ORIGINAL ARTICLE

Assess the Knowledge on Menopausal Self-care among Perimenopausal Women

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ABSTRACT

Perimenopause which generally begins more than 5 years before the permanent cessation of menses, it is a time of transition characterized by unstable endocrine physiology and highly variable, unpredictable hormone profiles. The purpose of the study is to assess the knowledge on menopausal self-care among perimenopausal women in selected wards of Nayarambalam Panchayath, Ernakulam. Quantitative approach with descriptive survey design is used for the study. Sample consists of 120 perimenopausal women of 35 to 50 years, residing in selected wards of Nayarambalam Panchayath, Ernakulam. The knowledge regarding menopausal self-care is poor among 71% of perimenopausal women, average among 28% of perimenopausal women and 1% of them have good knowledge. Mean knowledge score is 8.04, SD is 5.09 and maximum score is 30. No significant association was found between knowledge and variables like age, educational status, family income and menopausal status. Perimenopausal women have inadequate knowledge on menopausal self-care. Findings of the study highlight the need of educational intervention for improving the knowledge of self-care among perimenopausal women.

Keywords: Knowledge on menopausal self-care, Perimenopausal women, Selected variables.

INTRODUCTION

The natural menopause is defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Natural menopause is recog-

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nized to have occurred after 12 consecutive months of amenorrhea. Perimenopause is the period immediately prior to the menopause (when the endocrinological, biological and clinical features approaching menopause commences) and the first year after menopause.[1] According to North American Menopause Society, menopause can occur naturally (spontaneously)—on average around 51 years of age. Average age of menopause is 47.5 years in Indian women with an average life expectancy of 71 years. Mean age at menopause ranges in Indian women from 40.32 to 48.84 years.[2]

Kapur P et al[3] conducted a study on measuring climacteric symptoms and age at natural menopause in an Indian population using the Greene Climacteric Scale in Uttarakhand. According to the study age of menopause was 45.02 ± 4.35 years. According to Dasgupta D,[4] study on menopausal problems among rural and urban women from eastern India found that the age of menopause is 46.14 ± 4.47 years.

Evidence show that women attain menopause at an earlier age compared to what it was before. Since, life expectancy has increased women have to live in menopausal years for a prolonged period of time. Hence, they are exposed to the risk of menopausal problems and health hazards.

Borker SA et al[5] conducted a community based cross sectional study to find the prevalence of menopausal symptoms and perceptions regarding menopause among menopausal women of Kerala in 2013. The study was conducted among 106 postmenopausal women. The mean age of attaining menopause was 48.26 years. Prevalence of symptoms among women were emotional problems like crying spells, depression, irritability (90.7%), headache (72.9%), lethargy (65.4%), dysuria (58.9%), forgetfulness (57%), musculoskeletal problems like joint pain, muscle pain (53.3%), sexual problems like decreased libido, dyspareunia (31.8%), genital problems like itching, vaginal dryness (9.3%), and changes in voice 8.4%. Only 22.4% of women knew the correct cause of menopause.

A study of Suguna S et al[6] on menopausal transition and cardiovascular risk factors in urban Indian women in 2006 shows that postmenopausal women are at high risk for developing cardiovascular disease. Sharma S et al[7] conducted a research on postmenopausal women's risk of developing osteoporosis found that mean age of

osteopenia is 49.83 years and osteoporosis is 56.37 years and found that postmenopausal women is at risk of developing osteoporosis.

In India, the number of menopausal women is about 43 million.[1] Women usually perceive themselves to be healthy even if they are not healthy. They are usually involved in taking care of family and given second priority to them. A study conducted by Pinto ME,[8] on knowledge and attitude regarding menopause among rural urban married women in Mangalore, sample size consisted of 100 married women aged between 40 to 50 years. Results show that majority of the women in rural area (78%) had average knowledge on menopause and most of the women in urban area (62%) had satisfactory knowledge regarding menopause. Most of the women in rural area (84%) and urban area (98%) had favorable attitude toward menopause, there was significant difference between knowledge scores and attitude scores of rural and urban married women regarding menopause.

Since perimenopause has lots of problem of physical and mental nature, the demand of life is much more. They need how to cope up with problems and demands. Many changes both physiological and psychological take place in women's body at this time. It is important that such woman receive help, advice and freely available information which can contribute toward making the years following menopause as rewarding, fulfilling and purposeful. The purpose of the present study is to identify knowledge on menopausal self-care, so as to help the healthcare provider with necessary data to device interventions specific to the needs of perimenopausal women. It will also help to identify the specific areas of self care deficit.

MATERIALS AND METHODS

Quantitative research with descriptive survey design is used for the present study. Research setting of the present study is Nayarambalam Grama Panchayath. This panchayath is adopted by Amrita Institute of Medical Sciences as a community health training center. The total population of Nayarambalam Panchayath is about 26,000 and consists of 16 wards. Sampling technique used is cluster sampling. Out of 16 wards 13 and 14 wards were selected using lottery method. The sample size consisted of 120 perimenopausal women between the age group of 35 to 50 years. The data were collected by semi structured questionnaire developed by the investigator. The knowledge questionnaire has 30 items. One mark is awarded for each right answer and zero for the wrong answer. No negative mark is given. The content validity of the tool is 0.9 and reliability is 0.69.

The data collected was analyzed by descriptive statistics and inferential statistics.

OBSERVATIONS AND RESULTS

The data collected for the study was tabulated, analyzed and interpreted using descriptive and inferential statistics with the help of SPSS package.

The findings are presented under the following sections:

Section I: Sample characteristics

Section II: Knowledge on menopausal self care

Section III: Association of knowledge with selected demographic variables.
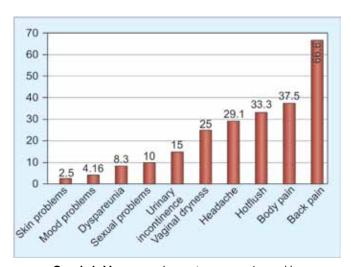
Section I: Sample Characteristics

Most of the subjects (37%) belong to the age group between 35 and 40 years. Among 120 samples, 48% attained menopause, 33% of them have diabetes, 25% of them have hypertension and 8% of them have osteoporosis.

The common change in menstrual pattern experienced by the perimenopausal women is irregular bleeding (50%).

Most prevalent symptoms of menopause were, back pain (66.6%), body pain (37.5%), 33.3% have hot flushes, 29.1% have head ache, 25% have vaginal dryness, 15% have urinary problems, 10% of them have sexual problems and 8.3% have dyspareunia (Graph 1).
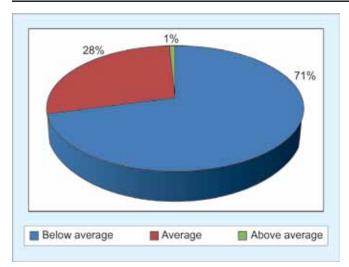
Section II: Knowledge on Menopausal Self-care

Maximum score for the knowledge questionnaire is 30. Knowledge level is graded in to; Below average knowledge (less than 10 marks), Average knowledge (11-20 marks) marks, above average knowledge (Above 21 marks).

Graph 1: Menopausal symptoms experienced by perimenopausal women

Graph 2: Pie diagram showing knowledge on menopausal self-care among perimenopausal women

Table 1: Mean score of knowledge in different areas of menopausal self-care

Specific areas of awareness level	Maximum score	Mean score and standard deviation	Mean score (%)
1. General aspects of menopause	5	0.88 ± 0.80	17.6
2. Menopausal symptoms and management	16	4.54 ± 2.82	28.3
• Vasomotor symptoms	5	2 ± 0.95	19
• Genitourinary symptoms	3	0.89 ± 0.134	29.6
• Psychological symptoms	3	1.16 ± 0.98	38.6
3. Long-term risk of menopause and prevention	9	2.17 ± 1.47	24.1
• Osteoporosis	6	2.21 ± 1.24	37.3
• Cancer	3	0.84 ± 0.76	28
• Cardiovascular problems	3	1.74 ± 0.97	43.5
4. Diet	8	3.4 ± 1.68	42.5
5. Exercise	4	1.00 ± 0.89	25

*Certain items in the questionnaire are included under more than one specific area; Knowledge scores are less than 80% in all the specific areas. Knowledge score is less than 30% in general aspects of menopause, vasomotor symptoms, cancer and exercise

Graph 2 shows that the knowledge regarding menopausal self-care is poor among 71% of perimenopausal women, average among 28% of perimenopausal women and 1% of them have above average knowledge. Mean score is 8.04 and SD is 8.04 ± 5.09. The score ranged from 1 to 20.

Score in different specific areas of knowledge on menopause is given in Table 1.

Section III: Association of Knowledge with Selected Demographic Variables

No significant association found between educational status, family income and menopause attained to the knowledge level of the perimenopausal women ($p < 0.05$).

DISCUSSION

Knowledge regarding menopausal self-care is poor among 71% of perimenopausal women, average among 28% of perimenopausal women and 1% of them have good knowledge. Mean score and standard deviation of knowledge score is 8.04 ± 5.09 respectively with maximum score 30. Mean score in all the specific areas of menopausal self-care was at less than 50% and they scored less than 25% knowledge in general aspects of menopause (17.6%), vasomotor symptoms (19%), Long term risk of menopause (24.1%) and exercise (25%).

A similar study conducted by James J,[9] to evaluate the effectiveness of the structured teaching program on knowledge regarding menopausal problems and its remedial measures among middle aged women in selected rural areas, Bangalore. The results shows that pretest knowledge was inadequate in 71.7% of women, 28.3% of them have moderate knowledge and none of them have good knowledge on menopausal problems and its remedial measures. The subjects are having least knowledge in different areas of menopause like, general information on menopause (33.4%), menopausal problems and remedial measures (41.9%).

While comparing it shows that the results are more or less consistent in nature.

In the present study perimenopausal women is having, 37.3% of knowledge regarding osteoporosis with a mean score of 2.21 ± 1.24.

K Pande, Sonali Pande et al[10] conducted a study on knowledge about osteoporosis in learned Indian women. A total of 73 female staff members (average age 44.7 years) of a teaching institute taken as sample for the study. The mean ± SD of total score for the sample was 4.1 ± 4.1. The highest and the lowest score were 15 and –8 respectively. Findings of the study are consistent with available literature. Healthcare providers need to emphasize the areas of insufficient knowledge while giving health education to prevent and manage menopausal symptoms and long-term risks. These study results conclude that women are having poor knowledge regarding osteoporosis and its preventive management. Women are having less than 50% knowledge in all specific areas of menopausal self-care. It shows that women need to be get advises and help during their perimenopausal period itself because menopause is inevitable in every women's life. Healthcare providers should early identify the health hazards due

to the menopause and measures should be done to minimize or eliminate the problems such as heart diseases, cancer and osteoporosis.

There is no significant association between age, educational status, family income and menopause attained to the knowledge level of the perimenopausal women.

Veigas et al[11] conducted a study on knowledge and practice of post menopausal women on health maintenance in a selected rural community of Mangalore, Karnataka. Eighty postmenopausal rural women were selected randomly. There was no association observed between knowledge score and selected demographic variables such as age, education and family income.

CONCLUSION

Majority of the women experience menopausal problems in their life. So the healthcare providers should be knowledgeable regarding the menopausal problems, its health hazards as well as remedial measures. The administrator can impart various health education programs to the women attending hospital in various settings, and it can be replicated through the students. Menopause clinics can be established in order to get special care to the women in their menopause transition period.

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