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Assessment of knowledge of menopausal women regarding menopause: A descriptive study

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Abstract

Menopause is natural process that occur in woman's life with aging. Menopausal is the transition period in a woman's life. After the age of 40 years, ovaries reduce their production of sex hormones so the mensuration stops permanently and this is known as menopause.

Objectives: To assess the knowledge of menopausal women regarding menopause and to find out the association of level of knowledge of menopausal women with selected variables.

Methodology: Quantitative research approach; non-experimental descriptive research design was used in this study. The sample of 200 menopausal women aged from 45 to 65 years old were selected by using purposive sampling technique. The content validity and reliability was established for structured knowledge questionnaire.

Results: The menopausal women showed significantly average level of knowledge regarding menopause. The highest knowledge of menopausal women were in the area of menopausal symptoms and deficit in the area of concept and causes.

Conclusion: This study suggests that the identifying the knowledge of women's regarding menopause has an essential role in the improvement of accurate and appropriate programs to promote women's health during menopausal years.

Keywords: knowledge, menopause, menopausal women

Introduction

The menopausal transition refers to the extended period of hormonal changes in women that marks end of the reproductive phase of life. It is a major transitional period in the life of every women which commences as one step in a long, slow process of natural reproductive aging involving a series of body changes that can last from one year to as long as ten years, thus ending her reproductive years. Treloar was the first to define the concept of a menopausal transition and to estimate age at onset of the transition based on visual inspection of the menstrual history of 291 women during the 12 years preceding the FMP. He estimated the median age of entry into the transition to be 45.5 years, with a median duration of the transition of 4.8 years^[1].

Menopause is derived from the latin word, meno (month), pausia (Halt) and essentially marks the end of a women's period of natural fertility. The year just before and just after menopause also known as the climacteric, the time in most women's lives when menstrual periods stop permanently and they are no longer able to have children's^[2].

Although menopausal is a universal phenomenon, there is considerable variation among women regarding the age of attaining menopause and the manifestation of menopausal sign and symptoms. Worldwide. In the developed world, it is estimated that there are over 200 million post-menopausal women worldwide and 40 million in India. The average age of Indian menopausal women is 47.5 years^[3].

The population projection indicates that in 1990, there was approximately 467 million women in the world aged 50 years and over. This number is expected to increase to 12000 million by the year 2030. By 2030, the proportion of postmenopausal women living in industrial region will have declined to 24% and 76% will be living in developing regions. In 1990 about 25 million women worldwide reached the menopause, this number is expected to double by late 2020s. The average Menopause occurs in phase which includes the pre-Menopausal, peri- Menopausal, (early and late), post- Menopausal phase. A women who

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experiences amenorrhea for 12 consecutive months she is still in the pre- Menopausal stage.^[4] A women is said to be in early peri- Menopausal stage if menstruation has occurred in the last 2 to 3 months but has become predictable and consecutive menstrual cycle length which lasts for seven or more days, she can said to be in her late peri- Menopausal stage in menstruation has occurred in the past 12 months but not in the last 2 to 3 months and a women can be regarded as postmenopausal if menstruation has stopped for at least 12 months without surgery. Although menopause is a universal phenomenon among women, the timing of the onset and the duration of the menopausal transition and the timing of the final menstrual period are not ^[5]. Menopause is usually a natural change. It can occurs earlier in those who smoke tobacco. Other causes include surgery that removes both ovaries, or some types of chemotherapy. At the physiological level, menopause happens because of a decrease in the ovarian production of the hormones estrogen and progesterone. A number of studies have shown that biological (e.g. generically, nutritional, and reproductive history), socio –cultural (e.g. educational, occupational, smoking habit and rural-urban residence) and lifestyle (e.g. smoking and use of tobacco and dietary habits), factors affect the age of menopause ^[6].

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 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 changes ^[7].

Need for study

Menopause is different for everyone. Some women notice little differences in their bodies. Other may find it difficult to cope with their symptoms. The most common symptoms of menopause is hot flushes. As a result, a woman may become confused and anxious, fearing that something abnormal happening to her.

Just as there is need to focus on women of reproductive age, there is also need to ensure that the health needs of menopausal women are addressed. Women experience problems throughout their reproductive years and beyond, in part due to the limited medical care they receive during labour and delivery, combined with high parity (Elias and Sherris, 2003) As they move towards the end of their childbearing years and transit into menopausal phase, they are at risk from symptoms associated with hormonal changes, heart disease and stroke, gynecological malignancies, osteoporosis and various genitourinary conditions among many others (Elias and Sherris, 2003) ^[8]. Study was conducted by kaur baljit, sheoran Poonam, to assess the knowledge, attitude, problems faced and remedial

measures adopted by menopausal women, to determine the relationship between the knowledge, attitude, problems faced and remedial measures adopted by menopausal women. A total of 100 menopausal women were selected purposively to collect the data using structured interview schedule for knowledge, attitude scale for attitude and checklist for the problems faced and remedial measures adopted. It was found that 65 menopausal women had average knowledge, 72 had moderately favorable attitude, majority of them were facing different problems and adopted various remedial measures to get relieve of the menopausal problems. It was found there is a need to improve the knowledge or women for various measures ^[9].

A experimental study was conducted by Namrata Sharma on May 2010, out of the 100 sample, 45 (45%) of the subjects were in the age group of above 55 years, more than half (51%) of the subjects were illiterate and majority 77 (77%) of them were housewife. 57% of the subjects belong to joint family, 37 (37%) of them most 63(63%) of the women were married and 42(42%) of the women had their menopause occurred at the age between 40-45years. 54% of the women had inadequate knowledge regarding menopause ^[10].

Material and Methods

Non Experimental (Quantitative research approach) with descriptive research design was used to assess the knowledge of menopausal women in selected rural community of Ambala. The study comprised of 200 menopausal women who had attained menopause, willing to participate and available at the time of data collection were selected from communities areas of Singhpura and Basantpura colonies of Barara, Ambala by using purposive sampling techniques. Menopausal women who had attained surgical menopause were excluded. Demographic variables and structured Knowledge questionnaire were used to collect data by interviewing technique. Structured knowledge questionnaire consisted of 22 multiple choice questions which includes concept, risk factors, causes, symptoms, management and complications of menopause. Content validity of the tools was established by submitted to seven experts. The reliability of Structured knowledge questionnaire was found to be 0.76 and calculated by KR20 formula.

Ethical approval was obtained from Municipal Corporation Committee for conducting the research study. The purpose for carrying out research project was explained to the study subjects and assurance for confidentiality was given. Written informed consent was taken from each subject after explaining the purpose of research project. The data collection for the final study was done in the month of February and March, 2016. The screening of the sample was done by asking questions to know the women who attained menopause. Demographic variables were filled up by menopausal women to collect baseline data. Structured knowledge questionnaire was administered to assess the knowledge of menopausal women regarding menopause.

Results

Description of Demographic Variables

Table 1: Frequency and Percentage Distribution of Menopausal Women in terms of Demographic Variables N=200

S. No.	Demographic Variables	Frequency (f)	Percentage (%)
1	Age (in years)		
1.1	45-50	67	33.5
1.2	50-55	54	27
1.3	55-60	55	27.5
1.4	60 -65	24	12
2	Educational status		
2.1	Non literate	55	27.5
2.2	Primary	85	42.5
2.3	Higher	36	18
2.4	Secondary	17	8.5
2.5	Graduate and above	07	3.5
3.	Religion		
3.1	Hindu	108	54
3.2	Sikh	90	45
3.3	Muslim	02	01
4.	Occupation of women		
4.1	Private	04	02
4.2	Government	06	03
4.3	Homemaker	190	95
5.	Type of family		
5.1	Nuclear	102	51
5.2	Joint	95	47.5
5.3	Extended	03	1.5
6.	Total monthly family income		
6.1	<Rs. 5000	24	12
6.2	Rs.5001-10000	73	36.5
6.3	Rs.10001-15000	61	30.5
6.4	Rs.>15001 and above	42	21
7	Dietary habits		
7.1	Vegetarian	159	79.5
7.2	Non-vegetarian	37	18.5
7.3	Eggetarian	04	02
8.	Marital status		
8.1	Unmarried	04	02
8.2	Married	174	87
8.3	Widow	22	11
9.	Source of information		
9.1	Yes	107	53.5
9.2	No	93	46.5
10.	If yes,specify		
10.1	Television	08	7.5
10.2	Radio	01	0.9
10.3	Magazine/Newspaper	02	1.9
10.4	Health personnel	26	24.2
10.5	Peer group	70	65.4
11.	Menopausal Age		
11.1	40-45	77	38.5
11.2	46-50	95	47.5
11.3	More than 51	28	14

Table 1 depicted frequency and percentage distribution of menopausal women in terms of demographic variables. One third (33.5%) of menopausal women were in the age group of 45-50 years. Less than half (42.5%) of menopausal women were having primary educational status. More than half (54%) of menopausal women were belonged to hindu

religion. Most (95%) of menopausal women were omemaker. Nearly Half (51%) of menopausal women were living in nuclear family. More than one third (36.5 %) of menopausal women were Rs.5000 to 10000 family monthly income. More than three fourth (79.5%) of menopausal women were vegetarian. Majority (87%) of menopausal women were married. More than half (53.5%) of menopausal women were having knowledge regarding menopause and out of those peer group were the source of information in nearly two third (65.4%) of menopausal women. Less than half (47.5%) of menopausal women were attained menopause at the age of 46 to 50 years.

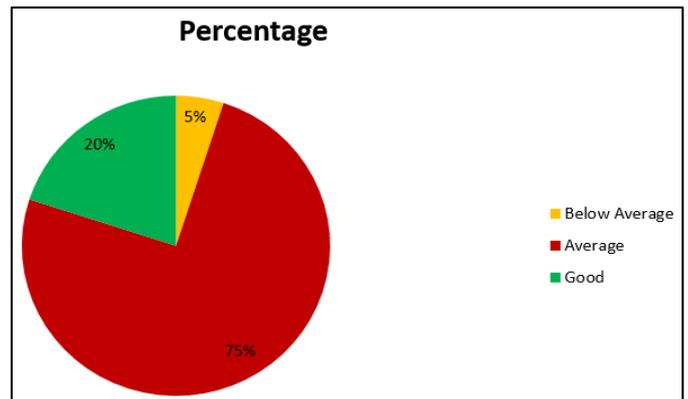


Fig 1: Pie Graph Showing Percentage Distribution of Menopausal Women in terms of Level of Knowledge

Data presented in figure 1 shows percentage distribution of menopausal women in terms of level of knowledge regarding menopause. Three fourth (75%) of menopausal women were having average level of knowledge followed by less than one fourth (20%) were good level of knowledge regarding menopause.

Table 2: Range, Mean, Standard Deviation, Median of knowledge Score of Menopausal Women N=200

TEST	Rangescore	Mean + Standard Deviation	Median
Knowledge	4-20	12.15 _{+2.9}	12

Minimum Score=00 Maximum Score =22

Data depicted that the mean knowledge score and standard deviation of menopausal women were 12.15_{12.15+2.9} with the obtained range of 4-20 and median was 12.

Table 3: Rank, Area wise Mean, Mean Percentage of knowledge Scores of Menopausal Women regarding Menopause N=200

Area of knowledge	Maximum score	Mean	Mean Percentage	Rank
Definition, risk factors and cause	5	1.99	39.80	4 th
Symptoms	6	3.79	63.16	1 st
Management	9	5.34	59.33	2 nd
Complication	2	1.03	51.5	3 rd

Data presented in Table 3 shows that the menopausal women were having highest knowledge in the area of symptoms of menopause and deficit in the area of concept, causes and risk factors of menopause.

Table 4: Chi-Square Showing Association of Level of Knowledge with Demographic Variables of Menopausal Women Regarding Menopause N=200

Demographic variables	Below average	Average	Good	X ²	df	t value
AGE						
45-50	4	53	10	3.86 ^{NS}	6	12.59
51-55	1	43	10			
56-60	2	47	6			
61-65	0	21	3			
Educational Status						
Non-illiterate	3	49	3	8.69 ^{NS}	8	15.51
Primary	1	68	16			
Higher	2	29	5			
Secondary	1	13	3			
Graduate and above	0	5	2			
Religion						
Hindu	2	89	17	56.2*	4	9.49
Sikh	3	75	12			
Muslim	2	0	0			
Occupation Of Women						
Private	1	3	0	13.7*	6	12.59
Government	1	2	2			
Homemaker	5	158	27			
Others	0	1	0			
Type Of Family						
Nuclear	2	80	20	12.84*	4	9.49
Joint	4	82	09			
Extended	1	2	0			
Total Monthly Family Income						
>5000	2	20	2	12.21 ^{NS}	6	12.59
5001-10000	1	65	7			
10001-15000	1	51	9			
>15000	3	28	11			
Dietryhabits						
Vegetarian	5	128	26	2.87 ^{NS}	4	9.49
Non vegetarian	2	32	3			
Eggetarian	0	4	0			
Marital Status						
Unmarried	0	4	0	0.98 ^{NS}	4	9.49
Married	6	142	26			
Widow	1	18	3			
Source Of Information						
Yes	3	82	22	6.95*	2	5.99
No	4	82	7			
If Yes Specify						
Television	1	88	7	20.22*	8	15.51
Radio	0	1	0			
Magazine	0	3	0			
Health personnel	0	16	0			
Peer group	2	56	10			
Menopausal Age						
40-45	5	65	7	6.66 ^{NS}	4	9.49
46-50	1	78	16			
>51	1	21	6			

*significant at 0.05 level

NS-Non signific

Data presented in Table 4 shows association of level of knowledge with demographic variables. The computed chi square value was found to be statically significant with religion, occupation of women, type of family and source of information at 0.05 level of significance. It further revealed that level of knowledge were dependent on religion, occupation of women, type of family and source of information.

Discussion

The findings of the present study were consistent with Sonia Puri, Vikas Bhatia, Chetna Mangat that shows majority of the women are having average knowledge regarding

menopause and Another study findings were also consistent with the study conducted by Namarta Sharma, Khalid Mehvis shows majority of women have in-adequate knowledge regarding menopause.

Conclusion

This study was found that menopausal women had remarkably average knowledge regarding menopause on all content area which is followed by some of having good knowledge about menopause. The findings of this study suggest that comprehensive education which is delivered as soon as possible on knowledge, attitude, symptom and management of menopause should be regarded as crucial for

menopausal women. Education and intervention programs on menopause symptoms are thought to be essential in middle-aged women.

Physical, mental, psychological and social aspects need to be taken into consideration in developing suitable programs. In addition, the customized pre menopause, peri, postmenopausal educational involvement is required according to status, symptoms and severity of menopause.

Overall, it is thought that it is necessary to make a nursing preparation for health and wellbeing of middle-aged women in the menopause by mounting and providing the health promotion program for them and minimizing their discomfort.

The findings of this study are limited to community menopausal women and cannot be applied to the general women population for the following reasons:

First, A comparative study can be conducted on knowledge of urban and rural women regarding menopause.

Second, assess the degree of stress and other psychological problems experienced by menopausal women and remedial measures used by menopausal women.

Third, A qualitative study can be conducted regarding women's perception for menopause. Hence, nursing care needs to be provided to minimize menopausal discomfort by developing menopause management programs for middle-aged women.

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