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Knowledge, attitudes and perceptions towards menopause among highly educated Asian women in their midlife

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Abstract

Objective: To determine knowledge levels, and attitudes and perceptions towards, menopause among highly educated Asian women in their midlife.

Study design: A cross-sectional survey.

Setting: Five teaching institutions in Hyderabad, Pakistan.

Population: In total, 200 out of 225 (89% response rate) teachers, lecturers and professors, aged 40–59 years, were surveyed in 2013 using a self-administered questionnaire.

Results: The mean age of responders was 48 years. Premenopausal and perimenopausal women attributed for 58%, whereas 42% were postmenopausal. All women had a masters degree; 15% had a PhD degree. Forty-six percent of responders thought they had sufficient knowledge about the menopause and 87% had positive perceptions about it, with 76% feeling life was easier and calmer as a result of it. Reported negative perceptions included 30% of women experiencing feelings of grumpiness, irritability, altered work capability and loss of femininity. Health professionals were an information resource. of 60% of cases, only 5% of participants knew about hormone replacement therapy and none knew about available alternative therapies.

Conclusion: Despite the fact that the majority of women felt well informed and exhibited a positive attitude towards menopause, a strong urge for more knowledge was expressed. Public health care systems should mobilize resources and take measures to improve women's awareness and knowledge about menopause-related changes through a variety of educational tools and media, including the Internet. A recommendation would be for physicians to provide more information about menopausal symptoms and also therapies to alleviate these symptoms, regardless of the patient's socioeconomic background.

Introduction

Menopause, the last menstruation, marks the end of female reproductive capacity. It is immersed within the climacteric, the transitional phase from an active to inactive reproductive stage that may extend years before the menopause onset. Progressive decrease in estrogenic secretion, characteristic of climacteric phase, leads to changes from a biopsychosocial point of view, which in turn impairs female quality of life.¹ This midlife change is sometimes perceived as a disease or a time of physical and emotional upheaval requiring treatment with various drugs. Is this because it really is a time full of turmoil or is this perception of menopause as a disease, a cultural stigma?

Knowledge, attitudes and perceptions towards the menopause and its transitional period, the climacteric, may differ from one female population to another. These differences have been related to female age, parity, hormonal, socioeconomical, educational status as well as cultural and geographical factors.^{2–5} In one study, knowledge regarding the menopause and its treatment was reported to be lower among women with lower income groups.⁶ It is commonly believed that many adverse climacteric symptoms can be avoided if woman and her family are sufficiently informed about the menopause and its management.⁷ Both women in midlife and health professionals believe that attitudes play a role in the experience of menopause,⁸ with results from three longitudinal studies supporting this belief.^{9–11} However, the majority of studies have been conducted among Western, predominantly Caucasian, women. It is documented in several studies that the attitudes of Asian women are different from the western women towards the menopause as Asian women feel themselves psychologically uplifted and more respectful in the society after attaining the menopause.^{7,12,13}

Regarding the knowledge, attitudes and perceptions of Pakistani women towards the menopause, a paucity of literature is noticed. As quality of life and hence the female life expectancy is increasing in Pakistan, the present study was conducted to assess the knowledge, attitudes and perceptions of educated, relatively affluent Pakistani women towards the menopause, and their thirst for knowledge about this phase of life.

Method

This cross-sectional descriptive survey was conducted from 1 January to 31 March 2013. Female teachers including professors, associate and assistant professors, lecturers and high school teachers were approached for the study. Inclusion criteria were minimum education of masters degree, age 40–59 years, those who were still of childbearing age (premenopausal) and those having natural menopause. These teachers were selected through convenient sampling technique, from University of Sindh Jamshoro, and two leading colleges and one high school of Hyderabad city. Teachers who refused to participate or having medically/surgically induced menopause were excluded from the study. In this study, premenopause was defined as regular periods between the ages 40 and 45 years, perimenopause was defined as age >45 years to whatever age but menopause yet not established, and menopause was defined as the cessation of menstruation determined retrospectively following 12 months of amenorrhea during the midlife period.¹³ A pretested, self-administered questionnaire, written in English language was used for data collection. The questionnaire included sociodemographic profile including age, marital status, parity, residential address, education, job status, and monthly income of the participants, overall socio economic status of the family and menopausal status. Knowledge regarding menopause was tested by six open-ended questions. Attitudes towards menopause were asked by four close-ended questions with answers positive, neutral and negative. Perceptions towards menopause were asked by 20 leading questions with answers yes or no. The questionnaire was handed over to the selected consenting teacher by a team of doctors of the Department of Obstetrics and Gynaecology with the provision of the contact telephone numbers and mailing/e-mail address of the principal investigator for any question or query regarding the content of the questionnaire. The questionnaires were collected after a period of approximately seven days from the participants through a resource

person from each institute on a convenient, predecided date. A response rate of 89% was achieved, with 200 out of 225 surveys returned. Data were transferred and analysed on the computer software programme Statistical Package for the Social Sciences version 10.0. Means and standard deviations were calculated wherever necessary.

Results

Study subjects' age ranged from 40 to 59 years (mean age 48 years). Eighty-nine percent women were married, and 166/178 (93.3%) of those were parous (see Table 1); overall mean parity was 2.9 children. All participants had a master's degree in various subjects, while 15% teachers had also PhD qualification. Mean monthly income of the participants was US\$293. All participants reported a satisfactory socioeconomic status of their family. Forty-two percent had experienced a natural menopause, whereas 58% were in premenopause and perimenopausal stage (Table 1).

Regarding the knowledge about menopause, 46% participants were able to define the menopause correctly as a permanent cessation of periods after the age of 45 years and felt that it is a physiological condition. Twenty-three percent had some idea about the self-management of menopause like change of lifestyle with exercise and calcium supplements. Only 5% participants knew about the hormone replacement therapy (HRT), whereas none had any knowledge about the changing trends towards the HRT after the results of Women Health Initiative (WHI) and Million Women Study (MWS). Neither did they know about alternative therapies like isoflavones and black cohosh. Seventy-six percent of participants wanted to receive more information through educational sessions, public awareness seminars and literature. Taking into account the attitudes, majority of the participants (53%) had welcomed menopause positively, whereas 31% were neutral about it and most of them were in premenopausal age group. All of them felt that health must be taken care of and 85% were concerned about the menopause; seeking medical attention and information at this stage was important to them (Table 2).

While answering the perceptions towards the menopause, 87% perceived it as a normal event. Seventy-five percent had a feeling of gaining more confidence and maturity. Negative perceptions towards menopause were reported for up to 30% of each statement, including for grumpiness, irritability and altered working capacity. Loss of physical attractiveness and affected well-being was reported by 28% and 26%, respectively. Decreased femininity, and the perception of menopause as a disease, was expressed in 23% and 22% of cases respectively (Table 3). Doctors were found to be the main source of information according to the survey population (Table 4).

Discussion

Attitudes towards menopause differ across different ethnic and cultural groups throughout the world – ranges from neutral to positive are consistent with findings of previous research, and can be interpreted in light of the general life context of women experiencing the transition. The rationale behind selecting the cohort covered in this study was that university, college and high school teachers are representing a majority of those Pakistani women who are educated and are in

employment and they are not in a health profession. That is why it was assumed that their knowledge, attitudes and perceptions might reflect the actual status of knowledge in the educated–working female community towards the menopause. In contrast, a previous survey in Hyderabad, Pakistan, sought opinions from predominantly housewives.⁵

We found that the women in this study generally had a positive (reported by 70% of participants) and concerned attitude towards the menopause, and also wanted to take active care of their health. The majority of them felt themselves more psychologically uplifted with attainment of a respectful place in the society as has been reported in previous studies.^{7,12,13,14} A similar figure regarding positivity has been reported in another study at Lahore.¹⁵ Negative perceptions were expressed by about 30% of women in our study. However, lower socioeconomic women in the Hyderabad reported a marked decrease in quality of life associated with the menopause, as did another hospital-based study conducted in Karachi.^{5,16} This group of patients were also less aware about the health problems associated with this condition.¹⁶ On the contrary, 46% of women in our study were able to define the menopause correctly and felt that they have sufficient knowledge about it. Nearly identical figures have been reported in studies conducted in Australia.¹⁷

For the dimensions of self-care during perimenopause, women in the current study thought that they should visit their physicians to find methods to relieve their body discomforts such as hot flushes, irregular menstruation and sexual disturbances. In addition, most of them believed that women experiencing perimenopausal symptoms had health disturbances. The concern of majority of women indicated that they depended more on physicians to help them and had little knowledge about self-management strategies. Therefore, how to educate and train women to selfmanage their perimenopausal transition is a crucial issue. Although doctors were the greatest source of information to these women, the majority of them did not know about the HRT and the changing trends towards change of life style and a tailor made approach towards HRT after the results of WHI and MWS.^{18–20} These outcomes are conflicting, and physicians should possibly expand the information they present to their patients when it comes to the menopause, its symptoms and ways to control them. Regarding the alternative therapies for the alleviation of menopausal symptoms, phytoestrogens (also known as plant estrogens)^{21,22} and black cohosh²³ are commonly used in various parts of the world.

Epidemiological studies suggest that eating a diet rich in phytoestrogens can help to relieve hot flushes, and this is reflected in high levels of hot flushes amongst Western women (low phytoestrogen intake) and low levels seen in Chinese and Japanese women (high phytoestrogen intake)^{24,25} In the present study, participants did not know about the beneficial effects of phytoestrogens or black cohosh (*Cimicifuga racemosa*); the latter is a native North American botanical preparation that has been used by women for more than 100 years for the treatment of pain and inflammation associated with rheumatism, dysmenorrhea, endometriosis and neuralgia, and is now used as an alternative therapy for menopausal symptoms.²⁶

Overall, participants showed a keen interest in receiving as much information as possible through various awareness channels about the self-management of menopause. A limitation of the study is that the internet was not listed as an option when asking participants about where they sourced their information. With the rise of internet connections to houses and also smartphones, internet

access increases all the time and it is likely that some women – particularly the cohort covered here – will have had access to the internet and used it as a resource.

Conclusion

This particular group of highly educated Pakistani women had more insight into the menopause and its associated health risks, when compared to previous data from surveys amongst women who were less educated and were predominantly housewives. Nonetheless, there was still a desire amongst them to obtain more information regarding the change of lifestyle associated with the menopause and how to selfmanage it. One recommendation could be to establish menopause clinics in the community with the availability of public awareness literature, in both English and local languages. Seminars and lectures on this subject could be organized more frequently by physicians, or existing consultations could be altered to improve the information that is provided to menopausal women. Media could also play more active role in disseminating the information regarding the menopause and its management.

Table 1. Sociodemographic characteristics.

<u>Variable</u>	<u>N (%)</u>
Age (years), n=200	
40–44	82 (41)
45–49	32 (16)
50–54	38 (19)
55–59	48 (24)
Marital status, n=200	
Unmarried	22 (11)
Married	176 (88)
Widow	2 (1)
Parity, n=178	
Para 0	12 (7)
Para 1–4	89 (50)
Para >4	77 (43)
Educational status, n=200	
MSc	170 (85)
MSc+PhD	30 (15)
Menopausal status, n=200	
Premenopausal	78 (39)
Perimenopausal	38 (19)
<u>Postmenopausal</u>	<u>84 (42)</u>

Table 2. Attitudes towards the menopause.

Total responders, n=200

<u>Positive perceptions</u>	<u>N (%)</u>
Normal event, not a problem	174 (87)
Life is easier and calmer	152 (76)
More confidence and maturity	150 (75)
Ample time to perform religious activities	138 (69)
There is no more pregnancy risk	138 (69)
There is social improvement	128 (64)
It is an important event	118 (59)
Fully enjoy sexual relation	106 (53)
Feel young if menses returns	104 (52)
Liberation of domestic work	58 (29)
<u>Negative perceptions</u>	<u>N (%)</u>
Feel more grumpy and irritable	60 (30)
Working capacity is altered	60 (30)
Physical attractiveness is lost	56 (28)
Well-being is affected	52 (26)
Femininity is lost	46 (23)
Less desire for sexual intercourse	44 (22)
Generally a problem or burden	40 (20)
Increases familial problems	38 (19)
An offensive term to women	34 (17)
<u>Considered a disease</u>	<u>28 (14)</u>

Table 3. Perceptions towards the menopause (n¼200).

<u>Variable</u>	<u>Positive, N (%)</u>	<u>Neutral, N (%)</u>	<u>Negative, N (%)</u>
Will/did you welcome menopause?	106 (53)	62 (31)	32 (16)
Do you think seeking medical attention at this point is important?	170 (85)	28 (14)	02 (01)
Do you feel change of life style is needed at this stage?	178 (89)	22 (11)	–
Do you think health must be taken care at this stage?	200 (100)	–	–
Would you feel psychologically uplifted in the postmenopausal age?	100 (50)	48 (24)	52 (26)

Table 4. Source of information about the menopause.

Total responders, N=200

<u>Source of information</u>	<u>N (%)</u>
Doctors	123 (62)
Friends	105 (53)
Magazines	67 (34)
Relatives	60 (30)
Television	47 (24)
<u>Educational sessions</u>	<u>44 (22)</u>

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