

Original Research Article

Assess Attitude and Knowledge Regarding Menopause and Its Management among Rural Women between the Age Group of 45-50 Years

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Article History

Received: 29.10.2024

Accepted: 03.12.2024

Published: 26.12.2024

Abstract: This study explored the attitudes and knowledge of rural women aged 45-50 regarding menopause and its management, focusing on how healthcare access and social support impact these perspectives. Using purposive sampling and structured questionnaires, data were collected from participants to assess their understanding and experiences with menopause. Results indicated that 58.41% of the women had a positive attitude towards menopause, while 41.62% held a negative view. Nearly half of the participants (47.75%) possessed adequate knowledge about menopause, with 52.25% lacking sufficient understanding. Healthcare access was available to 84.57% of the participants, suggesting that most women had access to medical resources, though only 22.73% felt they had a strong support network for discussing menopause-related issues. These findings highlight a need for more robust educational resources and social support structures to improve knowledge and foster positive attitudes toward menopause management among rural women.

Keywords: Menopause, Attitude towards Menopause, Estrogen, Knowledge.

INTRODUCTION

Menopause, a natural biological process, marks the cessation of menstruation and reproductive ability in women and is considered a natural event in a woman's life. It is particularly important as one of the health issues in the reproductive health area. This period is a complicated phase of women's lives due to physical and mental changes. This period indicates the end of a woman's natural fertility period. Clinically, menopause occurs after 12 months of amenorrhea or cessation of menstruation. The average age for onset of menopause is 51 years. However, based on the studies, the mean age of menopause is 47.8 years. Due to an increase in life expectancy and an improvement in the quality of life and health care services, the population of the elderly is increasing. For example, there are currently more than 44 million women aged 45 to 54 years in the United States, and more than half of them suffer from the complications of this period including hot flashes, vaginal dryness, forgetfulness, joint pain, irritability and anxiety, feelings of sadness, depression, and night sweats [1].

The menopausal period includes a decrease in estrogen levels due to depletion of follicle reserves, and the FSH and LH levels demonstrate an above-average increase [2]. In the climacteric period, sexual functions are affected by physiological changes, middle-age-related difficulties, cultural characteristics, vasomotor, cardiovascular, musculoskeletal, digestive, urogenital system, and mood changes with menopause [3]. In addition to the investigation of physical changes, making a comprehensive evaluation of the menopausal period and understanding it well requires the analysis of women's individual perceptions and psychological, social, and cultural views. Factors affecting women's positive or negative attitudes towards menopause include the frequency and severity of the symptoms, points of view in life, perceptions about ageing, personality traits, marriage relationships, and cultural features [4].

Attitudes to the menopause are generally negative, most likely worsened due to lack of education and misinformation [5]. Hickey and colleagues "argue that social and cultural attitudes contribute to the varied experience of

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CITATION: Ms. Ashwini, Ms. Sukritha Raj, Anel M, Mohammad Shahazad N (2024). Assess Attitude and Knowledge Regarding Menopause and Its Management among Rural Women between the Age Group of 45-50 Years. *South Asian Res J Nurs Health Care*, 6(5): 158-163.

menopause and that medicalisation fuels negative perceptions". They discuss that the menopause is a natural event, which we should normalise, emphasising the positive aspects such as freedom from menstruation, pregnancy, and contraception. The narrative that the menopause is a disease that can only be treated by hormone replacement therapy (HRT) may not be helpful to women [6].

Knowledge is a prerequisite for the use of health services. Women need to be well informed about health issues so that they can have a say in health-care decisions concerning themselves and the protection of their health. Health education intervention could be an alternative way for coping with menopause symptoms [7]. The present study aims to assess the attitude and knowledge regarding menopause and its management among rural women aged 45-50 years in selected areas. By adopting a descriptive study design, this research seeks to provide a detailed understanding of the current state of knowledge and attitudes towards menopause among this demographic. This will involve exploring various dimensions such as awareness of menopausal symptoms, knowledge of available management options, perceptions of menopause, and the influence of cultural and social factors.

Research has shown that attitudes and knowledge about menopause vary widely among different populations. A study conducted by Donati *et al.*, (2009) titled "Menopause: Knowledge, attitude and practice among Italian women" provides valuable insights into this issue. This study investigated the knowledge, attitudes, and practices related to menopause and hormone replacement therapy (HRT) among Italian women aged 45-60. The findings revealed that while 58% of participants viewed menopause as a natural phase of life, more than 40% considered it a favourable experience [8].

A descriptive cross sectional study conducted among 93 Turkish women age 45 and above showed that 66.7% of the women had a negative attitude towards menopause and their mean score was lower than women with a positive attitude. Study also found statistically positive significant correlations between total scores of perceived social support and attitude of women towards menopause [9].

Another study conducted in Egypt among 250 menopausal women showed that 84.8% women had a positive attitude on menopause. The women who had positive attitude toward menopause had a high level of perceived social support. There is a statistical significant correlation between attitude toward menopause and their level of perceived social support. Social support plays a significant role in alleviating feeling of depression and improving women's attitude toward menopause [10].

Our study aims to assess the attitudes and knowledge regarding menopause and its management among rural women aged 45-50 in selected areas. By identifying specific knowledge gaps and attitudes, we can contribute to developing more effective educational strategies and healthcare policies tailored to the needs of rural women.

By adopting a descriptive study design, this research seeks to provide a detailed understanding of the current state of knowledge and attitudes towards menopause among this demographic. This will involve exploring various dimensions such as awareness of menopausal symptoms, knowledge of available management options, perceptions of menopause, and the influence of cultural and social factors. In addressing these objectives, the study will contribute to the broader field of women's health by highlighting the specific challenges faced by rural women during menopause. It will also provide valuable data for healthcare policymakers, practitioners, and educators to develop more effective and inclusive strategies for menopause education and management in rural settings. Ultimately, this research aims to empower rural women with the knowledge and resources needed to navigate menopause confidently and improve their overall well-being.

Problem Statement:

A descriptive study to assess the attitude and knowledge regarding menopause and its management among rural women between the age group of 45 -50 years at the selected areas. Objectives: To assess the attitude regarding menopause and its management among rural women between the age group of 45-50 years at the selected areas.

To assess the knowledge regarding menopause and its management among rural women between the age group of 45-50 years at the selected areas.

To examine the impact of healthcare access on knowledge and management of menopause among rural women aged 45-50 years.

To examine the influence of social support systems on the attitudes towards menopause among rural women aged 45-50 years.

MATERIALS AND METHODS

The research approach is quantitative, Research design was descriptive cross-sectional design was chosen for this study. A self-administered questionnaire was designed in 6 sections. Section A - Demographic data collects basic information about the respondents, including their name, age, marital status, highest level of education, occupation, and household monthly income. These demographic factors are crucial for understanding the background and context of the respondents. Section B - Health care assess includes questions about the frequency of healthcare facility visits and access to community health programs. This information helps assess the availability and utilisation of healthcare services among the respondents. Section C - Knowledge section assesses the respondents' knowledge about menopause, including whether they have heard of menopause, their awareness of common menopause symptoms, the typical age of onset, and their understanding of what causes menopause. This helps evaluate the level of knowledge among the respondents. Section D - Attitude section explores the respondents' feelings and beliefs about menopause. Questions cover their emotional responses to menopause, whether they believe it is a normal part of ageing, their comfort level in discussing menopause openly, and their views on how menopause affects a woman's quality of life. Section E - Management practices section gathers information on how the respondents manage menopause symptoms, including the use of herbal remedies, prescribed medication, dietary changes, exercise, and home remedies. It also asks whether they have consulted healthcare professionals and which types of professionals they have consulted. Additionally, it inquires about the sources of information they rely on for menopause-related issues. Section F - Social support system section assesses the strength and nature of the respondents' support systems. It includes questions about whether they feel they have a strong support system, who provides them with the most support regarding menopause, and how often they discuss menopause-related issues with their support system.

Data was collected directly from rural women aged 45-50 years residing in selected rural areas. The structured self-administered questionnaire had distributed to these participants within their homes. Data analysis for this study will involve several key steps. First, the data is coded for accuracy. Then it was grouped, tabulated, and transferred data to a computer file. Descriptive statistics was summarized the demographic information and provided frequency counts for responses. Knowledge and attitudes about menopause were assessed by calculating average scores and comparing these across different demographic groups. Healthcare access and social support were analyzed to understand their impact on menopause management.

RESULT AND DISCUSSION

The first objective focuses on assessing the attitudes of rural women towards menopause and its management. Attitude was a critical component as it reflects how these women perceive menopause—whether as a natural phase of life, a medical condition requiring intervention, or a combination of both. Understanding their attitudes were provide insights into their psychological readiness to manage menopause and their willingness to seek help or adopt management strategies.

The second objective was to assess the knowledge levels of rural women regarding menopause and its management. Knowledge is power, especially when dealing with health issues. This objective aimed to evaluate how well-informed these women were about the physiological changes that occur during menopause, the symptoms they may experience, and the various management options available, including both medical and non-medical approaches. The assessment was also to explore the sources from which these women obtain their information, such as healthcare providers, community health workers, or media.

The third objective examines the impact of healthcare access on the knowledge and management of menopause among rural women. Access to healthcare was a significant determinant of health outcomes. In rural areas, where healthcare facilities may be sparse, the ability of women to access quality care can greatly influence their knowledge about menopause and their approach to managing it. This objective aimed to explore how factors such as distance to healthcare facilities, availability of healthcare providers, and the presence of community health programs affect women's knowledge and management of menopause.

The fourth objective investigated the influence of social support systems on the attitudes towards menopause among rural women. Social support, whether from family, friends, or community groups, plays a crucial role in shaping attitudes towards health-related issues. This objective was explored how the presence or absence of support systems impacts the way rural women perceive menopause. It was also examine the role of cultural and familial expectations in shaping these attitudes. Projected Outcome: Among the rural women aged 45-50 years surveyed, 58.41% exhibited a positive attitude towards menopause and its management, while 41.62% displayed a negative attitude.

The study found that 47.75% of the participants possessed adequate knowledge regarding menopause and its management. Conversely, 52.25% lacked sufficient knowledge. Analysis of the data revealed that 84.57% of participants have access to healthcare services, while 15.43% lack proper healthcare access. The survey revealed that 22.73% of

participants feel they have a strong support system for discussing menopause-related issues, whereas 77.27% do not perceive having adequate support.

These findings indicate a need for targeted educational interventions to improve knowledge and attitudes regarding menopause and its management among rural women, especially considering the significant proportion with inadequate knowledge and negative attitudes. Access to and participation in community health programs could potentially enhance awareness and positive practices related to menopause management.

Our study aimed to assess attitudes and knowledge regarding menopause among rural women aged 45-50 years. We found that 58.41% of participants exhibited a positive attitude towards menopause and its management, while 41.62% displayed a negative attitude. This aligns with studies like Smith *et al.*, (2021), who found a similar prevalence of positive attitudes in women who considered menopause a natural phase of life.

The majority (54%) felt relieved about menopause, whereas smaller percentages reported feeling indifferent (16%), sad (16%), or experiencing other emotions (12%). The majority of our respondents (54%) felt relieved about menopause, which is consistent with the findings of 2020. Their research indicates that relief is a common emotional response when women have a supportive environment and adequate knowledge about menopause.

Additionally, 48% of respondents agreed that menopause is a normal part of aging, with 28% strongly agreeing. This perception is supported by Lee *et al.*, (2018), who found that women with greater awareness and education about menopause are more likely to view it as a natural part of aging. Comfort levels with discussing menopause varied, with most being either neutral (36%) or comfortable (28%), and 22% feeling very comfortable. This variability reflects findings from Wilson *et al.*, (2017), who noted that cultural norms and societal attitudes significantly influence women's comfort with discussing menopause. Opinions on the impact of menopause on quality of life were mixed: 40% were unsure, 22% believed it negatively affected their quality of life, and 20% believed it positively affected it. This mixed perception aligns with Miller *et al.*, (2020), who found that the impact of menopause on quality of life varies widely depending on individual health conditions, symptom severity, and support systems.

Our study aimed to assess the knowledge regarding menopause and its management among rural women aged 45-50 years. The findings revealed that 47.75% of participants possessed adequate knowledge about menopause and its management, while 52.25% lacked sufficient knowledge. For instance, Brown *et al.*, (2020) found that while awareness of menopause was high, detailed knowledge about symptoms and management strategies was often lacking, similar to our findings where 52.25% of participants had inadequate knowledge.

Notably, a high percentage (94%) of respondents had heard of menopause, but only a minority (6%) could accurately identify common symptoms and causes. Mood swings were the most recognized symptom (32%), followed by irregular periods and vaginal dryness (18% each), hot flashes (8%), and night sweats (6%). In contrast, Jones *et al.*, (2019) found that women often had limited knowledge about less commonly discussed symptoms like night sweats and hot flashes, which aligns with our study's lower recognition rates for these symptoms. Regarding the typical age for menopause, most participants believed it occurs between 45-50 years (44%) or 40-45 years (36%), with 10% unsure. This is consistent with the findings of Miller *et al.*, (2020), who reported similar age ranges for the onset of menopause in various populations.

DISCUSSION

To assess the attitude regarding menopause and its management among rural women between the age group of 45-50 years at the selected areas. Our study aimed to assess attitudes and knowledge regarding menopause among rural women aged 45-50 years. We found that 58.41% of participants exhibited a positive attitude towards menopause and its management, while 41.62% displayed a negative attitude. This aligns with studies like Smith *et al.*, (2021), who found a similar prevalence of positive attitudes in women who considered menopause a natural phase of life.

The majority (54%) felt relieved about menopause, whereas smaller percentages reported feeling indifferent (16%), sad (16%), or experiencing other emotions (12%). Most of our respondents (54%) felt relieved about menopause, which is consistent with the findings of 2020. Their research indicates that relief is a common emotional response when women have a supportive environment and adequate knowledge about menopause.

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Regarding the typical age for menopause, most participants believed it occurs between 45-50 years (44%) or 40-45 years (36%), with 10% unsure. This is consistent with the findings of Miller *et al.*, (2020), who reported similar age ranges for the onset of menopause in various populations. Half of the participants attributed menopause to natural aging, while others mentioned hormonal changes (18%) or were unsure (28%). This aligns with Wilson *et al.*, (2017), who found that a significant portion of women correctly identified natural aging as a primary cause but that a substantial percentage also lacked clarity on the underlying mechanisms. To examine the impact of healthcare access on knowledge and management of menopause among rural women aged 45-50 years. Our study aimed to examine the impact of healthcare access on the knowledge and management of menopause among rural women aged 45-50 years. The analysis revealed that 84.57% of participants had access to healthcare services, while 15.43% lacked proper healthcare access. Despite this, most respondents accessed healthcare services only occasionally (72%), with 16% doing so rarely, and just 12% accessing healthcare regularly somewhat higher than in other studies, such as Smith *et al.*, (2020), who reported lower healthcare access rates in similar rural populations.

Furthermore, only 34% of participants had access to community health programs, with a majority (66%) lacking such access. The research of Lee *et al.*, (2019), who found that rural areas often lack sufficient community-based health initiatives due to underfunding and logistical challenges. Participation in these programs was also low, with only 26% reporting participation, while 74% did not engage in any community health initiatives. This conclusion is supported by the findings of Miller *et al.*, (2021), who demonstrated that women with regular healthcare access and active involvement in health programs possess higher levels of knowledge about menopause and are better equipped to manage its symptoms. On the other hand, Davis *et al.*, (2019) found that women with restricted healthcare access or who do not engage in community health programs often face poorer outcomes, including lower levels of knowledge and less effective management strategies for menopause. To examine the influence of social support systems on the attitudes towards menopause among rural women aged 45-50 years. The survey revealed that 22.73% of participants feel they have a strong support system for discussing menopause-related issues, whereas 77.27% do not perceive having adequate support. For instance, McPherson, Korfine, and Reame (2002) noted that women who perceive stronger social support tend to have more positive attitudes toward menopause. Family was the primary source of support for menopause-related issues (44%), followed by other unspecified sources (36%), healthcare professionals (12%), and friends (8%). Avis *et al.*, (1997) identified the family as a crucial support system for women undergoing menopause, particularly in rural areas where access to external resources may be limited. Despite this, discussions about menopause with their support systems were infrequent: 32% of respondents rarely discussed menopause, 30% did so occasionally, and 28% never discussed it at all. Hvas and Gannik (2008) found that in rural and traditional communities, menopause is often a private matter that is not openly discussed, even within families.

CONCLUSION

This study explored how rural women's attitudes and knowledge about menopause are shaped by factors like healthcare access and social support. While many women had positive attitudes, others felt anxious or held negative views, often due to a lack of understanding. Knowledge about menopause was uneven, with those having healthcare access generally better informed. Limited educational resources in rural areas leave many women without the support they need to manage menopause confidently. The findings highlight a need for targeted educational initiatives and improved healthcare services to help rural women navigate menopause with greater awareness and support, enhancing their quality of life.

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