

A Study to Assess the Level of Knowledge Regarding Menopausal, Peri-Menopausal Syndrome and Post-Menopausal Syndrome and Its Management among Post-Menopausal Women in Selected Community Lucknow UP

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Abstract

Menopause is one of the most significant events in a woman's life and brings in a number of physiological changes that affect the life of a woman permanently. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause. Women knowledge regarding menopausal, Peri-menopausal Syndrome and post-menopausal syndrome and Its Management need to be essential. The descriptive study with a sample of 30 post-menopausal women was conducted by using structured Questionery. The study result showed that women have inadequate knowledge on syndrome and its management and few demographic variables showed association with level of knowledge.

Keywords: Premenopause; Menopause; Post Menopause; Hormone Therapy; Estrogen and Premenstrual Syndrome.

Introduction

Menopause is one of the most significant events in a woman's life and brings in a number of physiological changes that affect the life of a woman permanently. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause. These symptoms constitute the postmenopausal syndrome; they are impairing to a great extent to the woman and management of these symptoms has become an important field of research lately. There is lack of awareness regarding menopause and related problems among women. As life expectancy and population of post-menopausal women increases, efforts are needed to educate them and make them aware about various menopausal symptoms. This

will enable them to recognize these symptoms early, to seek timely medical treatment for the same and improve quality of life.

Peri- and post-menopause women experience a wide range of menopause symptoms, and their lifestyle patterns and physical, psychological, social and spiritual adaptation directly affecting elderly health improvement are considerably crucial. Many middle-aged women worry about losing their womanhood and attractiveness after menopause, and may suffer from the physical symptoms of menopause. Moreover, peri-menopausal women may experience a sense of loss and worthlessness after they stop giving values to maternal roles as their children grow and become independent. Women facing postmenopausal changes can lead a richer life by looking at life in a positive perspective as an opportunity for inner maturity. Since postmenopausal women at midlife experience various problems and difficulty in adapting to climacteric changes has a direct effect on elderly women's health, health-promoting lifestyle patterns and psychological adaptation have been considered

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as important issues. Appropriate understanding of women that certain physical, mental, social and psychological changes occur during menopause helps them with greater readiness to cope with these change.

A study conducted in Kerala with 106 samples showed that, the mean age of attaining menopause was 48.26 years. Prevalence of symptoms among ladies were emotional problems (crying spells, depression, irritability) 90.7%, headache 72.9%, lethargy 65.4%, dysuria 58.9%, forgetfulness 57%, musculoskeletal problems (joint pain, muscle pain) 53.3%, sexual problems (decreased libido, dyspareunia) 31.8%, genital problems (itching, vaginal dryness) 9.3%, and changes in voice 8.4%. Only 22.4% of women knew the correct cause of menopause.

Ms Syamala and Sivagami conducted a study based on National family health survey and result shown in her study that the onset of menopause is different in various states of India. Naturally the Menopause takes place usually at young age of women in Andhra Pradesh, Karnataka, and also in Bihar, but it occur relatively at old age of women in west bengaland in Kerala. Her study shows that In Andhra Pradesh, pre mature menopause also quiet high and Indian women are experiencing menopause at the age of 40 years itself, so they have longer expose of menopausal time and its associated problems.

Perimenopause or "menopause transition." Perimenopause can begin 8 to 10 years before menopause, when the ovaries gradually produce less estrogen. Women who are still in the menopause transition (perimenopause) may experience breast tenderness, Worsening of premenstrual syndrome (PMS), Irregular periods or skipping periods and Periods that are heavier or lighter than usual. Some women might also experience racing heart, Headaches, Joint and muscle aches and pains, Changes in libido (sex drive), Difficulty concentrating, memory lapses (often temporary), Weight gain, Hair loss or thinning. The average length of perimenopause is 4 years, but for some women this stage may last only a few months. Perimenopause ends the first year after menopause. The possibility of pregnancy disappears once you have been without your period for an entire year. *Menopause.* Menopause is the point when a woman no longer has menstrual periods. At this stage, the ovaries have stopped releasing eggs and producing most of their estrogen. Menopause is diagnosed when a woman has gone without a period for 12 consecutive months. *Postmenopause.* These are the years after menopause. During this stage, menopausal symptoms, such as Hot flashes (a sudden feeling of warmth that spreads

over the upper body), Night sweats and/or cold flashes, Vaginal dryness; discomfort during sex, Urinary urgency (a pressing need to urinate more frequently), Difficulty sleeping (insomnia), Emotional changes (irritability, mood swings, mild depression), Dry skin, eyes or mouth, Low-level depression, slightly high-degree of self-identity and relatively less climacteric symptoms. But, as a result of a lower level of estrogen. Postmenopausal women are at increased risk for a number of health conditions, such as osteoporosis and heart disease. Medication, such as hormone therapy and/or healthy lifestyle changes, may reduce the risk of some of these conditions. The treatment for menopausal, Peri-menopausal Syndrome and post-menopausal syndrome are Hormone therapy, Estrogen therapy remains, by far, the most effective treatment option for relieving menopausal hot flashes, Vaginal estrogen, Low-dose antidepressants., Gabapentin (Neurontin). Medications to prevent or treat osteoporosis. There are many treatment options available, including estrogen therapy, to treat brittle bones to prevent osteoporosis, a healthy diet, not smoking, and getting regular exercise are your best options to prevent heart disease. The benefits and risks of hormone therapy vary depending on a woman's age and her individual history. In general, younger women in their 50s tend to get more benefits from hormone therapy as compared to postmenopausal women in their 60s. Women who undergo premature menopause are often treated with hormone therapy until age 50 to avoid the increased risk that comes from the extra years of estrogen loss. Premature ovarian failure is defined as menopause before the age of 40 years. It may be idiopathic or associated with toxic exposure, chromosomal abnormality, or autoimmune disorder.

Many Asian women experience postmenopausal symptoms that are often left untreated (due to the acceptance of menopause as a natural process) or treated with herbal/natural remedies. There was a general lack of knowledge among these women regarding menopausal, Peri-menopausal Syndrome and post-menopausal syndrome treatment options, hormone replacement therapy, and possible risks associated with HRT. Middle-aged women with more knowledge of menopause were more likely to manage menopause better, and those having more negative attitudes toward menopause were found to experience negative menopause symptoms. Midlife women with severe menopause symptoms were more likely to have a lower quality of life. On the other hand, the quality of life improved with the use of alternative and preventive measures for menopause management. A high quality of life can be maintained when menopause-related problems are timely prevented and adequately managed. So this study is

undertaken to assess the level of knowledge on menopausal, Peri-menopausal Syndrome and post-menopausal syndrome and Its Management among post-menopausal women in selected community Lucknow UP.

Objectives of the Study

- To Assess the knowledge on menopause, Peri-menopausal Syndrome and post menopause syndrome and Its Management among post-menopausal women.
- To Associate the level of knowledge regarding menopause , Peri-menopausal Syndrome and post menopause syndrome and Its Management among post-menopausal women with their selected demographic variables.

Delimitations

1. The sample size is limited to 30
2. The study is limited to selected community at Lucknow
3. The study is limited to post menopause women

Assumptions

Postmenopausal women will have adequate knowledge on menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management

Methodology

Research Approach and Design

The research approach used for this study is Quantitative approach. A descriptive non experimental study design was adopted to assess the knowledge on menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management.”

Setting of the Study

The study was conducted in selected community in Lucknow.

Target Population

Post-menopausal women.

Accessible Population

Post-menopausal women living in selected

community of Lucknow city.

Sample Size

The sample comprises of 30 post-menopausal women.

Sampling Technique

Purposive non random sampling technique was adopted to select subjects from the target population.

Development of the Tool

Structured questioner was developed after adequate retrieval of research studies and under the guidance of nursing and medical experts. The research tool was developed in Hindi after obtaining the experts’ opinion.

Description of the Tool

The instrument used for data collection was a self-administered structured-questionnaire which consists of two sessions. Section A: Demographic data & Section B: 30 Structured-Questionnaire

Score and Interpretation of Instrument: Questionnaire has 30 items with 30 score.

Level of Knowledge	Score
Inadequate knowledge.	<50% (<15)
Moderately adequate Knowledge	Between 50% - 75% (15 to 22)
Adequate knowledge	>75% (23 to 30)

Reliability

The reliability was established by assessing the stability of the tool by test-retest method using a correlation coefficient method. The reliability was found to be significant

Validity

The content validity of the tool was assessed by obtaining opinion from three experts in the field of nursing and medicine. The experts suggested reorganization and deletion of certain items. Appropriate modifications were made accordingly and the tool was finalized.

Ethical Clearance

Informed Consent were obtained from the participants and explained about the purpose of the study

Pilot Study

The pilot-study was conducted from for 10% of total sample at Lucknow in. During the study, practicability of the tool and feasibility of the study was assessed. Subjects were given a questionnaire to assess the level of knowledge on menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management among post-menopausal women.

Data Collection Procedure

Data was collected from 12.12.2016 to 17.01.2017. A total of 30 samples were selected using purposive non random sampling method. Knowledge, on menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management among

post-menopausal women were assessed by giving a structured-questionnaire for 30 minutes.

Plan for Data Analysis

The data were analyzed based on the objectives of the study using descriptive and inferential statistics. The plan for analysis is as follows:

1. Frequencies and percentages for the analysis of the demographic data.
2. Mean score, percentage and standard deviation for the knowledge score.
3. Computing chi square test to determine the association between the selected demographic variables and knowledge score.

Result

Table 1: Frequency, percentage Mean and standard deviation of knowledge score

Level of Knowledge	Score	Frequency	Percentage (%)	Mean	SD
Inadequate	<50% (<15)	14	46.7	14.8	3
Moderately adequate	Between 50% - 75% (15 to 22)	16	53.3		
Adequate	>75% (23 to 30)	0	0		

Table 1: It is found that the mean score for knowledge was 14.8 with standard deviation of 3. It is shows that post menopause women have

inadequate knowledge about signs and symptoms and treatment available for their problems.

Table 2: Frequency, percentage distribution and association of demographic variables for knowledge score

Demographic variable	Frequency	Percentage	X ²	'P' value
Age at menarche				
<13 years	10	33.3	0.268	0.60477
>13 years	20	66.7		
Age at marriage				
<25 years	17	56.7	0.002	0.96073
>25 years	13	43.3		
Age at menopause				
<40 years	7	23.3	0.403	0.52574
>40 years	23	76.7		
Mother's age for menopause				
<40 years	7	23.3	0.403	0.52574
>40 years	23	76.7		
Parity				
1	0	0	8.125	0.01721*
2	9	30		
3	12	40		
>3	9	30		
Nature of work				
Sedentary worker	0	0	1.205	0.272*
Moderate worker	24	80		
Heavy worker	6	20		

Years of since menopause				
< 5 years	26	86.7	1.489	0.22242*
>5 years	4	13.3		
Educational Status				
Illiterate	5	16.7		
Less than High School	6	20	3.795	0.434511*
High school	9	30		
Graduate College	9	30		
Post graduate	1	3.3		

Note: * Significant

Table 2: showed that there is association exists between demographic variables such as parity, nature of work year since menopause and educational status and level of knowledge among post menopause women, and no association exist between demographic variables such as age at marriage, age at menarche, age at menopause, and age at mother menopause and level of knowledge among post menopause women

Discussion

A cross sectional descriptive study conducted to assess knowledge on menopause among pre menopausal women at selected area of Puducherry. 300 samples were selected by simple random sampling technique. The result shows that subjects were in poor knowledge (43%) of ovulation, menopausal problem, medication, nutrition and coping strategies but moderately adequate (58%) in meaning of menopause and adequate knowledge (75%) in the aspect of psychological problem. Hence the subjects were in need of health awareness program to cope with menopausal problems among the pre menopausal women.

It was found from this study that post-menopausal women have inadequate knowledge towards menopausal Peri-menopause and post-menopausal symptoms, as well as the result from table 2 shows that there is association exists between demographic variables such as parity, nature of work year since menopause and educational status and level of knowledge among post menopause women, and were as other demographic variables have no association.

Conclusion

This study concluded that post menopausal women have inadequate knowledge towards menopausal Peri-menopause and post-menopausal symptoms. The findings of this study suggest that

comprehensive education on knowledge, of symptom and management of menopause at three phases (pre, peri and post menopause) have to be essential so that the attitude can be become positive to accept the menopausal symptoms as well the practice to control those symptoms can improve and that can prevent post menopausal complications.

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