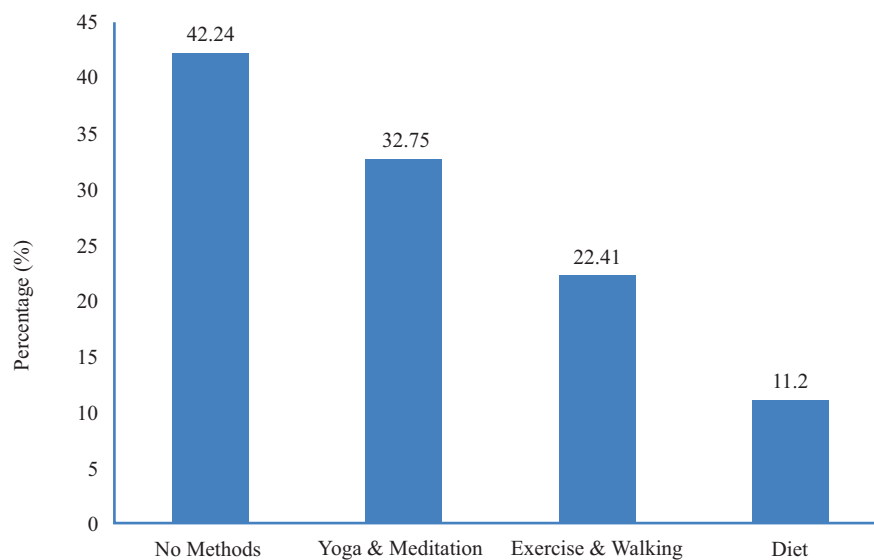


Figure 2: Coping methods for menopausal symptoms, Ahmedabad

Discussion

Knowledge of menopause among women helps them understand that menopause is a natural development process. In our study, 96.55% of the women knew that menopause reached about 55 years of age and 79.31% knew that menstrual irregularity was the first sign of menopause, while only 16.37% knew that menopause was due to increased hormones.

HRT is used to treat menopausal symptoms and 36.20% of these women were aware about this. Studies done by Saima et al. and Sultan et al. found higher knowledge about HRT among women as more than 2/3rd women and more than 3/4th of women respectively^(10,11). While another reported that more

than 1/3rd used HRT to address symptoms⁽¹²⁾. Information about HRT use was low in our study as compared to other studies. A randomized controlled trial conducted in Mauritius on the importance of continuous exercise on women proved that hormonal therapy helps reduce post-menopausal symptoms⁽¹³⁾.

In a present study, 80% of women considered the natural approach better for menopause rather than the medical/surgical method. While a study conducted by Sultan et al., the finding was similar to ours⁽¹¹⁾. In another study conducted in Italy by Donati et al., 95% of women considered the natural process better⁽¹⁴⁾.

There is a direct relationship between the lack of estrogen during menopause and the development of osteoporosis. In present study, the knowledge about osteoporosis in women was only 10%. While other studies showed higher knowledge levels about osteoporosis being a complication of menopause and ranged between 37%-70%^(11,15). A study done in Kerala had similar findings about women knowledge as our study⁽¹⁵⁾. Another study conducted by Broker et al., observed knowledge among 70% of women regarding calcium supplements⁽⁹⁾.

The mean age of menopause in the current study was 47.6 ± 2.9 years. The average age of menopause was similar to other studies in different parts of India and ranged from 46.35±4.07 to 49.8 years^(1,7,16,17).

Menopausal symptoms affect women and last for the entire menopause transition. However, few women experience these symptoms throughout their life. The symptoms of menopause are indicators of changes in hormones. In the present study, joint and muscle pain was more commonly seen among post-menopausal women than Agarwal et al.⁽⁴⁾. Two other studies conducted in Karnataka had similar findings regarding joint pain symptoms^(16,17). But only fewer women (1/3rd) in Delhi reported complaints of pain. More than 1/4th of post-menopausal women complained of hot flashes in our study. While in a study by Joseph et al., more than half of post-menopausal women were complaining of hot flashes⁽¹⁾. Similar finding as our study was observed in a cross-sectional study conducted in Karnataka⁽¹⁷⁾.

The positive impact of lifestyle modification on menopausal women has been seen consistently throughout their life. There are many approaches to cope with symptoms of menopause i.e. lifestyle changes (diet, exercise, yoga) and others being medical management. Nearly half of the women were illiterate about the coping ways to deal with the symptoms of menopause, and only 1/3rd used yoga and meditation. The study conducted by Mushtaq et al. showed similar finding where more than half of post-menopausal women did not use coping strategies to reduce stress⁽¹⁸⁾. Health Education focused on lifestyle management have improved the menopausal quality of life⁽¹⁹⁾. An intervention study conducted in Mauritius used training programmes and found positive effects towards menopause in Post-Menopausal Women⁽²⁰⁾. Although 36% of women were aware about HRT, none of the women used HRT. Many studies highlight potential risk of HRT use^(21,22,23). Hence women are reluctant to use it. However, the evidence also suggests that risks for HRT are lesser and outweigh the benefits^(24,25,26). HRT initiated in the post-menopausal period in healthy women is safe and can be promoted.

Conclusion and Recommendations

The study identifies lack of knowledge among women regarding coping mechanisms during menopause period.

Increasing awareness through regular health education meeting and focus group discussion can improve the quality of life of post-menopausal women. Awareness should be raised about hormone replacement therapy. There is no health programme targeted at menopausal women. Hence, group health education activities for these women at PHC or sub-center level with the help of Accredited Social Health Activist (ASHA)/Anganwadi Worker (AWW) can be conducted and promoted.

Source of support: Nil

Conflict of interest: Nil

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References

1. Joseph LA, Varghese AP. Prevalence of menopausal symptoms and perceptions about menopause among post-menopausal women attending Gynaecology OPD at GMC Idukki, India. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2017 Jan 31;6(2):413.
2. Vaze N, Joshi S. Yoga and menopausal transition. *Journal of Mid-Life Health*. 2010 2022 Jan 21;1(2):56.
3. More S, Sujatha P. Knowledge, attitude and experiences of menopause in the postmeno-pausal women at a tertiary care center: a cross sectional study. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* 2018 Nov;7(11):4758-4761
4. More S, Sujatha P, Karthiga K. Age of Menopause and Menopausal Symptoms among women attending Gauhati Medical College and Hospital, Guwahati, Assam: A cross-sectional study. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology*. 2015 Oct 25;7(11):4758.
5. Agarwal AK. A study of assessment menopausal symptoms and coping strategies among middle age women of North Central India. *International Journal of Community Medicine and Public Health* 2018 [cited 2022];5(10).
6. World Health Technical Report Series. Research on the Menopause in the 1990's. Geneva, Switzerland: World Health Organization; 1996.
7. Indian women facing early menopause survey. Cited on internet. Available on <https://www.thehindu.com/sci-tech/health/Indian-women-facing-early-menopause-Survey/article14403551>.

8. Menopause signs and symptoms and treatment if you are experiencing them. 2021 Cited on internet. Available on <https://www.medicalnewstoday.com/articles/>
9. Borker S, Venugopalan P, Bhat S. Study of menopausal symptoms, and perceptions about menopause among women at a rural community in Kerala. *Journal of Mid-life Health*. 2013;4(3):182.
10. Hamid S. Women's knowledge, attitude and practice towards menopause and hormone replacement therapy: a facility-based study in Al-Ain, UAE. *Journal of Ayub medical college Abbottabad*. 2014. 26(4), 448-54.
11. Shabana S. Knowledge, attitude and practices about menopause and menopausal symptoms among midlife school teachers. *International journal of reproduction, contraception, obstetrics and gynecology*. 2017; 6(12); 5225-5229.
12. Newton KM, LaCroix AZ, Leveille SG, Rutter C, Keenan NL, Anderson LA. Women's beliefs and decisions about hormone replacement therapy. *J Womens Health*. 1997 Aug;6(4):459-65.
13. Baksu B, Baksu A, Göker N, Citak S. Do different delivery systems of hormone therapy have different effects on psychological symptoms in surgically menopausal women A randomized controlled trial. *Maturitas*. 2009;62(2):140-5.
14. Donati S. Menopause: knowledge, attitude and practice among Italian women. *Maturitas*. 2009.; 63(3); 246-52.
15. Gayathry N. A study of quality of life among perimenopausal women in selected coastal areas of Karnataka, India. 2012.;3(2);71-75
16. Singh A, Pradhan SK. Menopausal symptoms of postmenopausal women in a rural community of Delhi, India: A cross-sectional study. *Journal of mid-life health*. 2014 Apr;5(2):62.
17. Alakananda DN, Das BP. Age of menopause and menopausal symptoms among women attending Gauhati Medical College and Hospital, Guwahati, Assam: a cross-sectional study. *Sch J App Med Sci*. 2015;3(7C):2621-9.
18. Mushtaq S. Post-menopausal Women: A Study of Their Psycho-physical Changes with an Impact on Family. *The Anthropologist*, 2011 13:2, 131-135.
19. Taherpour M and Sefidi F. The effectiveness of education on the knowledge and attitude towards menopause symptoms and complications in post-menopausal women, *ZUMS Journal*, vol. 21, no. 84, pp. 92–101, 2013.
20. Booth-LaForce C, Thurston RC, and Taylor MR. A pilot study of a Hatha yoga treatment for menopausal symptoms, *Maturitas* vol. 57, no. 3, pp. 286–295, 2007.
21. Vinogradova Y. Use of hormone replacement therapy and risk of breast cancer: nested case-control studies using the Q Research and CPRD databases. *BMJ* 2020;371:m3873
22. Rossouw JE, Anderson GL. Writing Group for the Women's Health Initiative Investigators. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results From the Women's Health Initiative randomized controlled trial. *JAMA*. 2002 Jul 17;288(3):321-33.
23. Canonico M, Oger E, Plu-Bureau G, Conard J., Estrogen and Thromboembolism Risk (ESTHER) Study Group. Hormone therapy and venous thromboembolism among postmenopausal women: impact of the route of estrogen administration and progestogens: the ESTHER study. *Circulation*. 2007 Feb 20;115(7):840-5.
24. Canderelli R, Leccesse LA, Miller NL, Unruh Davidson J. Benefits of hormone replacement therapy in postmenopausal women. *J Am Acad Nurse Pract*. 2007 Dec;19(12):635-41.
25. Rozenberg S, Vasquez JB, Vandromme J, Kroll M. Educating patients about the benefits and drawbacks of hormone replacement therapy. *Drugs Aging*. 1998 Jul;13(1):33-41.
26. Stevenson JC. Justification for the use of HRT in the long-term prevention of osteoporosis. *Maturitas*. 2005 Jun 16;51(2):113-26.