

# KNOWLEDGE, ATTITUDE AND EXPERIENCE OF MENOPAUSE – AN URBAN BASED STUDY IN BANGLADESH

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## **Abstract:**

*A cross-sectional descriptive study was designed to determine the knowledge and attitude of postmenopausal women towards menopause and symptoms experienced by them. A total of 1056 women of 40-87 years of age were interviewed on the basis of a semi-structured questionnaire. The study was conducted in different non-government primary health care service centres as well as out patient department of tertiary government hospitals and private hospitals in Dhaka city from February to August 2008. The collected data were analyzed by using the SPSS 11.0 version. 994 (94.13%) had natural menopause and surgical menopause was evident only in 62 (5.87%) cases. 33.52% women were quite illiterate and 44.70% were of poor socioeconomic condition. 45.27% knew about the age of menopause and 34.75% knew the possible health effects of menopause. 82.58% of women considered it as a natural process and 17.42% perceived it as a disease. 26.14% were happy having no menstruation but 54.92%, being unhappy, wanted to have menses again and 18.94% had no opinion. Most common physical symptoms reported were backache (82.77%), bodyache (65.25%), insomnia (45.27%), vasomotor symptoms like hot flushes (36.84%) and night sweats (32.39%) and frequent mental symptoms were mood changes (34.85%), loss of memory (19.70%) and depression (19.51%). 32.47% were bothered by those symptoms but only 18.23% consult the physician. Only 3.67% were taking HRT. The overall scenario is frustrating, though the people were from a more facilitated environment of a mega city like Dhaka, and that may be due to low literacy rate and poverty.*

**Key words:** menopause, awareness, menopausal symptoms, reproductive health.

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## **Introduction:**

Reproductive health has become an important norm in today's health system. The menopause is a transitional developmental period in women's life and an essential part of reproductive health care<sup>1</sup>. It occurs usually between the ages of 45 and 52 years but may vary. The average age of menopause in western countries has risen by 5 years in the last century, a change which probably reflects a general improvement in health and vigour of the community and a determination of

women to stay young<sup>2</sup>. The menopause is a period of decreasing ovarian function and diminished oestrogen level, followed by cessation of menstruation. However, for the middle-aged women, this loss is a critical issue as it represents the end of fertility and onset of aging process. Due to diminished oestrogen level, a variety of symptoms such as hot flushes, mucosal dryness, excessive sweating, emotional fluctuations, psychoses, decreased strength and calcification of bones throughout the body, are experienced by

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women in menopause<sup>3</sup>. It is important to understand the changes, take medical help, whenever necessary, and adopt a healthy life style, proper nutrition and positive attitude. In fact, this is a period when women can contribute to the happiness of the family, friends and society in many ways<sup>4</sup>. Multiple factors including socioeconomic background, education, job and family environment, physical and mental health influence women's beliefs and knowledge about menopause and attitude towards it. Moreover, these factors may alter the experience of menopausal symptoms as well as health seeking behaviour<sup>5</sup>. Especially in societies where it is not viewed as negative rather a positive event, the symptoms are found less common<sup>6</sup>. Urban population has got various ways to be facilitated with employment, education, health facilities and mass media communication. Therefore, public awareness and participation in health related activities is expected to be more in urban areas. The present study is an approach to evaluate women's knowledge, attitude and health problems related to menopause in an urban population.

#### **Methods:**

A cross-sectional descriptive study was done from February to August 2008 based on convenient sampling i.e. female patients having menopause and seeking treatment at different health service centres in Dhaka city including tertiary government hospitals like Dhaka Medical College Hospital, private institutes like BIRDEM Hospital, Apollo Hospitals, and NGOs like MCH-FP Clinic of MSS, 'Smiling Sun' Clinics, and few chambers of General Practitioners. A total of 1056 women were interviewed after a primary selection, age ranging from 40 to 87 years. The patient selection criteria were followed strictly based on the definition of menopause as per given by WHO<sup>7</sup>. Women who had experienced amenorrhoea for 12 or more consecutive months, were considered to be in natural

menopause. Women with a history of surgical removal of both the ovaries (with or without hysterectomy), were considered to be in surgical menopause. Both natural and surgical menopausal women are included into this study. Informed consent was taken verbally. A predesigned questionnaire was used to collect the information from the patients regarding their sociodemographic status, knowledge and attitude towards menopause and experience of menopausal symptoms. The collected data were analyzed by using the SPSS 11.0 version.

#### **Results:**

Analyzing the results, it was found that the age of women ranged from 42 to 87 and the mean age was  $53.24 \pm 4.17$  years. Most of the women (94.3%) had natural menopause and surgical menopause was evident only in 5.6% cases. 33.52% women were quite illiterate and 44.70% were of poor socioeconomic condition. 45.27% knew about the age of menopause and 34.75% knew the possible health effects of menopause. 82.58% of women considered it as a natural process and 17.42% perceived it as a disease. 26.14% were happy having no menstruation but 54.92%, being unhappy, wanted to have menses again and 18.94% had no opinion. Most common physical symptoms reported were backache (82.77%), bodyache (65.25%), insomnia (45.27%), vasomotor symptoms like hot flushes (36.84%) and night sweats (32.39%) and frequent mental symptoms were mood changes (34.85%), loss of memory (19.70%) and depression (19.51%). 32.47% were bothered by those symptoms but only 18.23% consult the physician. Associated diseases were hypertension (65.80%) and Diabetes mellitus (43.66%) for which actually they used to consult the physician. Only 3.67% were taking HRT. Knowledge about menopause has been commonly learnt from the older family members (60.61%) and friends (37.12%), little from reading material or TV. The results of the study are presented in Table: I, II & III.

**Table-I**

*Sociodemographic characteristics (n=1056)*

Age of women (in years)	Number	%
40-49	658	62.31
50-59	185	17.52
60-69	143	13.54
70-79	48	4.55
80-89	22	2.08
Parity of women		
Nulliparous	17	1.61
1-2	754	71.40
3-4	231	21.88
5-6	41	3.88
7-8	7	0.66
>8	6	0.57
Marital status		
Married	797	75.47
Widow	219	20.74
Divorcee	40	3.79
Education		
Nil	354	33.52
Primary	198	18.75
High school	241	22.83
College	105	9.94
University	158	14.96
Socio-economic status		
Poor	472	44.70
Low middle class	213	20.17
Upper middle class	287	27.18
Elite	84	7.95

**Table-II**

*Knowledge and attitude towards menopause*

Level of knowledge	Number	%
Knowledge about:		
Age of menopause	478	45.27
Menopausal symptoms	367	34.75
Perception of menopause:		
No opinion	200	18.94
Normal aging process	872	82.58
Disease	184	17.42
Happy about menstrual cessation	276	26.14
Worried about menstrual cessation	580	54.92

**Table-III**

*Experience of menopausal symptoms*

Symptoms	Number	%
Backache	874	82.77
Bodyache	689	65.25
Insomnia	478	45.27
Hot flushes	389	36.84
Mood Changes	368	34.85
Night sweats	342	32.39
Loss of memory	208	19.70
Depression	206	19.51
Loss of libido	187	17.71
Dyspareunia	142	13.45
Frequent micturition	132	12.50
Weight gain	117	11.08
Associated problems		
Hypertension	461	43.66
Diabetes Mellitus	378	35.80

**Discussion:**

Earlier studies have shown that women of developing countries are still lagging behind in health matters like menopause<sup>6,8,9,10</sup>. Our study has also revealed the same, though urban women were selected for the study and expected to respond in a better way. Women learn to respond to the menopausal symptoms in an individual and culturally dependent way<sup>6,8,11,12,13</sup>. A low prevalence of menopausal symptoms and its medical attention has been reported by those studies of south and eastern Asian, African and Latin American countries<sup>4,6,7,8,9,10,14</sup>, while a high prevalence has been found in some of the developed middle eastern and western countries<sup>5,11,12,15</sup>. The lower prevalence is also evident in the present study, and may be due to lack of knowledge, awareness, less medical facilities and poverty. A perception of the menopause as a positive event also varies in different countries between 40-90%<sup>5,8,10,11</sup>. Ours low positive perception may be the result of thinking of the menopause as the end of fertility, femininity and sexuality. This parameter also has been influenced by the age, parity, education and socioeconomic status<sup>5,16</sup>. Several factors have been found in the present study influencing women’s perception and attitude towards menopause e.g. age, parity, education, socioeconomic condition, employment etc. Positive attitude found in highly educated, upper

middle class and elite women. Treatment seeking attitude found in only few highly educated and elite women who could manage the costs of hormone replacement therapy (HRT). Most of the participants actually came to the physician for associated diseases. Earlier studies have revealed the fact that even who have some ideas or knowledge about menopause, do not put into practice in their behaviour yet<sup>7,16,17</sup>. Similar views have been found in the present study. Knowledge about menopause has been commonly learnt from the older family members (60.61%) and friends (37.12%), little from reading material or TV. It signifies that health education and mass media communication are still inadequate.

### Conclusion:

With increase in life expectancy throughout the world, most of the women will live through menopause and urbanization causes more stressful life as well as increased vulnerability to perimenopausal and postmenopausal health problems. Management of menopause with the hormone replacement therapy (HRT) is not always justifiable in a poor developing country like Bangladesh, as costs of pretherapeutic investigations and medications are very high. Moreover, management of menopause is not only the HRT but a holistic approach to health where medical treatment along with social and psychological support, physical exercise and appropriate life style are to be ensured. Medical service providers and health promotion and education department should take necessary measures to increase public awareness about psychosocial impact of menopause and improve the quality of life of women through behavioural change communication (BCC).

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