

Knowledge, Attitude and Experience of Menopause

Shazia Khokhar

Department of Gynecology and Obstetrics, Shaheed Mohtarma Benazir Bhutto
Medical College Lyari, Karachi.

Abstract

Objectives: To determine the knowledge, attitude and experiences of post-menopausal women towards menopause.

Study type, settings and duration: This cross sectional study was conducted at Gynaecology ward of Lyari General Hospital Karachi from May 1, 2011 to September 30, 2011.

Subjects and Methods: Using convenient sampling postmenopausal women were selected from the OPD. Inclusion criteria were women with menopause of age ≥ 45 years. A questionnaire was designed which contained demographic characteristics of the respondents along with questions on menstrual status, knowledge and attitudes toward menopause and the information and use of hormone replacement therapy. Interviews were carried out by a third year resident in outpatient department.

Results: A total of 170 women were interviewed. The mean age of the respondents was 57.3 ± 7.5 years. Almost 80% women had prior knowledge of menopause ($p < 0.0001$) while, only 46% were aware about its effect on health ($p < 0.355$). Menopause was considered a normal event by 72% women. Only 13% women knew about hormone replacement therapy ($p < 0.0001$). Following menopause 74% were bothered by its symptoms ($p < 0.0001$) and only 36% were happy ($p < 0.321$). Only 29% had consulted a physician for relief of their symptoms ($p < 0.0001$) and only 1 was on hormone replacement therapy ($p < 0.0001$).

Conclusion: High proportions of women were aware about menopause but few knew its health implications. Most of them were bothered by menopausal symptoms, but very few consulted doctor.

Key words: Post menopausal, menopause awareness, attitude, menopausal symptoms.

Introduction

Menopause is an inevitable milestone in the reproductive life of every woman. A woman is said to have reached menopause when she had 1 year without menstruating. The climacteric, or climacterium, is used to refer to the wide variety of physiological changes occurring in the year's immediately surrounding menopause¹.

Some women find this transition barely noticeable while, others find it life altering^{2,3}. In literature, it has been often stated as a difficult period with many

symptoms⁴. Besides being a major cause of morbidity such as heart disease and osteoporosis, menopause and its associated hormonal changes also cause symptoms that affect the quality of life, such as hot flushes, night sweats, sleep disturbances, urinary frequency, vaginal dryness, poor memory, anxiety and depression⁵ thus causing an important impact in the daily, social and sexual life of these women⁶. Some population based surveys, have reported a high prevalence of menopausal symptoms ranging between 40% and 70%^{7,8}, while those from Asia are between 10% and 50%⁹. Turkey showed a prevalence of 35%-90%^{10,11}.

Numerous factors including menopausal status, social background, and education, physical and emotional health may influence women's knowledge and beliefs about menopause¹². Women in Western countries tend to be better informed about implication of menopause¹³. A survey conducted at Mexico City¹⁴ reported that 83.8% women had knowledge about climacteric symptoms and 90% knew about osteoporosis and 37% had some knowledge about cardiovascular risk after menopause. In a study from Latin America- Ecuador women aged 40 or more, frequently perceived the menopause as a positive event rather than a negative. Almost 80% agreed that the menopause lead to definitive cessation of female fertility. The three main sources of receiving information on menopause were: friends, television and physicians and only 50% received information through educational sessions¹⁵. In another study done on menopausal women aged 50 - <60 years living in Alexandria, almost 40% of the women in the study had prior knowledge about menopausal symptoms and 91% had never heard about hormone replacement therapy. When asked about practices that might help them to overcome menopausal symptoms 61% said taking vitamins and 55% said exposure to sunlight. Almost 90% had not consulted a physician¹⁶.

Hormone replacement therapy is an effective treatment for menopausal symptoms and can protect women from developing osteoporosis, although effectiveness is associated with continued use¹⁷. Research suggests that it decreases the risk of hip fracture in postmenopausal women by 30% and spinal fracture by 50%¹⁸. It also decrease the risk of cardiovascular disease the main cause of death in western societies¹⁹. There is also an association between hormone replacement therapy and the prevention of Alzheimer's disease and enhanced cognitive performance²⁰. It is reported that women's attitudes towards menopause and their knowledge of the benefits and risks of hormone replacement therapy have a direct effect on their use of hormone replacement therapy²¹. In a survey on women aged 20-69 years living in Scotland, almost 39% post menopausal women had used hormone replacement therapy while, its use was higher in America (43%¹⁵ to 71%²²).

This study was conducted to evaluate woman's knowledge and attitude towards menopause and hormone replacement therapy and their experience of climacteric symptoms in our population.

Corresponding Author:

Shazia Khokhar

Department of Gynecology and Obstetrics
Shaheed Mohtarma Benazir Bhutto Medical College Lyari,
Karachi.

Email: drshaziamer@hotmail.com

Subjects and Methods

This cross sectional study was conducted at Gynaecology ward of Lyari General Hospital, Karachi from May 1, 2011 to September 30, 2011. A total of 170 postmenopausal women were included using convenient sampling from OPD. Inclusion criteria were women with menopause (either natural or surgical) of age greater than or equal to 45 years, capable of active communication. After taking written consent all women were interviewed for knowledge, attitude and experiences of post menopause.

A questionnaire was designed which contained demographic characteristics of the respondents, menstrual status, knowledge and use hormone replacement therapy.

The questionnaire was validated by 2 consultants (Gynecologist and Epidemiologist). Interviews were carried out by third year residents in the outpatient department

Data was analyzed using SPSS18. Frequencies and percentages were calculated for age groups, educational level, socio economic status, symptoms of menopause and knowledge, attitude and practices related to the menopause and hormone replacement therapy. Mean±SD was computed for age. Chi-square test for proportion was used to compare the results at 5% level of significance.

Results

A total of 170 menopausal women aged ≥ 45 years were included having a mean age of 57.3 ± 7.5 years ranging between 45–89 years. Majority were between 45–60 years 117(68.8%). Out of 170 women, 137(80.6%) had normal menopause while, 33(19.4%) had surgical menopause. One hundred and forty six (85.9%) women had no formal education and (84.7%) belonged to poor families (Table-1).

Table 1: Socio-demographic characteristics of participants.

	Number of Women	%
Age (Years)		
Mean±SD = 57.3 ±7.5		
45-60	117	68.8
>60	53	31.2
History of Menopause		
Natural	137	80.6
Surgical	33	19.4
Level of Education		
No Education	146	85.9
Primary	22	12.9
Secondary	2	1.2
Socio Economic Status		
Poor	144	84.7
Middle	26	15.3

The most frequent menopausal symptom was insomnia reported by 136(80%) followed by mood changes in 128(75.3%) and backache in 106(62.4%). Other symptoms are shown in (Table-2).

Table 2: Symptoms perceived by participants to be related to menopause.

Symptoms	Number of Women	%
Insomnia	136	80.0
Mood Changes	128	75.3
Backache	106	62.4
Hot Flush	91	53.5
Night Sweat	90	52.9
Depression	67	39.4
Loss of Memory	35	20.6

Knowledge and perception of menopause and hormone replacement therapy is shown in Table-3. One hundred and thirty-six (80%) women had prior knowledge of menopause ($p<0.0001$) while, only 78(45.9%) women were aware about its effects on health ($p<0.355$). Menopause was considered a normal event by 122(71.8%) while, 48(28.2%) believed it as a disease ($p<0.0001$). Only 22(12.9%) women had heard about hormone replacement therapy ($p<0.0001$).

Table 3: Distribution of women according to knowledge and perception related to menopause.

	Number of Women	%	p-values
Knowledge about menopause	136	80	< 0.0001
• Yes	34	20	
• No			
Knowledge about possible health effects of menopause	78	45.9	0.355
• Yes	92	44.1	
• No			
Menopause Perceived			<0.0001
• Natural	122	71.8	
• Disease	48	28.2	
Knowledge about HRT			< 0.0001
• Yes	22	12.9	
• No	148	87.1	
Knowledge about non hormonal therapy			<0.0001
• Yes	33	19.4	
• No	137	80.6	

About 65(35.9%) women were happy and 56(32.9%) unhappy with the cessation of their menses ($p<0.321$). Botherome menopausal symptoms were faced by 127(74.7%) women ($p<0.0001$) yet only 49(28.8%) had consulted a physician ($p<0.0001$) and only 1(0.6%) woman was on hormone replacement therapy ($p<0.0001$) and none

were taking non hormonal treatment for hot flashes or other symptoms.

Discussion

Menopause is diagnosed when a woman does not have menstrual period for 12 consecutive months without any other biological or physiological cause²³.

The mean age of our patients was similar to another study from Nigeria²⁴ and Pakistan²⁵ while, an Egyptian study showed a higher age of ≥ 50 years²⁶.

Menopause symptoms are influenced by social and cultural beliefs and almost 80% Western women suffer from physical and psychological symptom at menopause²⁷. Backache (75%), body aches (66%), insomnia (63%) and vasomotor symptoms (hot flushes & night sweats) were common symptoms reported by a study from Hyderabad²⁵. Similar symptoms were reported in another study from Hyderabad Sindh²⁸. From Punjab common symptoms were lethargy (65%), urinary symptom (56%) and agitation 50.8%²⁹. Commonest symptoms reported in a study from Karachi, Sindh were body ache 86%, hot flushes 86% and irritability 65%³⁰. In Japanese population commonest symptoms were shoulder stiffness (50%), headache (30%) and hot flushes (28%)³¹ while, Thai women had more symptoms of dizziness, tiredness and aches and pains³².

In present study 80% women were aware about menopause but only 46% had knowledge about its implications on health. A smaller study of 70 women from Pakistan Institute of Medical Sciences, Islamabad and a larger study from Hyderabad also reported similar results^{25,33}. Overall awareness about its implications on health were known in few cases in both the studies. A study from Karachi reported that 97% women had heard about menopause and 29% were aware of its symptoms, 4% knew its long term implications and only 2% were aware of hormone replacement therapy³⁴. These findings are in contrast to those reported from Western countries where women appear to be better informed about menopause^{14,35}. A Mexican study¹⁴ reported that 83.8% of women had knowledge about climacteric symptoms.

In the present study, menopause was considered a normal event by 72% women while, 28% believed it to be a disease condition. A study on Canadian-Italian women showed similar results³⁶. Awareness of hormone replacement therapy was very poor in our study and same was true for other studies. A Nigerian study reported that only 7.3% were aware of hormone replacement therapy²⁴ while, 15% Mauritius women knew it³⁷. In China only 23.5% knew that hormone replacement therapy could relieve their symptoms³⁸.

In the present study 36% women were happy and 33% unhappy with the cessation of their menstrual periods. Almost 75% were bothered by menopausal symptoms but only 29% consulted a physician and only one woman was taking hormone replacement therapy. Similar results were reported from Hyderabad²⁵ and other Asian countries³⁹.

The Women's Health Initiative (WHI), and the British Million Women Study (MWS), have challenged the benefit/risk ratio of hormone replacement therapy by showing that women taking these hormones have an increased risk of breast cancer. This increased risk of breast cancer has moved into a new interest in non hormonal treatment by medical bodies and from women themselves⁴⁰.

Selective serotonin uptake inhibitors reduced hot flashes by 9-40% in some trials, while, most trials showed no difference compared to placebo⁴¹. Soy Isoflavones, black cohosh and red clover have been used in clinical trials to treat hot flashes apart from belladonna, phenobarbitone, evening primrose oil, gabapentine, ginseng, mirtzapine, vitamin E and wild yam, but data on their effectiveness is grey⁴¹.

Results of this study shows that most of women were aware of menopausal symptoms but they were unaware of its health implications. Most took menopause as a natural process but were bothered by its symptoms yet they did not consult their doctor. Knowledge about use of hormone replacement therapy or its alternates was poor therefore, efforts are needed for creating mass awareness in health care providers and women about managing these symptoms.

Acknowledgement

I am greatly indebted to Dr. Irum Naz Memon, Shazia Ahmad Jatoti, Bilqees Mustafa and Nazia Khokhar who participated in the study by sparing their valuable time and helping me in literature search and manuscript writing.

References

- Houck JA. How to treat a menopausal woman: a history, 1900 to 2000. *Current women's health reports*, 2002;2:349-55.
- Porter M. A population based survey of women's experience of the menopause. *Br J Obstetr Gynaecol* 1996;103:1025-8.
- Aso T. Demography of the menopause and pattern of climacteric symptoms in the East Asian Region. In: Proceedings of the first consensus meeting on menopause in the East Asian Region, Geneva, 2-30 May 1997. Zeist, Netherlands. *Med Forum Int BV* 1998;24-32.
- Ho SC, Gaen Chan S, Bing Yip Y, Yee Chan S, Sham A. Factors associated with menopausal symptom reporting in Chinese midlife women. *Maturitas* 2003;25:149-56
- Harlow BL, Wise LA, Otto MW, Soares CN, Cohen LS. Depression and its influence on reproductive endocrine and menstrual cycle markers associated with perimenopause: the Harvard Study of Moods and Cycles. *Arch Gen Psychiatr* 2003;60:29-36.
- Hassa H, Tanir HM, Yildirim A, Senses T, Oge T, Mutlu FS. Associated factors with urogenital score in natural and surgical menopause. *Maturitas* 2005;16:65-9.
- Avis NE, Crawford SL, McKinlay SM. Psychosocial, behavioral, and health factors related to menopause symptomatology. *Womens Health* 1997;3:103-20.
- Nedstrand E, Pertl J, Hammar M. Climacteric symptoms in a postmenopausal Czech population. *Maturitas* 1996, 23:85-9.
- Boulet MJ, Oddens BJ, Lehert P, Vemer HM, Visser A. Climacteric and menopause in seven South-east Asian countries. *Maturitas* 1994;19:157-76.
- Discigil G, Gemalmaz A, Tekin N, Basak O. Profile of menopausal women in west Anatolian rural region sample. *Maturitas* 2006;20:247-54.
- Uncu Y, Alper Z, Ozdemir H, Bilgel N, Uncu G. The perception of menopause and hormone therapy among women in Turkey. *Climacteric* 2007;10:63-71.
- Theisen SC, Mansfield PK, Seery BL, Voda A. Predictors of midlife women's attitudes towards menopause. *Health Values* 1995;19:22-31.
- Hsien AP, Wu HM HSUCC, Yao LB, Hong EK. Perception of menopause among women in Taiwan. *Maturitas* 2002;41:269-74.
- Velasco MV, Navarrete-HE, Ojede MRI. Experience & knowledge about climacteric & menopause in women in Mexico City. *Ged Med Mex* 2000;136:555- 64.
- Leon P, Chedraui P, Hidalgo I, Ortiz F. Perceptions and attitudes toward the menopause among middle aged women from Guayaquil Ecuador. *Maturitas*. 2007. p. 233-8.
- Loutfy I, Abdel Aziz F, Dabbous NI, Hassan MHA. Women's perception and experience of menopause: a community-based study in Alexandria, Egypt. *East Mediterr Health J*. 2006;12 Suppl 2:S93-106.
- Lewin KJ, Sinclair HK, Bond CM. Women's knowledge of and attitudes towards hormone replacement therapy. *Family Pract* 2003;20:112-9.
- Barrett-Connor E. Hormone replacement therapy, clinical review. *Br Med J* 1998;317:457-61.
- Anon. Effects of estrogen or estrogen/progestin regimens on heart disease risk factors in postmenopausal women. The postmenopausal Estrogen/Progestin Interventions (PEPI) Trial. *J Am Med Assoc* 1995;273:199-208.
- Henderson VW. Estrogen, cognition and a women's risk of Alzheimers disease. *Neurology* 1997;103:11-8.
- Ferguson KJ, Hoegh C, Johnson S. Estrogen replacement therapy. A survey of women's knowledge and attitudes. *Arch Intern Med* 1989;159:133-6.
- Saver BG, Taylor TR, Woods NF. Use of hormone replacement therapy in Washington state: is prevention being put into practice? *J Family Pract* 1999;48:364-71.
- Arroyo A, Yeh J. Understanding the menopausal transition, and managing its clinical challenges. *Sex Reprod Menopause* 2005;3:7-12.
- Ande AB, Omu OP, Ande1 OO, Olagbuji NB. Features & perceptions of menopausal women in Benin City, Nigeria. *Ann African Med* 2011;10:300-4.
- Nusrat N, Nishat Z, Gulfareen H, Aftab M, Asia N. Knowledge, attitude and experience of menopause. *J Ayub Med Coll Abbottabad* 2008;20:56-9.
- Loutfy I, Aziz FA, Dabbous NI, Hassan MHA. Women's perception and experience of menopause: a community-based study in Alexandria, Egypt. *East Mediterr Health J* 2006;12:93-106.

27. McLennan AH. Current management of the menopause. *Aust Family Physician* 1988;17:158–69.
 28. Qazi AR. Age, Pattern of menopause, climacteric symptoms and associated problem among urban population of Hyderabad Pakistan. *J Coll Physicians Surg Pak* 2006;16:700–3.
 29. Yahya S, Rehan N. Age, pattern and symptoms of menopause among rural women of Lahore. *J Ayub Med Coll Abbotabad* 2002;14:9–12.
 30. Jamelle RN. Awareness of Menopause and Pattern of menopausal symptoms in HRT clinic. *Pakistan J Obstet Gynaecol* 1996;9:16–8.
 31. Aso T. Demography of menopause and pattern of climacteric symptom in the East Asian region. First consensus meeting on menopause in East Asia region. [online] 2003, [cited Oct 2004]. Available from, URL:<http://www.gfmee.ch/books/booknp/24.htm>
 32. Punyahotra S, Dennerstein L, Lehcatt P. Menopausal experiences of Thai women. Part 1: Symptoms and their correlates. *Meturitas* 1997;26:1–7.
 33. Mazhar SB, Erum GE. Knowledge and attitude of older women towards menopause. *J Coll Physicians Surg Pak* 2003;13:621–4.
 34. Malik HS. Knowledge and attitude towards menopause and hormone replacement therapy (HRT) among postmenopausal women. *J Pak Med Assoc.* 2008;58:164-7
 35. Hsien AP, Wu HM, Yao LB, Hong EK. Perception of menopause among women in Taiwan. *Maturitas* 2002;41:269–74.
 36. Bonetta C, Cheung AM, Stewart DE. Italian-Canadian Women's view of menopause: How culture may affect hormone use. *Med-Scape Women's Health* 2001;6:4.
 37. Knowledge, attitudes and practices on menopause symptom alleviation in Mauritius. Rose Hill. Mauritius: Mauritius Research Council; 2003.
 38. Lam PM. Climacteric symptoms and knowledge about hormone replacement therapy among Hong Kong Chinese women aged 40–60 years. *Maturitas.* 2003;45:99–107.
 39. Okonofua FE, Lawal A, Bamgbose JK. Features of menopause and menopausal age in Nigerian women. *Int J Gynaecol Obstet* 1990;31:341-5.
 40. Colau JC, Vincent S, Marijnen P, Allaert FA. Efficacy of a non-hormonal treatment, BRN-01, on menopausal hot flashes: a multicenter, randomized, double-blind, placebo-controlled trial. *Drugs R D.* 2012 Sep 1;12(3):107-19.
 41. Carroll DG. Nonhormonal therapies for hot flashes in menopause. *Am FamPhysician.* 2006;73:457-64.
-