Knowledge & Attitude on Menopause Among Premenopausal Women

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Abstract- Health and wellbeing of middle-aged women have become a major public health concern around the world. This study aimed to assess the knowledge and attitude on menopause among premenopausal women residing at selected village, Karaikal. A descriptive research design was adopted and 50 samples were selected by using simple random sampling technique. The result of this study revealed that 48% of participants had inadequate knowledge and only 22% had adequate knowledge on menopause. 60% of the participants had negative attitude on menopause. There was significant association between the level of knowledge with selected demographic variables like age, educational status, monthly family income, family type and source of getting health information.

Keywords- Premenopausal women, Menopause

I. INTRODUCTION

World Health Organization (WHO) has defined postmenopausal women as those women who have stopped menstrual bleeding one year ago or stopped having periods as medical result of or surgical intervention а (Hysterectomy/Oophorectomy) or both. This is the transition period from the reproductive to the non-reproductive stage and is the result of a reduction in the female hormonal production by the ovaries. This transition is normally not sudden or abrupt, it tends to occur over a period of years, and it is a natural consequence of aging. However, for some women, the accompanying signs and effects that can occur during the menopause transition years can significantly disrupt their daily activities and their sense of well-being. Numerous physical and psychological symptoms have been attributed to the hormonal changes of menopause.

II. NEED FOR THE STUDY

India has a large population, which has already crossed the 1 billion mark with 71 million people over 60 years of age and the number of menopausal women about 43 million. Average age of menopause is 47.5 years in Indian women with an average life expectancy of 71 years. All women over 65 years have been found to have either osteopenia or osteoporosis. The projected deaths from cardiovascular diseases by 2020 are estimated to be 42% of the total deaths. India has been rightly labeled the diabetic capital of the world today. There is an increasing burden of stroke in India. The prevalence rate of stroke is 545.1/100,000 persons. The annual incidence rate of stroke is 145.3/100,000 persons with a 30-day case fatality of 41%. The incidence of cancers in Indian women has been found to be on the rise. Most cancers occur in women between 35 and 64 years.

According to literature, at least 60% of ladies suffer from mild symptoms and 20% suffer severe symptoms and 20% from no symptoms. This phase of life is shrouded with lots of myths and taboos.Coping with menopause in the perimenopausal ages has always been a troublesome issue in every woman's life. The menopause related symptoms had a negative effect on the quality of life of the perimenopausal and the postmenopausal women.So the researcher is interested to assess the knowledge and attitude on menopause among premenopausal women for early recognition of symptoms to reduce the discomfort and fears among the women.

III. STATEMENT

A study to assess the knowledge and attitude on menopause among premenopausal women residing at selected village, Karaikal

IV. OBJECTIVES

- 1. To identify the premenopausal women residing at selected village, Karaikal
- 2. To assess the level of knowledge & attitude on menopause among the premenopausal women
- 3. To associate the knowledge level and attitude on menopause with selected demographic variables of premenopausal women

V. RESEARCH METHODOLOGY

RESEARCH APPROACH & DESIGN: A quantitative research approach was chosen for this study.Research design selected for this study was non experimental descriptive design;

STUDY SETTING: This study was conducted in Serumavilangai village, Karaikal. The rationale for selecting this village was the availability of adequate samples and cooperation from the women.

POPULATION: The population for the present was all the premenopausal women.

SAMPLE &SAMPLING TECHNIQUE: The total of 50 premenopausal women who met the inclusion criteria and residing at Serumavilangai village were selected by using simple random sampling technique for the present study.

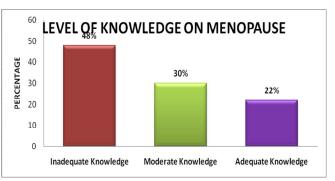
TOOL: The investigator was prepared self-structured interview schedule based on the objectives of this study.

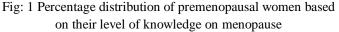
RESULTS:

- Majority 50%(25) of the samples were with the age of 35 - 40 years and66% (33) of the participants had primary education
- The highest percentage 66%(33) of the women were unemployed and the majority 56%(28) of the study participants belonged to the monthly family income of Rs.10000-Rs. 15000/-
- 74% (37) of the women stated that they were suffering from diseases other than Diabetes, hypertension, asthma and arthritis.
- The majority of the women, 92% (46) had stated that they mostly got health related information through mass media.
- With regard to the obstetrical variables, most of the study participants 92% (46) had menarche at the age of 13-15

years with regular menstrual cycle. The majority 68% (34) of samples had 4-5 days menstruation. The highest percentage 76% (38) of the study participants were got married at 21-25 years. Most 58 %(29) of them had 1-2 children and 76% (38) had LSCS as mode of delivery.

• With regard to the level of attitude the present study also revealed that there was statistically significant association between the attitude on menopause with selected demographic variables the type of family of the premenopausal women.





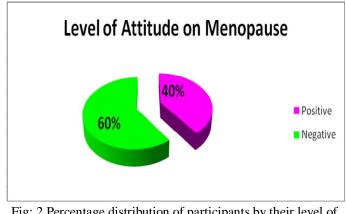


Fig: 2 Percentage distribution of participants by their level of attitude on Menopause

Demographic variables		Inad	Inadequate		Moderate		equate	Total	χ^2 Value	d.f	P-value
		f	%	f	%	f	%	Total	χ value	u.1	r-value
1.Age in years											
i.	35-40	14	58.3	8	53.3	3	27.3	25			
ii.	40-45	3	12.5	5	33.3	5	45.5	13	7.027	6	0.042*
iii.	45-50	4	16.7	2	13.3	2	18.2	8			
iv.	>50	3	12.5	0	0	1	9.1	4			
2.Educational status											
i.	Illiterate	-	-	-	-	-	-	-			
ii.	Primary education	18	75	9	60	6	54.5	33	1		
iii.	Secondary education	2	8.3	1	6.7	1	9.1	4	2.217	4	0.036*

Table: 1 ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE AND DEMOGRAPHIC VARIABLE

iv.	Higher education	4	16.7	5	33.3	4	36.4	13			
3. Occ	upation										
i.	Unemployed	15	62.5	10	66.7	8	72.7	33			
ii.	Private employee	-	-	-	-	-	-	-			
iii.	Govt. employee	-	-	-	-	-	-	-	0.852	4	0.931
iv.	Coolie	5	20.8	3	20	1	9.1	9			
v.	Self-employment	4	16.7	2	13.3	2	18.2	8			
4.Mon	thly Income										
i.	< Rs.5,000	5	20.8	3	20	1	9.1	9			
ii.	Rs. 5,000-Rs.10,000	15	62.5	8	53.3	5	45.5	28			
iii.	Rs. 10,000-Rs.15,000	4	16.7	4	26.7	5	45.5	13	3.452	4	0.040*
iv.	>Rs. 15,000	-	-	-	-	-	-	-			
5.Relig	5.Religion										
i.	Hindu	14	58.3	10	66.9	9	81.8	33			
ii.	Muslim	-	-	-	-	-	-	-	1.858	2	0.395
iii.	Christian	10	41.7	5	33.3	2	18	17			
iv.	Others	-	-	-	-	-	-	-			
6.Family type											
i.	Joint family	15	62.5	9	60	9	81.8	33			
ii.	Nuclear family	9	37.5	6	40	2	18.2	17	1.598	2	0.043*
iii.	Separate/ window	-	-	-	-	-	-	-			
iv.	Extended family	-	-	-	-	-	-	-			
7.Diet	pattern										
i.	Vegetarian	2	8.3	1	6.7	1	9.1	4	0.058	2	0.972
ii.	Non vegetarian	22	91.7	14	93.3	10	90.9	46			
8.Any	history of systematic illness										
i.	DM										
		2	8.3	1	6.7	1	9.1	4			
ii.	HTN	3	12.5	-	-	1	9.1	4			
iii.	Asthma	-	-	-	-	-	-	-	6.760	6	0.344
iv.	Cardiac disease	-	-	-	-	-	-	-			
v.	Arthritis	-	-	3	20	2	18.2	5			
vi.	Others	19	79.2	11	73.3	7	63.6	37			
9.Source of information											
i.	Newspaper/Magazine	-	-	-	-	-	-	-			
ii.	Mass media	16	66.7	8	53.3	5	45.5	29			
iii.	Health professional	-	-	-	-	-	-	-	1.585	2	0.043*
iv.	Friend/Relative	8	33.3	7	46.7	6	54.5	21			
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*Significant at 0.05% level

The results of the present study also revealed that there were statistically significant association between the knowledge on menopause with selected demographic variables such as age of the premenopausal women (χ^2 =7.027), educational status (χ^2 =2.217), monthly family income (χ^2 -3.452), type of family and the sources of information χ^2 -1.585).

VI. CONCLUSION

Menopause is an unspoken, unattended, reality of life every woman in her midlife stage has to overcome this

process. The result of the present study revealed that 48% (24) of participants had inadequate knowledge and only 22% (11) had adequate knowledge on menopause. 60% (30) of the participants had negative attitude on menopause. There was significant association between the level of knowledge with selected demographic variables like age, educational status, monthly family income, family type and source of getting health information. This study also revealed that there was a significant association between the level of attitude with the

demographic variable the family type. Moreover many recent studies on menopause revealed that more than 80% of the women experience physical or psychological symptoms in the years when they approach menopause, with various distress and disturbances in their lives, leading to a decrease in the quality of life. So, it is necessary to impart knowledge on menopause to cope with the situation and to create positive attitude to face the perimenopausal complaints with ease.

REFERENCES

- Prasannakumar. B. (2012). Textbook of Gynaecology. New Delhi: Jaypee publication. 1st edition. Pp. 332-334.
- [2] Goodwin Montoro and Roy.(2010). Management of Women Problem in Gynaecology. Philadephia: Lippincott Williams and Wilkins Company. 5th edition. Pp. 365-367
- [3] Purendari.CN. (2004). Menopause Current Concepts. New Delhi: Jaypee Publication. 1st edition. Pp.147-149
- [4] Singh A, Pradhan SK. Menopausal symptoms of postmenopausal women in a rural community of Delhi, India: A cross-sectional study. J Mid-life Health 2014;5:62-7
- [5] Poomalar G K and BupathyArounassalame .The Quality of Life During and After Menopause Among Rural Women J clin&diagn res 2013 Jan; 7(1): 135–139.
- [6] Tumbull S. Yoga as a treatment for menopausal symptoms. J Yoga Ontogenet and TherapInvestig. 2010;2:14–5.
- [7] Dr. JyothiUnni .Third consensus meeting of Indian Menopause Society (2008): A summary. Journal of midlife health 2010 Jan-Jun; 1(1): 43–47.