



Research Article

REVIEW ARTICLE ON PERCEPTIONS AND KNOWLEDGE ABOUT MENOPAUSE

*Uzma eram

Assistant professor in the Department of Community Medicine, J.N.M.C.H, A.M.U., Aligarh

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ABSTRACT

Most of the women pass through menopause as a normal physiological manifestation of the aging process and they do not seek any medical intervention. Hormone replacement therapy (HRT) has been used for the treatment of menopausal symptoms for over 50 years. Hot flushes and night sweats are the only symptoms universally reported to respond to oestrogen replacement almost immediately. Socio cultural factors can affect women's attitude of menopausal symptoms. These symptoms are less common in societies where menopause is viewed as positive rather than negative event. Attitudes, perception and expectations are part of the psychosocial phenomenon surrounding menopause. According to a study 15.8% postmenopausal women have adequate knowledge about the effects and symptoms related to menopause. The aim of this study was to review the literature on perceptions and knowledge about menopause.

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INTRODUCTION

The word menopause literally means the "end of monthly cycles". Menopausal symptoms will affect each woman differently. It is not possible to predict the severity and duration of these symptoms. Large efforts should be required to educate and make the women aware of menopause symptoms. Most of the women pass through menopause as a normal physiological manifestation of the aging process and they do not seek any medical intervention. Hormone replacement therapy (HRT) has been used for the treatment of menopausal symptoms for over 50 years. Hot flushes and night sweats are the only symptoms universally reported to respond to oestrogen replacement almost immediately (Campbell, 1977). Socio cultural factors can affect women's attitude of menopausal symptoms. These symptoms are less common in societies where menopause is viewed as positive rather than negative event. Attitudes, perception and expectations are part of the psychosocial phenomenon surrounding menopause (Avis, 1996). According to a study 15.8% postmenopausal women have adequate knowledge about the effects and symptoms related to menopause (Nusrat et al., 2008). The aim of this study was to review the literature on perceptions and knowledge about menopause.

REVIEW OF LITERATURE

A descriptive cross-sectional study of 533 randomly selected Nigerian women in Benin City (Adedapo et al., 2011), reported

that three hundred and fifty-six (66.8%) women have heard of the word menopause and correctly described it as permanent cessation of menstrual bleeding. Menopause was considered a normal event by 97.4% of the women while 2.6% believed it was a disease condition. Majority of the women (407; 77.6%) adjusted very well to the events of menopause. Three hundred and forty-six women (64.9%) were no longer sexually active at menopause and up to the study period. One hundred and eighty-two women (34.1%) were still sexually active, while five (0.9%) did not say if they were still engaged in sexual activity. Joint pains (287; 53.8%), hot flushes (272; 51%) and night sweats (22; 42%) were the most common symptoms believed to be related to menopause. The most commonly reported advantage of menopause was freedom from monthly bleeding (50.7%). Some women reported that with menopause they felt they were complete women (2.4%). Eighteen (3.4%) women said with the advent of menopause, they no longer bear fears of getting pregnant. The possibility of having a child or having another child became a concluded issue in 1.3% of women with onset of menopause and they saw this as a major disadvantage of menopause. Only 39 (7.3%) of the women, all of whom had post secondary school level of education were aware of HRT. None of the women studied were on/ever had HRT. In another study (Ibraheem et al., 2015), 41.2% of the 96 females under study who indicated that they were aware of the symptoms of menopause reported irregular menstruation/no period as a symptom of menopause, 14 (14.6%) perceived stomach pain as one of the a symptoms, while 12 (12.5%) reported joint and body pain as a symptom of menopause and 6 (6.3%) viewed big stomach as a symptom of menopause

*Corresponding author: Uzma eram,

Assistant professor in the Department of Community Medicine,
J.N.M.C.H, A.M.U., Aligarh.

among others. One hundred and twenty four (59.6%) opined that their awareness of menopause has helped them to cope better. Many of the females mentioned that they had heard about menopause from husbands, mothers and elderly female relatives. A discussant puts it aptly, "... *It is not what you discuss with anybody. I heard from my mother but she did not really explain it to me she just said women do not have all the time like men. She said a woman should bear all the number of children in her body before her blood is drained.*" Regarding whether participants had heard about menopause, one had this to say; "*All women must become like men later in life. In old age women and men are the same. My mother told my sister and my elder sister told me that our time is just for a while. She made us to marry very early because of our limited time.*"

To some females it is a time when a menopausal woman becomes a man. Many were of the opinion that women who engage in intercourse after menopause are prone to ill health. Many (59.2%) observed that men do not like having sexual relations with women who are menopausal. In a study in Iraq (Gazang Najmaddin Mustafa, 2012), 71.2% of menopausal women stated that their lives altered after cessation of menstruation and perceiving menopause in a negative way in 53%. 13.6% of women were aware about HRT. 34.6% of menopausal women in this study mentioned that sexual desire decreased. 51.8%, 16.0% of menopausal women complaining from vaginal dryness and dyspareunia respectively. Among menopausal women tiredness was the most common complaint was followed by hot flushes and night sweats.

A study in Maharashtra (Aarti Kaulagekar, 2010) reported that few of the females under study expressed the feeling of emptiness (vacuum). Complete cessation of menstrual cycle brought a feeling of lack of something, (kamtarta aali) or had a feeling of emptiness (pokli nirman zali). They believed that monthly menstrual bleeding would clean their body of 'dirty blood'. As this process was discontinued at menopause they believed that they have grown physically weak, lost interest and enthusiasm. They felt that their importance had decreased (kamipana yeto), (mahatva kami hote) and that they were of no use (nikami janevate). This was an indirect remark about the reduced sexuality and attractiveness. Thus they associated menopause with loss of femininity (stritvaver parinam hoto). This was further thought to be interfering with their confidence and self-image and self-esteem. Decreased physical capacity, loss of interest from social life, loss of sexual interests, loss of stamina, feeling of being old, feeling depressed was associated with menopause. Many of the working respondents felt that femininity was associated more with their ability to do feminine role of caring and being responsible in family matters. To be able to carry out domestic roles along with job responsibilities was considered equally feminine. Reduced beauty due to skin changes and obesity was considered as a part of menopause or getting old.

Another cross sectional study (Monika, 2016) included women from Jharsuguda district, Western Odisha. Most of the respondents considered menopause to be harmful as it has negative impact on their physical and psychological health. Where as it was happily accepted by 20% of women as they getting freedom from menstruation. The study reveals varying nature of menopausal symptoms. Some of the vasomotor symptoms like hot flashes, vaginal dryness, rapid heartbeat,

feeling suffocation and numbness of fingers found highest in postmenopausal women. Excessive bleeding, headache, joint pain, sleep disturbance and weight gain were significantly higher in perimenopausal women.

Another study in Maharashtra (Lt Col Geetha, 2015) reported that the prevalence of menopausal problems among menopausal women reveals that majority of menopausal women experienced joint and muscular discomfort (86%) and physical and mental exhaustion (81%). More than half of the study samples experienced heart discomfort (68%), irritability (66%), depressive mood (61%) and hot flushes and profuse sweating (58%). sleep problems were experienced by 43% study samples. Whereas more than one third of samples had dryness of vagina (35%) and sexual problems (31%). Only (25%) menopausal women had bladder problems and (18%) had anxiety. Prevalence of dryness of vagina and sexual problems was (35%) and (31%) respectively. In this study, (89.53%) took calcium, (34.88%) used Ayurvedic pain relief oil and (32.56%) did self-administration of pain killers. In this study (87.93%) used fan and maintained ventilation, (60.34%) wore light and loose cotton clothes, (60.34%) took a cold drink and (58.62%) avoided spicy food, fatty food, hot drinks nicotine and smoking to prevent hot flushes and profuse sweating.

In a study in Botswana (Njoku Ola Ama, 2013), 35% of females under study still enjoy sex with their partners while just over one-third (37%) report that sexual activity is painful or uncomfortable. About 41% expressed a desire to refrain themselves from the urge to have sex and 51% felt rejected and undesirable because they could not have sex with their partners. Most women (62%) reported that better health for them and their partners are all they need while others (52%) mostly valued emotional closeness rather than the physical satisfaction from sexual activity. (78%) identified weakening bones as a major health change. Other frequently reported changes were in sex drive (69.6%), difficulty working (56.2%), changes in sexual response (54.5%) and urinary frequency and urgency (30%). Bladder, uterine, and vaginal prolapse, decreased vaginal secretion, irritation of external genitalia, were reported as experienced least often.

In a study in Pakistan (Nisar Nusrat et al., 20089), 83.42% women were happy about cessation of menses and they did not want to have menses again, while 16.57% women wanted to have menses again. Those women who wanted to have menses again were of age 45 to 58 years and 59.4% were uneducated. Sleep & Short loss of memory was reported by 66.7% & 62.10% respectively. Decreased libido was reported by 41%, dyspareunia by 21.08%. In another study (Shahedur Rahman, 2011), the classical presentation of menopausal symptoms were feeling tired (92.9%) and headache (88.8%). Joints and muscular discomfort; physical and mental exhaustions and sleeping problem were experienced most by perimenopausal followed by postmenopausal women and these were also statistical significant differences in comparison to premenopausal women.

Conclusion

Health care providers should be encouraged to educate women about menopause, its symptoms, consequences and treatment options.

There should be menopause clinics in the health centres. Management of menopause with the HRT is not always possible in poor developing countries. So the quality of women should be improved through behavioural change communication (BCC).

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