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Knowledge associated with menopause among rural women of Hisar district

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Abstract

Menopause is one of the most challenging events in the women's lived experience in the aging process. The poor QOL among high proportionate of menopausal phase of women would place a significant burden on public health care in developing countries like India. The purpose of this study was to better understand the challenges rural women face due to menopause in terms of menopausal knowledge. The study was conducted on 200 rural women in the age group 45-55 years who had cessation of menstruation residing in rural areas of Hisar district. Self-developed interview schedule was used to delineate socio-personal, current health status and menopausal history of women of rural women. Dependent variable, menopausal related knowledge of women was measured by Evaluation Performa to assess knowledge on menopause by Tresa (2018). Frequency, percentages, mean, standard deviation, 'Z' test, ANOVA and chi-square tests were used to analyze the data as per objectives. Results revealed that half of the respondents had poor menopausal knowledge of rural women. Majority respondents had fair health status. The results clearly reflected that respondents education, occupation, age at menopause, type of menopause, current health status, caste, husband education and occupation had significant impact on menopausal related knowledge.

Keywords: Menopause, menopausal awareness, menopausal related knowledge, rural women, personal variables

Introduction

Menopause can be seen as a natural transition encompassing not only the biological changes but also the social changes associated with the natural aging process, including how a woman views herself and how she is viewed by society (Hunt K. 2009) [4]. Menopause usually occurs in women in midlife, during their late forties or early 50s. Review of studies shows that average age at menopause for India is 46.6 years. In India, average age at menopause is lower than most other countries where data were available (Prasad *et al.* 2021) [18]. During this period women can experience many symptoms including hot flashes, night sweats, sleep and mood disorders, impaired memory, lack of concentration, nervousness, depression, insomnia, bone and joint complaints, and reduction of muscle mass. The duration, severity, and impact of these symptoms vary extremely from person to person, and population to population. Some women have severe symptoms that greatly affect their personal and social functioning, and quality of life (Williams *et al.*, 2009) [15].

Knowledge about the menopause age and various symptoms of menopause is helpful to adapt to this stage of life, as it is an unavoidable life event (Sabariah *et al.* 2015) [12]. Consequently, women's favourable attitude toward menopause also has a great effect on reducing the effects of

menopausal symptoms. Several studies have shown women have inadequate knowledge and negative attitude towards menopause (Batoool *et al.* 2017) [2]. According to these studies, the lack of awareness and limited access to proper knowledge of menopause and its symptoms is being augmented by the delivery of contradictory information and social rumours. Health education is one of the many ways that can be employed on the improvement of women's knowledge and attitude towards menopause. Moreover, this can empower women to control their own lives (Yazdkhasti *et al.* 2015) [17].

Objectives

1. To determine menopausal related knowledge among rural women.
2. To assess the factors that knowledge related to menopause among rural women.

Methodology

The research was conducted randomly in Hisar district of Haryana state. From the selected district, five villages (Jamaori, Khumba, Thurana, Petwar and Khanda Kheri) selected randomly for the sample size. The sample for the study was 45-55 years age group of menopausal rural women from Hisar district of Haryana state. From the

selected villages, a total 200 women selected randomly from the villages of Hisar district. AWW/ASHA worker of the selected villages was approached to identify the sample under the present study. After that a list of women from age group 45-55 years, who had cessation of menstruation for one year and interested to participate in the study was prepared. From the prepared list random selection of women was done. Self-developed interview schedule was used to delineate socio-personal, current health status and menopausal history of women of rural women. Dependent variable, menopausal related Knowledge of women was measured by Evaluation proforma to assess Knowledge on Menopause by Tresa (2018) [19]. Frequency and percentage, mean, standard deviation, chi-square test, 'Z' test and ANOVA were used to analyze the data.

Review of literature on knowledge related to menopause

Shakila *et al.* (2014) [14] conducted a survey to evaluate the women's knowledge of and experiences with menopause symptoms. The purpose of the survey was to determine menopause symptoms and awareness associated with menopause among Sri Lankan academic women ranging from the age 25 to 60 years. Menopausal symptoms affected each woman in a different way and it was not possible to predict the severity and duration of symptoms. Rukumani (2015) [11] evaluated the level of knowledge on menopause among pre-menopausal women. The mean score on knowledge was 11.64. The participants had poor knowledge on ovulation, medication, nutrition and coping strategies. The participants had adequate knowledge on the psychological problems due to menopause. Meher and Sahoo (2021) [8] revealed that the prevalence of premature menopause in selected sample of Indian women was 3.7%. Out of which 1.7% had undergone surgical menopause and 2.1% had gone through a natural early menopause. Factors like age, education, wealth index, place of residence, smoking status, children ever born, age at first birth, use of hormonal contraception, sterilization, and body mass index were found to be associated with premature menopause in India. Banole (*et al.* (2022) [1] conducted a cross sectional study on 100 women to assess the knowledge, attitude perception of perimenopausal and menopausal changes in middle age women of 40-45 years. The findings showed that 96% of women were aware of the terms menopause and perimenopause, and 99% of women had heard of them. 46% were aware about the physical symptoms, 84% about the emotional/psychological symptoms, 78% about the hormonal deficiency related symptoms and 92% about the bone and muscle related problems. 41% of women had knowledge about Hormonal Replacement Therapy. 51% of the women have knowledge about the exercises which helps in coping with perimenopause and menopause symptoms.

Results

Personal variables of rural women

Data on personal profile of the respondents is presented to bring out their characteristic features in table 1. Results for the personal profile are revealed that total sampling was done on the basis of rural area. Results tabulated and presented in table 1 illustrated that out of the total sample, 69 percent women belonged to 45-50 years age group and 31 percent were from 50+ years age group. Regarding the

education wise distribution of respondents, 32.5 percent women were illiterate and 30.5 percent were educated up to middle, 19.5 percent who were educated up to matric/10+2 and rest of 17.5% women were graduates and postgraduates. With regard to the occupation, maximum respondents (44.5%) were farm laborers followed by 42.5 percent were homemakers and rest of 13.5 percent respondents was engaged in service sector. Further regarding the marital status, 21% respondents were widowed and rest 79 percent was married. Out of total sample, 58.5 percent respondents were living with their husband and children followed by 22.5 percent women who were living with husband or children and 19 percent women were living alone or living with others. Table data highlights that maximum respondents (53.5%) had two or more number of children and 46.5 percent had only one child.

Table 1: Personal variables of rural women

Sr. No.	Area Personal variables	Rural women (n=200) f (%)
1.	Chronological age	
	45-50 year	138(69.0)
	50+ years	62(31.0)
2.	Education	
	Illiterate	65(32.5)
	Up to middle	61(30.5)
	Matric/10+2	39(19.5)
	Graduation/Post graduation	35(17.5)
3.	Occupation	
	Homemaker	85(42.5)
	Farm labour	89(44.5)
	Service	26(13.0)
4.	Marital status	
	Widow	42(21.0)
	Married	158(79.0)
5.	Living companion	
	With husband and children	117(58.5)
	With husband or children	45(22.5)
	Alone or living with others	38(19.0)
6.	No. of children	
	One	93(46.5)
	Two or more	107(53.5)

Note: Figures in parentheses indicate percentage

Menopausal related knowledge of rural women

Rural women has presented in table 2 distribution for menopausal related knowledge. Data reveals that half (50.5%) of the respondents had low knowledge followed by 45.5 percent had average knowledge and rest 4% had high knowledge about menopause.

Table 2: Menopausal related knowledge of rural women

Sr. No.	Area Menopausal related knowledge	Rural (n=200)
1.	Low (0-20)	101(50.5)
2.	Average (21-40)	91(45.5)
3.	High (41-60)	8(4.0)

Note: Figures in parentheses indicate percentage

Mean difference in menopausal related knowledge on the basis personal variables

Table 3 present mean differences in menopausal related knowledge on the basis of personal variables. The results revealed that statistically significant difference was observed in menopausal related knowledge when compared

on the basis of education of the respondents ($F=13.08^*$), at 0.05 level of significance. Higher mean score was obtained by respondents who were educated up to graduation/post-graduation ($M=25.66$) reflected more menopausal related knowledge as compared in respondents who were educated up to the matric/10+2 ($M=25.11$), up to middle ($M=24.01$) and illiterate ($M=18.00$). Similarly statistically significant difference was observed in knowledge scores on the basis

occupation of respondents ($F=2.32^*$). Mean scores revealed that respondents who were engaged in service sector ($M=23.77$) had more menopausal related knowledge than the homemaker ($M=22.12$) and farm labor ($M=20.19$). Statistically non-significant differences were observed in mean knowledge scores when compared with rest of sub-personal variables which included age, marital status, living companion and number of children.

Table 3: Mean difference in menopausal related knowledge on the basis personal variables (n=200)

Sr. No.	Menopausal related knowledge Personal variables	Mean \pm SD	'Z'/'F' value
1.	Chronological age		0.16
	45-50 year	22.70 \pm 9.08	
	50+ -55year	22.51 \pm 7.39	
2.	Education		13.08*
	Illiterate	18.00 \pm 7.08	
	Up to middle	24.01 \pm 8.24	
	Matric/10+2	25.11 \pm 6.80	
3.	Occupation		2.32*
	Homemaker	22.12 \pm 8.39	
	Farm labour	20.19 \pm 7.46	
4.	Marital status		0.01
	Widow	22.57 \pm 7.46	
	Married	22.58 \pm 8.06	
5.	Living companion		0.37
	With husband and children	23.57 \pm 9.41	
	With husband or children	22.36 \pm 7.62	
	Alone or living with others	22.26 \pm 7.43	
6.	Number of children		0.09
	One	21.63 \pm 7.51	
	Two or more	22.52 \pm 8.29	

*Significant at 0.05 level

Association of menopausal related knowledge with personal variables of rural women: Table 12 depicts the association of menopausal related knowledge with personal variables of rural women. Results highlight that menopausal

related knowledge was significantly associated with education ($\chi^2=52.28^*$) and occupation ($\chi^2=10.38$) at 0.05 level of significance. Non-significant association was seen with age, marital status and number of children variables.

Table 4: Association of menopausal related knowledge with personal variables of rural women (n=200)

Sr. No.	Menopausal related knowledge Personal variables	Below Mean	Above Mean	χ^2 Value
1.	Chronological age			0.01
	45-50 year	81(68.6)	57(69.5)	
	50+ -55year	37(31.4)	25(30.5)	
2.	Education			52.28*
	Illiterate	60(50.8)	5(6.1)	
	Up to middle	34(28.8)	27(32.9)	
	Matric/10+2	11(9.3)	28(34.2)	
	Graduation / Post -graduation	13(11.1)	22(26.8)	
3.	Occupation			10.38*
	Homemaker	42(35.6)	43(52.4)	
	Farm labor	54(45.8)	35(42.7)	
	Service	22(18.6)	4(4.9)	
4.	Marital status			0.39
	Widow	23(19.5)	19(23.2)	
	Married	95(80.5)	63(76.8)	
5.	Living companion			1.91
	With husband and children	70(59.8)	47(40.2)	
	With husband or children	23(51.1)	22(48.9)	
	Alone or living with others	25(65.8)	13(34.2)	
6.	No. of children			0.01
	One	55(46.6)	38(46.3)	
	Two or more	63(53.4)	44(53.7)	

* Significant at the 0.05 level

Discussion

Personal and socio-economic profile of rural women

In the present study the age of the study participants ranged from 45 to 55 years. Out of total sample more than half of the respondents belonged to the age group 45 to 50 year. Data related to education revealed that approximately one third of the respondents were illiterate and 17.5 percent rural women were graduates and postgraduates Yasmin *et al.* (2009) ^[16] in her study reported that 60.5% of women had no formal education, 26.8% had primary education and only 0.5% had university education. Similar findings were obtained by Lutfy *et al.* (2006) ^[6] in which 78.90% of respondents were uneducated. Malik (2008) ^[7] also found maximum 60.8% with no formal education. Results revealed that large number (44.5%) of the respondents were working as farm labor and farm women and nearly similar percentage of women were homemakers. Data regarding the marital status more than two third respondents were married. The result supported by the study Patil and Deshmukh, (2019) ^[10] majority of women were married 212 (73.62%). While in study conducted by Satpathy (2016) ^[13] 97% were married. More than half of the women had two or more children and lived with their husband and children. Data reflected that mean difference in menopausal related knowledge on the basis of personal variables emphasized that education and occupations variables of rural women created statistically significant differences in menopausal related knowledge. Regarding the education of women it was seen that respondents who were graduated/post graduated had more knowledge as comparison to matric/10+2, Up to middle and illiterate. Reason may be that women with less education had poor awareness about menopausal problems symptoms, and women with higher education are more aware of menopausal symptoms and strategies to deal with it and are more likely to seek treatment for their symptoms. Kishor and Kailesh (2012) ^[5] study revealed that only 25.9% of illiterate women were aware about menopause by definition, while 89.3% of women having education above standard 12 were aware about the same. The difference observed is highly significant. Bhore (2015) ^[3] results revealed that a literate woman had better perception and coping strategies in comparison to an illiterate women. With regard the occupation whose respondents were engaged in service sector had better knowledge as comparison to homemaker and farm labour. With regard the occupation whose respondents were engaged in service sector had better knowledge as comparison to homemaker and farm labour. Reason may be that women who engaged in service sector are educated and also have more sources to aware about the menopause. Reason may be that women who engaged in service sector are educated and also have more sources to aware about the menopause. Results revealed that menopausal related knowledge was significantly associated with education ($\chi^2= 52.28^*$) and occupation ($\chi^2= 10.38$) of rural women. This finding is in line with other studies Noroozi *et al.* (2013) ^[9] our study showed that there is a meaningful relation between women's knowledge and attitude and their background characteristics (Education, job and satisfaction of economic status), so that higher educated and employed and satisfied women had higher knowledge and more positive attitudes.

Conclusion

To sum up, it can be concluded from the findings of the present study that the half (50.5%) of rural women had a poor understanding on the concept of menopause. It was identified that women had minimal knowledge on the menopause. Respondents who were better educated and engaged in the service sectors had better knowledge. Findings showed that menopausal related knowledge was significantly associated with education.

Recommendation

Women of the menopausal age are one of the most ignored groups and this has been proved by the results of present study which reported poor menopausal knowledge. Women need to be educated about the menopause. Awareness programme used to improving the knowledge related to menopause. Therefore such developed programs need to be circulated among needy women and awareness regarding these programs should be strengthened by stakeholders.

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