Content available at: iponlinejournal.com

Indian Journal of Obstetrics and Gynecology Research

Journal homepage: www.innovativepublication.com

Original Research Article

Knowledge, awareness, attitude towards menopausal symptoms & hormone therapy in urban & rural population

N Hephzibah Kirubamani[1,*]

[1] *Dept. of Obstetrics & Gynaecology, Saveetha Medical College, SIMATS, Chennai, Tamil Nadu, India*

ARTICLE INFO

Article history:
Received 31-03-2019
Accepted 01-08-2019
Available online 12-09-2019

Keywords:
Knowledge
Attitude
Menopause
Practice
Menopausal Hormone Therapy
Urban & Rural

ABSTRACT

Introduction: The average life expectancy of women is more but they face health issues due to the physiological condition of menopause. Women spend one third of their life after menopause. Long term complications of menopause is a major Public Health Problem. This study was conducted to determine their Knowledge and Awareness a bout Menopausal Symptoms & their Attitude Towards Menopausal Hormone Therapy (MHT) in Urban & Rural women.

Materials and Methods: A prospective cross-sectional, quasi-experimental study was conducted in some urban areas of Chennai and in some rural areas around Chennai. After obtaining the approval of the Institutional Ethics Committee and after obtaining an Informed Consent, the women were interviewed with a validated structured questionnaire related to knowledge, attitude and practices regarding menopause and MHT. The same group of women was later on interviewed during a follow-up visit and improvement was assessed.

Results: 770 women from urban and rural women between the age group 40-65 years were recruited. The mean age of menopause in both groups was 48.5 years. In both groups, knowledge about menopause symptoms was low. After imparting health education, a significant statistical change was noticed in their knowledge with T Value of 2.4 and a p value of 0.016 in urban and in rural women. Significant improvement was seen in both urban and rural women with regard to their knowledge of long-term complications of joint pain with a T Value of 1.32 and p value of 0.105. With respect to Osteoporosis, the figures were 0.582 and 0.78 respectively. In the case of a change in towards a positive attitude, the figures were 0.685 and 0.69. Both the groups had positive attitude towards menopause and negative attitude significantly changed after health education. Their attitude towards Menopause Hormone Therapy also changed significantly with a T score of 0.582 and p value of 0.789. Only 9.35% had MHT. In 58.33% women, the source of information was through the doctors.

Conclusion: When women understand gain knowledge about menopause symptoms, it will be easy for them to cope up with the menopausal changes and they will seek medical care. Identification of the women's knowledge and their attitude were the key components in the training programme.

© 2019 Published by Innovative Publication.

1. Introduction

Menopause is a permanent and physiological event which occurs due to cessation of the ovarian function when clinical diagnosis is confirmed, following stoppage of menstruation for twelve consecutive months. Menopause normally occurs between the ages of 45 and 50 years, the average age in India being 46.2 years. Indian women attain Menopause earlier than those in western countries. Cessation of ovarian activity and a fall in the oestrogen level to 10-20 pg/mL occurs and this may predispose women to get menopausal health problems like vasomotor symptoms, urogenital atrophy, osteoporosis and fracture, cardiovascular disease, cerebrovascular disease, psychological changes, sexual dysfunction, dementia and cognitive disease.[1] Menopause is not an illness, but it will cause morbidity and mortality which will increase public health burden.[2] To cope with these changes, women

* *Corresponding author*.
E-mail address: hepsi1002@yahoo.co.in (N. Hephzibah Kirubamani).

https://doi.org/10.18231/j.ijogr.2019.063
2394-2746/© 2019 Published by Innovative Publication.

should have appropriate understanding of the physical, mental, social and psychological changes which occurs during menopause. Identifying the women's perception of menopause has an essential role in the development of accurate and appropriate programs to promote their quality of life. To make a continuous change in behavior, improving knowledge about menopause symptoms and positive attitude towards Menopausal Hormone Therapy is very useful.[3] Health education may help to achieve these changes. A majority of the Indian population reside in rural areas where the availability of a good health care system is sparce and menopausal complaints are likely to be ignored. To minimize the postmenopausal morbidity prevention, is essential and the most important step in prevention is health education which is a tool for good public health.

1.1. Aim of the study

To assess the extent of knowledge and attitude towards Menopause symptoms among urban and rural women.

To determine their attitude towards Menopause Hormone Therapy among urban and rural population.

To determine how many women resort to Menopause Hormone Therapy among urban and rural population.

To compare their knowledge and awareness about Menopause Symptoms, their attitude towards Hormone Therapy before and after Health Education among urban and rural.

2. Materials and Methods

A prospective cross-sectional, quasi experimental study was conducted at some urban areas of Chennai city namely Alandur, Guindy and Adayar and in some rural areas of Chennai, namely Thirumazhsai-Thiruvalluar District and Kuthampakkam-Kanchepurum District. The study was conducted after obtaining the prior approval of the Institutional Ethics Committee. After obtaining an Informed Consent, the women were interviewed using a validated structured questionnaire which has three parts, namely, their knowledge about menopause symptoms, their attitude towards Menopause and their knowledge about the usage of Menopausal Hormone Therapy. Health education was imparted to these women regarding menopausal symptoms, its long term complications and the need for Menopausal Hormone Therapy and about lifestyle modification. The same group of women were asked to answer the very same questionnaire during a followup visit to assess the improvement in their knowledge and attitude towards the use age of Menopausal Hormone Therapy. The data so obtained was entered in MS Excel and the SPSS (Statistical Package for Social Sciences) Software Version 21.0 was used for its analysis. Simple Proportions was calculated. Pair T test was used for statistical analysis.

3. Result

770 women agreed to participate in the study. Figure 1 shows the age distribution among the Urban and Rural in the study population. Among urban women, 11.16% of the women who participated were between 40-45 years of age, 43.63% were between 46-50 years, 32.46% were between 51-55years and 12.72% were between 56-60 years. Among rural women 5.19% of the women were between the age of 40-45 years, 44.41% were between 46-50 years, 34.02% were between 51-55 years, 13.24% between 56-60 years and 3.11% between 61-65 years. The Mean Age of menopause in both groups was 48.50 years.

The educational status of the study population is depicted in Figure 1. A substantial proportion of the rural women (75.84%) did not have any formal education. 18.70% of the women had primary education, 5.45% of the women had high school education. Among urban women, 55.32% were undergraduates and 44.67% were postgraduates. Figure 1 shows the Marital Status among urban and rural women. Among urban women, 68.83% were married, 9.80% were single, 12.46% were widows and 8.83% were divorced. Among rural women 83.37% were married, 13.50% were widows and 3.1 0% were separated.

Table 1illustrates the comparision of the knowledge these subjects had about Menopausal Symptoms 'before' and 'after' Health Education. Based on statistical analysis, both urban and rural population showed a marked increase in knowledge about menopausal symptoms. Among urban women, the *T Valu*e was 2.40 and the *p Value* was 0.016 and in the case of rural women the statistical figures were 1.32 and 0.105 respectively. Change in awareness about long term complications among urban and rural women is represented in Table 2. The statistical analysis underlines the fact that the women in both the urban and rural population have understood the implications of all the long term menopause complications after imparting health education. Improvement in awareness about joint pain, both in urban and rural women, showed a *T Value* of 0.596 and a *p Valu*e of 0.67. The corresponding values with respect to Muscle Weakness were 0.582 value 0.78 respectively. In the case of Osteoporosis, *T Valu*e was 0.685 and *p Valu*e 0.69. In breast carcinoma, they were 0.558 and 0.68 and in post-menopausal bleeding, they were 0.689 and 0.69 respectively.

Positive attitude about menopause generally comes as a woman ages. Menopause is natural, menopause is good, no more menstruation, no fear of pregnancy and the feeling of maturity are similar in both urban and rural population.

Table 3 shows that, among both urban and rural women, there is significant change in their negative attitude towards menopause after health education with a *T Value* of 0.02 and a *p Valu*e of 0.40 in rural areas and *T Valu*e of 01.90 and a *p Valu*e of 0.098 in urban areas. Both urban and rural women have understood that Menopause Hormone Therapy should

be given to symptomatic women. Their attitude towards Menopause Hormone Therapy in both groups had changed significantly with a *T Score* of 0.582 and a *p value* of 0.789 (Table 4).

Out of 770 women, 36 women (9.35%) had MHT. For 58.33% of the women, (Figure 2) their source of in formation about Menopause Hormone Therapy was through doctors. Figure 3Depicts the statement by Menopause Hormon Therapy users. 58.33% women using Menopause Hormone Therapy for surgical menopause and 41% of the women following natural menopause out of which, 16.70% used Menopause Hormone Therapy for vaginal dryness and 25% used it for hot flush. All of them exhibited 100% relief of their symptoms. Previously these women were ignorant about the different routes of therapy that was available to them and they had never tried alternative therapy. After they were imparted health education, they were satisfied and said they will recommend their knowledge to their friends when they developed any such symptoms.

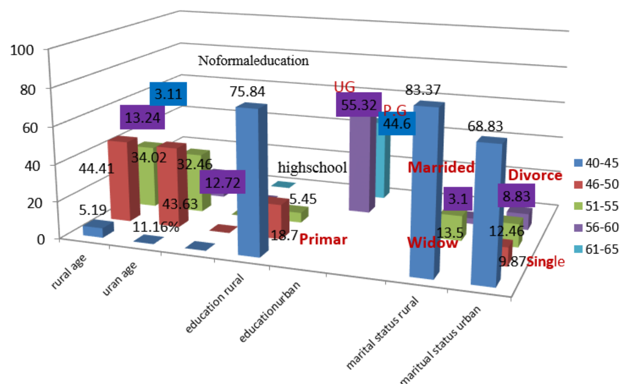

Fig. 1: Shows distribution of age, educational status and marital status between rural and urban

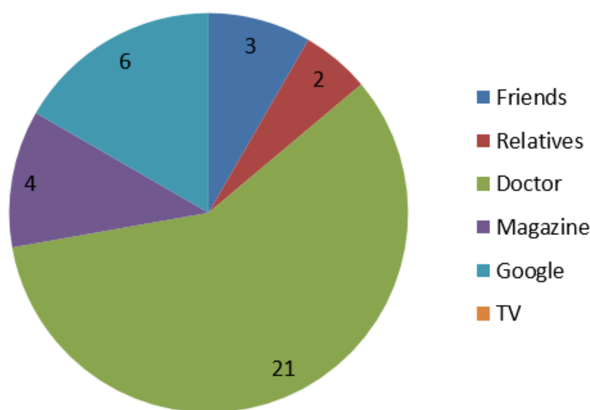

Fig. 2: Source of Information for those who had MHT

Urban women have a negative attitude when compared to rural women. But, after health education about lifestyle changes in exercise, diet, involvement in religious and social activity, their attitude changed towards the positive side.

Out of the 770 women, 36 women (9.35%) had MHT. For 58.33% of the women, their source of information was through doctors.

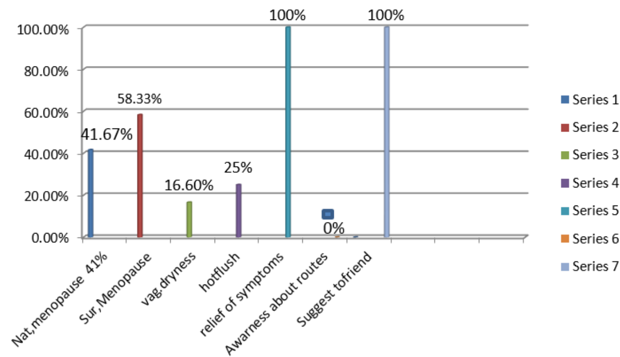

Fig. 3: Statement by MHT users

58.33% women used MHT for surgical menopause. Common complaints among natural menopause women was vaginal dryness and hot flushes.

4. Discussion

In this study, the mean age of menopause in both urban and rural women was 48.50 years, which is lower than that of western countries. Menopause age is different in different countries. In Italy the mean age of menopause is 51.2 years (Parazzini, Fetal)[4] and in Iran 48.2 0 years (Rajaeefard, A et al.).[5]

In this study, 75.84% of the women from rural areas did not have any formal education. Among urban women, 55.32% were undergraduates and 44.67% were postgraduates. In the study carried out by Saima Hamid et al,[6] 46% were illiterate, 21% had attended universities, 8% preparatory, 16% had primary education and 9% secondary education.

Knowledge about menopause symptoms was low in the study by Leon, P et al[7] which was similar to this study, where knowledge about Menopause Symptoms was almost nil among rural women compared to that of urban women. In the study conducted by Shohani, M et al,[8] women were found to have little knowledge about menopause. In this study, among urban women, 9.35% of them had knowledge about Menopause Hormone Therapy since they were using it for their symptoms but in the study conducted by Memon et al,[9] knowledge about Menopause Hormone Therapy was present in only 5% of the participants. In the study by Quasim M Al Shboul et al,[10] awareness about Menopausal Hormone Therapy was low. In the study by Jin F,[11] 2-1% of the women that were studied had used hormones. Studies conducted by Leon et al[12] and Donuts et al[13] in Italy, showed that over 90% of the samples had a positive attitude

Table 1: Comparision of knowledge about menopausal symptoms ‘ *Before*’ and ‘ *After*’ health education

Menopause Knowledge	Urban Before	Urban After	Rural Before	Rural After	Conclusion
Depressed	317	380	0	85	
Irritable	312	381	0	109	
Forget fullness	335	381	34	123	
Anxiety	323	374	46	146	
Sweaty Flush	305	373	0	139	Based on Statistical analysis both urban and rural population showed increase in knowledge about menopausal symptoms
Sleep Disorder	340	382	44	171	
Urinary Problem	277	378	69	162	
Sexual Disinfection	323	377	41	165	
Vaginal Dryness	316	365	54	149	
Decline of Oestrogen	316	379	0	81	
Abdominal Obesity	266	373	0	108	
Facial Hair	208	354	0	72	
Hair Thinning	300	373	0	87	
T- Statistics	**2.4**		**1.32**		
P- Value	**0.016**		**0.105**		

Table 2: Comparison among urban and rural about long term complications ‘*A fter’* health education

Long Term Complication	Urban Before Education	Urban After Education	Rural Before	Rural After	T Statistics	P Value	Conclusion
Joint Pain	277	356	92	208	0.596	0.67	The Statistic shows that both the women population, Urban And Rural, has understood about the long term Menopause complications after Health Education was imparted.
Muscle Weakness	262	350	0	48	0.582	0.78	
Osteoporosis	293	382	0	58	0.685	0.69	
Breast Cancer	316	373	15	54	0.558	0.56	
Postmenopausal Bleeding	279	373	23	100	0.689	0.69	

Table 3: Changes in negative attitude among rural and urban women after education

Menopause	Rural		Urban		Conclusion
	Before	After	Before	After	Significance Observed. The P Value based on the two dependent Population testing, shows that there is a statistical significance in the negative attitudinal change among rural population after education.
Less attractive	187	127	277	150	
No sexual life	150	96	250	62	
Period of psychological & emotional changes	23	85	31	46	
Feel lonely	27	77	15	19	
T-Statistic	0.02		01.9		
P-Value	0.4		0.098		

Table 4: Attitude towards MHT in both urban and rural women

MHT	Urban Before Education	Urban After Education	Rural Before	Rural After	T Statistics	P Value	Conclusion
MHT can be given for all menopausal women	358	261	0	62	0.596	0.67	The Statistic shows that both the Urban And Rural population had understood the need of MHT for symptomatic treatment after Health Education was imparted.
MHT mostly to be avoided for asymptomatic women	292	384	0	46	0.582	0.78	
MHT has side effects & complications	293	382	0	55	0.685	0.69	
Alternative methods better For symptoms	373	316	54	15	0.558	0.56	

toward menopause which is similar to this study, where, both rural and urban women showed a positive attitude.

The study by Koster A et al,[14] Pan Hsien-An et al,[15] stated that the major source of information in these matters were doctors which is consistent with the findings of this study. 58.33% women reported that their source of in formation for Menopause Hormone Therapy were friends and acquaintances, mother or sister, the media and doctors. In the study by Garmaznegad S et al,[16] the major source of information were not doctors, but were friends and acquaintances, mother or sister, the media and finally, doctors.

Results of this study showed marked changes in the knowledge about menopausal symptoms and their attitude towards Menopause and also about the knowledge and usage of Menopausal Hormone Therapy after health education. Fahimeh Sehhatie Shafafe et al[17] concluded that improvement in education about menopause enhances the capability of women to cope up menopausal symptoms.

5. Conclusion

As knowledge about menopause is less, more awareness programmes should be conducted both in urban and rural areas. By understanding the women's knowledge and their attitude about Menopause Hormone Therapy will aids health workers to work effectively. It is important to identify women's knowledge, attitude and their usage of menopause hormones is essential to develop accurate and appropriate programs to improve post menopausal women's health.

6. Acknowledgment

I would like to thank the Director and the Dean of Saveetha Medical College for their encouragement and support. I thank profusely the women who participated in the study.

7. Financial support

IGCL grant from Pfizer.

8. Conflict of interest

None.

References

1. Abrernethy K, editor. Bailliere Tindall. The menopause and HRT. 2nd ed. . London ; 2002,.
2. Sh GT, M MMA, Mahmoudi M, Khaledian Z. Study of quality of life and its patterns in different stages of menopause for women in Tehran. *The J Fac Nurs Midwifery*. 2002;8:33–41.
3. Christion P. Determinants of health primitives behavior. *Nurs Clin North Am*. 1998;26:815–833.
4. Parazzini F. Determinants of age at menopause in women attending menopause clinics in Italy. *Maturitas*. 2007;56(3):280–287.
5. Rajaeefard A, –Beigi AM, Salehi NM. Estimation of natural age of menopause in Iranian women: a meta- analysis study. *Komesh*. 2011;12(1):1–7.
6. Hamid S, A1-Ghufli FR, Raeesi HA, AI KM, Dhufairi, et al. Womens Knowledge,Attitude and Practice towards Menopause and Hormone replacement therapy: A facility based study in AL_AIN united Arab Emirates. *J Ayub Med Coll Abbottabad*. 2014;26(4).
7. Leon P, Chedraui P, Hidalgo L, Ortiz F. Perceptions and attitudes toward the menopause among middle aged women from Guayaqui. *Ecuador Maturitas*. 2007;57(3):233–238.
8. Shohani M, Rasouli F, Amiri PH, Mahmoudi M. The survey of physical and mental problems of menopause women referred to Ilam health care centers. *Iran J Nurs Res*. 2007;2:57–65.
9. Memon, Fouzia, Jonker, Leon, Qazi, Roshan. Knowledge, attitudes and perceptions towards menopause among highly educated Asian women in their midlife. *Post Reprod Health*. 2014;20(4):138–142.
10. AI-Shboul MQ, Smail L, Ghufran S, Jassim. Emirati women's Knowledge and attitudes Towards Menopause and Hormone

Replacement Therapy: Implications dor Health-care Policy: Zayed University Working paper No .ZU-WP 2017 -04-04;.

11. Jin F, Tao M, Teng Y, Shao H, Li C, Mills E. Knowledge and attitude towards menopause and hormone replacement therapy in Chinese women. *Gynecol Obstet Invest*. 2015;79(1):40–45. Available from: 10.1159/000365172.Epub.
12. Patricia L, Peter C, Luis H, Fernando O. Perceptions and attitudes toward the menopause among middle aged women from Guayaquil, Ecuador. *Maturitas*. 2007;57:233–238.
13. Donati S, Cotichini R, Mosconi P, Satolli R, Colombo C, et al. Menopause: Knowledge, attitude and practice among Italian women. *Maturitas*. 2009;63:246–252.
14. Koster A. Change-of-life anticipations, attitudes, and experiences among middle-aged Danish women. *Health Care Women Int*. 1991;12:1–13. PubMed.
15. Hsien-An P, Meng-Hsing W, Chao-Chin H, Bor-Lin Y, Ko-En H. The perception of menopause among women in Taiwan. *Maturitas*. 2002;41:269–274. PubMed.
16. Garmaznegad S, Jokar A. Knowledge and Experiences of Women (40-60years) about Menopause in Yasouj City. *Dena, Q Yasuj Fac Nurs Midwifery*. 2006;1:31–39.
17. Shafafe FS, Mirghafourv M, Jafari M. Effect of education through support group on early symptoms of Menopause: A Randomized controlled trial. *J Caring Sci*. 2004;3(4):247–256.

Author biography

N Hephzibah Kirubamani Professor

Cite this article: Hephzibah Kirubamani N. Knowledge, awareness, attitude towards menopausal symptoms & hormone therapy in urban & rural population. *Indian J Obstet Gynecol Res* 2019;6(3):276-281.