

Original article**Level of Education and Awareness about menopause among women of 40 to 60 years in Bhavnagar & Surat cities of Gujarat**Vaghela Kishor¹, Bhalani Kailesh²¹Senior Resident, Department of Obstetrics & Gynecology²Associate Professor, Department of Preventive and Social Medicine,

Government Medical College, Bhavnagar

Correspondence to : Dr. Kailesh Bhalani, E-mail ID - kaileshbhalani@rediffmail.com**Abstract**

Objectives: To study the level of awareness about menopause and its problems in women of 40 to 60 years with different levels of education in Bhavnagar and Surat cities.

Methods: Pretested questionnaire were filled up for 500 Women of 40 to 60 years of age from cities of Surat and Bhavnagar. The data were entered in MS Excel worksheet and analyzed with the Epi info software.

Results: 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. When asked, only 44.4% of illiterate women were aware about the availability of treatment for the menopausal troubles, while 84.7% of women having education above standard 12 were aware about the same.

Conclusions: As education level increased, awareness towards menopause and related problems also increased in the women of 40 to 60 years of age of Bhavnagar and Surat city.

Key words: Menopause, Awareness, Level of Education, Women of 40-60 years

Introduction:

“Menopause” is a word derived from Greek literature signifies “Cessation of the monthly periods”. However the symptoms accompanying this cessation are known to affect quality and duration of life. Keeping in mind a wide variety of symptoms commonly associated with this phase of women’s life, menopause has been now defined as a hormone deficiency state rather than a normal maturation.

From details given above, it is quite clear that the female longevity had increased significantly during last century. In the period between 2006 to 2010, the life expectancy of females is 68.1 in comparison to 65.8 of males

which is expected to rise to 72.3 for females as compared to 69.02 for males during the period 2011-2016¹. Thus a larger segment of female population will be living for longer periods after menopause, so the problems which they are likely to face should be studied and as health care providers, special treatment centers should be developed in future.

Midway between the challenges of adulthood and despair of old age, comes the change - menopause in women and during which lives takes a compulsory change in direction. Menopausal health has been one of the neglected areas in our country and needs timely vital attention.

The need of the hour is to conduct awareness campaigns to inform general public, health workers etc, about menopause and associated health issues through various forms of mass media.

Like adolescence, menopause brings about a physical and an emotional change and may affect the quality of women’s life. An ideal approach to menopause management needs assessment of risk factors through clinical and laboratory investigations. According to Indian menopause society research, there are currently 65 million Indian women over the age of 40 years².

Even though awareness about menopause is growing, most Indian women have a history of self-denial and neglect. The need of their families take precedence over their own needs. Menopause is the most misunderstood biological change that happen to women.

As couples are now breaking the traditional norms and constraints and live separately from their extended families – as is increasingly the case for the professional, urban, upper middle classes- the earlier restrictions on sexual activity beyond certain age can no longer be monitored and enforced. For these sections of Indian society, the post-reproductive years are no longer considered a time of rest and gradual retirement. Rather,

demanding working careers, a busy social life and aspirations towards improving the overall quality of life have led to a new conception of the female body and female sexuality. The emphasis now is on active, productive and aesthetic body that is far from succumbing to the natural forces of aging and disease.

Objectives:

1. To study the awareness about menopause and its problems in women of 40 to 60 years with education in Bhavnagar & Surat cities.
2. To study the perceptions of women of 40 to 60 years with education about menopausal life among this group.

Methodology:

A structured questionnaire was used for data collection in this study. It was developed in Gujarati language. It had questions related to awareness of menopause, menopausal symptoms they experienced, remedies they were seeking for menopausal symptoms, awareness about hormone replacement therapy (HRT) and also had questions asking their opinion about strategies to improve the awareness of menopause. A pre-tested questionnaire was prepared and distributed to those consultant gynecologists of Surat and Bhavnagar city, who had agreed to participate in the study. Fifteen (15) consultants of Surat city and 32 consultants of Bhavnagar city were given the questionnaires. All the consultants were explained about the objectives and the methods of the study to facilitate the data collection.

All women in the 40 to 60 years agegroup, who attended the clinics of these consultants, either as a patient or as a relative, irrespective of their menopausal status, were included in the study. After taking their informed consent, questionnaires were filled by the consultants by interviewing them. A total of 334 women of Surat and 166 women of Bhavnagar city participated in this study. The data collection for the study was carried out between October 2008 and march 2009. The data were entered in the computer in MS Excel and then analyzed with the Epi info software.

Results & Discussion:

Table 1 shows 52% of women included in the study had reached menopause

during their forties. However 7.3% women were attained menopause before the age of 40. Mean age of Menopause in this group of women was 45.41 years, which is almost similar to the findings of the study of Shipra N et al in year of 2005, in which they found the mean age of 44.59 years in the women of Baroda city³. Other studies in various parts of the world have shown a slightly higher average age of menopause. In our study, the median age of menopause was 45 years. Sharda S et al found the median age of menopause was 47.54 years in educated menopausal women in Amritsar⁴. Ombuza et al observed median age of menopause in Nigerian women was 49 years⁵, while in Malaysia it was found 50.7 years by Ismail N⁶.

Table 1: Distribution of Women of Bhavnagar and Surat according to Age at Menopause.

Menopause attended	Number of women (n= 500)	Percentage
Yes	368	73.6
No	132	26.4
Age at Menopause (Years)	Number of women (n= 368)	Percentage
30-39	027	7.3
40-49	260	70.7
50-59	081	22.0

Table 2: Proportion of Post Menopausal Symptoms in the Menopausal Women of Bhavnagar and Surat.

No.	Menopausal Complaints	Frequency	Percentage (%) (n=368)
1	Psychiatric Problems	168	45.7
2	Burning Micturition	155	42.1
3	Itching Private Parts	136	37.0
4	Hot Flush	122	33.2
5	Dry skin	119	32.3
6	Dryness in Vagina	116	31.5
7	Night Perspiration	105	28.5
8	Backache	056	15.2
9	Excessive Hair-growth	032	08.7
10	Palpitation	021	05.7

Psychiatric problems:(Anxiety, Depression, Sleeplessness, Weakness, Irritability)

Multiple answers permitted

Table 3 – Comparison of Awareness about Menopause and its treatment among women of different levels of Education in Bhavnagar and Surat.

Awareness about	Education (%)					P Value
	Illiterate (n=81)	Upto Std. 12 (n=223)	Above Std. 12 (n=196)	Total (n=500)	X ² (dF=2)	
Menopause by definition	21 (25.9)	152 (68.2)	175 (89.3)	348 (69.6)	109.138	0.000
Treatment possibility for Menopausal troubles	36 (44.4)	176 (78.9)	166 (84.7)	378 (75.6)	52.746	0.000
Hormone Replacement Therapy	3 (3.7)	56 (25.1)	117 (59.7)	176 (35.2)	96.73	0.000

Table 4 - Comparison of Perceptions about Menopause and Treatment Seeking Behavior of women with different levels of Education in Bhavnagar and Surat.

Perceptions about Menopause	Education (%)					X ² (dF) P Value
	Illiterate (n=81)	Upto Std. 12 (n=223)	Above Std. 12 (n=196)	Total (n=500)	X ² (dF)	
Having prior knowledge before arrival of Menopause	54 (66.7)	208 (93.3)	184 (93.9)	446 (89.2)	50.985 (dF=2) 0.000	
How awareness about Menopause can be increased? - Doctor - Media - Seminar					46.306 (dF=4) 0.000	
Preference for treatment provider - Gynecologist - Physician - General Practitioner - Household remedies - Not Applicable					34.573 0.000	
First priority to - Health - Diet - Beauty - Wealth					80.464 (dF=6) 0.000	

Menopause is manifested by wide variety of symptoms and in different severity in different women. Table 2 indicates psychiatric problems (45.7%) like anxiety, sleeplessness, depression, etc. and burning micturition (42.1%) were the most frequent problems, followed by itching in private parts (37%), hot flush (33.2%), dry skin (32.3%) and dryness in vagina (31.5%).

Shipra N et al in year of 2005 found 92% of menopauses in Baroda complained of decreased sleep, 86% of them suffered from profuse perspiration, 92% of them complained short waves of hot sensations. In a Nigerian study by Ozumba et al, the most frequent complaints were hot flushes (79.6 %), fatigue (74.8 %), irritability (68.4 %), anxiety (68.1 %), poor memory (52.2 %), dyspareunia (44.7 %), urinary symptoms (43.5 %), and depression (37.3 %) ⁵.

Nisar Nusrat et al in his study in the year 2008 concluded that 63.44% menopausal women of Pakistan complained of insomnia, 57.01% of them experienced frequent mood changes, and 35.92% of them suffered from depression ⁷.

In the same year, Bunpei Ishiuzuka et al found out that the prevalence of hot flushes in Japanese women was 36.9% ⁸.

Table 3 indicates the role of education in the women for having awareness about menopausal problems and availability of its treatment.

As education level increased, awareness towards menopause and related problems also increased. In this study, 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 ($P < 0.001$).

The table shows that education level improves the possibility of seeking treatment by women suffering from menopausal troubles. When asked, only 44.4% of illiterate women were aware about the availability of treatment for the menopausal troubles, while 84.7% of women having education above standard 12 were aware about the same. The difference observed in awareness about availability of treatment between illiterate women, women studied up to standard 12 and women studied above standard 12 is significant ($P < 0.001$).

About hormone replacement therapy (HRT), overall awareness among this group was found very low (35.2%). However the pattern observed in the different groups was similar. Highest awareness (59.7%) about HRT was found in the women having education above standard 12. This difference in the groups was significant ($P < 0.001$).

These findings showed that literacy can improve awareness about menopause and treatment seeking behavior of the women for menopausal troubles.

According to census 2001, the female literacy rate in Gujarat is 50.2%, which is an improvement from 19.1% in 1961. With increasing literacy level, the health seeking behavior of women is also improving.

Table 4 compares illiterate women, women with education up to standard 12 and women with education above standard 12 for their perceptions about having prior knowledge about menopause, how awareness about menopause can be increased, their preference for treatment provider for menopausal troubles and their priority to health above other things.

89.2% of women perceived that they should have knowledge about menopause and related issues prior to arrival of menopause. More than 93% of women having education of up to and above standard 12 perceived the need while only 66.7% of illiterate women perceived the need. The difference observed between the groups was significant ($P < 0.001$).

Most illiterate women (59.3%) felt that awareness about menopause can be increased with the help of the doctor. Educated women opined that awareness can be increased by media and seminars. The difference in the opinion between different groups is significant ($P < 0.001$).

Gynecologists were the most preferred treatment providers across all the groups of women (Illiterate – 37.0%, educated up to standard 12 – 34.5%, educated above standard 12 – 48.0%). However the second preferred option for the treatment across all the groups was some household therapy. As the education of women increased, preference for general practitioner and household therapy decreased. The difference seen was found significant ($P < 0.001$). Most of the women (74.0%) had given first priority to health over other things in life like wealth, beauty and diet. This was found across all the groups but education improved the proportion of women giving

priority to health. A total of 44.4% illiterate women had given first priority to health while 75.8% of women with education up to standard 12 and 84.2% of women with education above standard 12 had given the first priority to health over other things in life. The difference observed was statistically significant ($P < 0.001$).

Conclusion:

As education level increased, awareness towards menopause and related problems also increased in the women of 40 to 60 years of age of Bhavnagar and Surat city.

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All in all, even without grotesque visions, every organic desire for improvement remains up in the air if the social one is not acknowledged and taken into account. Health is a social concept, exactly like the organic existence in general of human beings, as human beings. Thus it can only be meaningfully increased at all if life in which it stands is not itself overcrowded with anxiety, deprivation and death.

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