



Original Article

Knowledge, Attitude and Practices Regarding Menopause Among Elderly Women Attending Tertiary Health Care Hospital in Lahore, Pakistan

Muaaz bin Waqar¹, Sana Noreen¹, Bahisht Rizwan¹, Areeba Khan¹, Iqra Bashir¹, Rimsha Tanveer¹, Tehreem Akram¹, Mubara Tariq¹, Irsa Khalid¹ and Mahnoor Asif¹

¹University Institute of Diet and Nutritional Sciences, The University of Lahore, Lahore, Pakistan

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***Corresponding Author:**

Bahisht Rizwan
 University Institute of Diet and Nutritional Sciences,
 The University of Lahore, Lahore, Pakistan
bahisht.rizwan@dnsc.uol.edu.pk

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ABSTRACT

Menopause is a stage in life in which female periods are stopped, as it is a normal part of ending of your fertile, reproductive years. **Objective:** To assess the knowledge, attitude and practices regarding menopause among elderly women of Lahore. **Methods:** A cross sectional study was conducted in the Tertiary Health Care Centers in Lahore, Pakistan. Data were collected by non-probability convenient sampling technique. Inclusion criteria includes all females age between 45 to 60 and above. Whereas the exclusion criteria include non-cooperative individuals, women on any drug therapy. After taking informed written consent, data were collected by using self-structured questionnaire. **Results:** According to the study, 70% women had prior knowledge of menopause. 60% believe menopause is life-altering. Additionally, 67% believe menopause causes weight gain, 67% believe that food changes assist manage menopause. In addition, 65% practice the lifestyle changes help managing menopause. 44% had mild hot flashes and sweating episodes, 23% had severe symptoms, 45% of women had mild sleep issues. 36% were suffering from mild depression, and 30% had no symptoms. In 29% women had osteoporosis, 46% women have joint pain 25% of women made dietary modification for menopause. **Conclusions:** The majority of women were aware of menopause and its symptoms because they were educated, but they did not live a healthy lifestyle that included dietary practices and physical activities such as yoga and exercise. Providing menopause management could be a strategy to encourage successful menopausal transition in middle-aged women.

INTRODUCTION

Menopause is a physiological event, defined as the permanent cessation of menstrual cycles when a woman has had amenorrhea for 12 months without any other obvious physiological or pathological issue. Understanding its nature and associated symptoms can help women experience a good quality of life during this period [1]. The phase of shift in ovarian function from fertile to infertile, known as menopause, is a normal and inevitable phenomenon that affects all women. The phase right before the menopause happens is called perimenopause [2]. During this transitional period preceding menopause, a woman's ovaries produce fewer mature eggs, and ovulation becomes erratic [3]. Simultaneously, estrogen and progesterone production diminish. Although the average

age of menopause is 51, it is considered normal between the ages of 40 and 60, whereas premature menopause is the onset of menopause in women younger than 40 [4, 5]. Those who smoke and are underweight are more likely to experience an early menopause, whereas women who are overweight frequently experience a delayed menopause [6]. Menopause is a period of oestrogen depletion characterized by physical and psychological changes such as hot flashes, monthly irregularity, night sweats, dyspareunia, urine incontinence, sleep disruption, weariness, headache, sadness, anxiety, and difficulty concentrating [7, 8]. According to Strategy 2030, life expectancy would rise over 75 years; so, healthcare professionals must prepare to improve their abilities in

caring for women in the postmenopausal age, as well as to minimize comorbidities and associated expenses [9, 10]. Early detection of symptoms can aid in the decrease of discomfort and concerns among women, improving their quality of life throughout menopause and beyond [11]. The basic purpose of the study is to investigate the knowledge regarding attitude of menopause and menopausal symptoms and to assess the perception of menopause. The research also aimed to analyze prevalent health - related behaviors about menopause and raise knowledge about menopause, its symptoms, and treatment.

METHODS

A cross sectional study was conducted in the Tertiary Health Care Centers in Lahore, Pakistan. The study duration is 4 months and data were collected by non-probability convenient sampling technique. Inclusion criteria includes all females age between 45 to 60 and above. Individuals less than 40 years of age. Individuals not experienced menopause. However, the exclusion criteria include non-cooperative individuals, women on any drug therapy. The Self-Structured Questionnaire was used for data collection after the approval of ethnical committee. After taking informed written consent, data were collected by the help of attached pre-tested data collection tool.

RESULTS

According to Table 1, frequency distribution showed that 39% of women were between ages of 40-50 years, 45% were between 51-60 years, 12% were between 61-70 years and 4% were between 71-80 years. Result showed that 79% women were married, 9% women were unmarried and 12% were widow. The above table showed that 81% women were from urban area and 19% were from rural area. The education status of participants in which only 8% of women were illiterate, 92% were literate, 11% were matric, 25% were inter and 56% were graduate.

No.	Categories	Ranges	Frequency (%)
1.	Age	40-50	39 (39%)
		51-60	45 (45%)
		61-70	12 (12%)
		71-80	4 (4%)
2	Marital Status	Married	79 (79%)
		Un Married	9 (9%)
		Widow	12 (12%)
3.	BMI	Underweight below 18	1 (1%)
		Normal 18.5-24.9	17 (17%)
		Overweight 25-29.9	39 (39%)
		Obese above 30	43 (43%)
4.	Residential Status	Urban	81 (81%)
		Rural	19 (19%)
5.	Education Level	Illiterate	8 (8%)
		Matric	11 (11%)
		Inter	25 (25%)
		Graduation	56 (56%)

Table 1: Frequency distribution of demographics among

participants

According to Table 2, 44% women get mild hot flashes and episodes of sweating, 23% get severe symptoms, 5% get extremely severe symptoms, 45% women face mild sleep problems, 26% face severe sleep problems, and 28% didn't face any problem. Out of 100, change in appetite was 39% mild, 18% severe, 5% extremely severe and 38% was none.

Sr.	Symptoms	Mild	Severe	Extremely Severe	None	Total
1.	Feel physical & general exhaustion	32	21	8	39	100
2.	Bladder problems	27	10	4	59	100
3.	Joint & muscular discomfort	33	15	16	36	100

Table 3: Frequency distribution of physical exhaustion, bladder problem and joint pain

According to the Table 4, frequency distribution showed that 46% women have thyroid issue, 54% wasn't have, and in 62% women have symptoms of osteoporosis while 38% of them haven't and 22% women have breast cancer, 78% don't have breast cancer, and 45% women have ovarian issues. The data showed that 43% women were obese, 57% were not obese.

Sr. no	Disease	Yes	No	Total
1.	Thyroid Issue	46	54	100
2.	Osteoporosis	62	38	100
3.	Breast cancer	22	78	100
4.	Ovarian issue	45	55	100
5.	Obesity	43	57	100

Table 4: Frequency distribution of diseases among participants

According to Table 5, 95% of women heard about menopause, while 5% of them don't know about it, and 10% of women think menopause is a disease while 90% knows that menopause is not a disease. Out of 100 women, 60% think that menopause is life-altering while 40% thinks it is not life-altering, 67% of women think that menopause makes one fat, while 33% think that this is not true that menopause makes one fat.

Sr. no	Menopause related knowledge	Yes	No	Total
1.	Heard of the menopause	95	5	100
2.	Menopause is disease	10	90	100
3.	Menopause is life-altering	60	40	100
4.	Menopause make one fat	67	33	100

Table 5: Frequency Distribution of knowledge and awareness among participants

According to Figure 1 frequency distribution showed that 65% of women think that lifestyle changing, and physical activity help manage menopause, while 35% think that lifestyle changing doesn't matter.

Lifestyle changing and physical activity help manage menopause

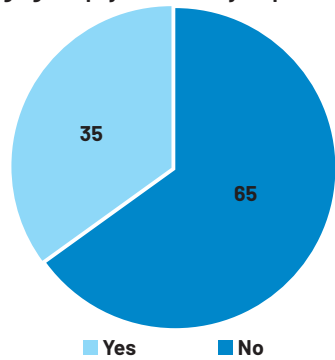


Figure 1: Frequency Distribution about lifestyle changes and physical activity to manage menopause

DISCUSSION

In current study, we find out that almost 70% women had prior knowledge of menopause, whereas 20% of women were not yet menopause, 32% of women undergoing menopause and 48% of them gone through menopause. Similarly, another study investigates the middle-aged women's awareness, knowledge, and perceptions about menopause and hormone treatment. The majority of participating women (82%) had good to poor overall understanding of menopause, did not know who HT is used for (48%), and who it is refuted (77%). Additionally, the higher the understanding of HT, the better the knowledge of menopause ($P < 0.001$) [12]. In the present study data were collected from women attending the Out-Patient Departments of Mayo Hospital and University of Lahore Teaching Hospital, Lahore. In a sampling of 100 women, 95% had heard of menopause, while 5% had not; 10% believed menopause was a sickness, while 90% knew it was not. 60% believe menopause is life-altering, while 40% believe it is not the life altering process rather it's a natural biological phenomenon. In a similar study, attitudes and societal norms around menopause were examined. Sample size include 267 women having menopausal symptoms, according to 48% of respondents, are "not unwell" and "simply experiencing symptoms of a natural physiological process." It is challenging for more than 56% of occupational physicians to identify the association between menopausal symptoms and job performance [13, 14]. Additionally, 67% believe menopause causes weight gain, while 33% believe this is not the case, they don't gain any weight. Similarly, as research investigated those changes in body weight and body composition caused by the menopause. The change in the hormonal level at menopause is associated with an increase in total body fat, abdominal fat and overall weight gain. Excessive weight gain in middle age is not only correlated with an increased risk of cardiovascular and metabolic illness, but it also has a negative influence on health-related quality of life [15, 16].

In this study 86% believe that menopause education and awareness is vital for the general health of women, whereas 14% believe that it is not essential for their wellbeing. Similar to the survey research of 450 females aged 20-40 in two hospitals in Irbid, Jordan, who were aware of menopause and MHT symptoms. More over half of the participants were informed on a variety of menopause-related topics. The results indicated that premenopausal women in Jordan are educated about numerous menopause-related topics. However, educational programmes and counselling are needed to educate young women about menopause, particularly its health effects and treatment alternatives. In current cross-sectional study, 40% said they had sought advice from a healthcare professional on menopause which helps them to cope with the symptoms of menopause, while 60% said it was unnecessary. Similarly, another study conducted to investigate to assess 40-65-year-old women's knowledge of menopause and coping strategies by the healthcare professional. 93% of women preferred visiting a doctor or healthcare center ($n=103$, 60.9%). Structured menopausal education initiatives are needed to promote awareness [17, 18]. In addition, 65% believe that lifestyle changes and physical activity such as regular exercise, healthy diet, intake of more portions of estrogen rich dried fruits daily help manage menopause, while 35% believe that they can manage symptoms of menopause without any change in their lifestyle. A similar result has been shown by a study in which 1,165 Finnish women aged 45-64 years from population-based study were followed up for 8 years. Women whose physical activity increased or stayed consistent had better QoL than those whose physical activity decreased ($eb = 1.49$, 95%CI 1.23 to 1.80, $eb = 1.46$, 95%CI 1.24 to 1.73 $p < 0.001$). Majority of women believe that healthy lifestyle and physical activity will help to support menopause. Women who maintained weight throughout follow-up had better QoL than those who gained weight ($eb = 1.26$, 95%CI 1.07 to 1.50 $p > 0.01$) [19]. In current study 44% had mild hot flashes and sweating episodes when their menopause begins, 23% have severe symptoms from the onset of menopause, 5% women suffer from severe disabling symptoms, and 28% have no such symptoms in the menopause cycle. 44% have minor cardiovascular problems, 17% have severe cardiovascular problems, 3% have extremely severe heart issues, and 36% have no symptoms. Similarly, a cross-sectional study of 45-70-year-olds analyzed menopausal symptoms. 770 women were enrolled; 98 (12.7%) had moderate to severe depression and 672 (87.3%) did not. Women with moderate to severe depression symptoms were almost twice as likely to have recent symptoms such hot flashes and night sweats than women with minimal to mild depressive

symptoms (aOR 1.67, 95%CI 1.04–2.68) and to characterize them as severe (aOR 1.63, 95%CI 0.95–2.83). Despite utilizing symptom-improving drugs, 20% of women with moderate/severe depression symptoms (vs. 4.6% no/mild) had a greater symptom burden [20]. Presently, 45% of women have mild sleep issues such as insomnia, REM sleep, narcolepsy etc., 26% have severe sleep problems, few of them have extremely severe sleep problems, and 28% have no problem in their sleep cycles. Similarly, sleep disorders in the menopause are common. Menopause and vasomotor symptoms may cause these illnesses. In menopause, insomnia, nocturnal breathing problems, restless leg syndrome, periodic leg movement syndrome, depression, and anxiety are the most frequent sleep disorders [21]. Many women suffer from menopause-related insomnia. Vasomotor symptoms and hormone changes, circadian rhythm irregularities, worsening of primary insomnia, mental disorders, other medical illnesses, and lifestyle factors may contribute to this issue [22]. One of the core symptoms of the menopausal transition is sleep disturbance and insomnia. Per menopausal women have trouble falling asleep and waking up frequently. Vasomotor symptoms, reproductive hormone changes, circadian rhythm irregularities, mental disorders, coexisting medical problems, and lifestyle may cause this form of insomnia. In menopausal and postmenopausal women, obstructive sleep apnea and restless leg syndrome can also affect sleep quality [23]. In this study changes in appetite were modest in 39% of cases, severe in 18%, extreme in 5%, and non-existent in 38% of cases. Similarly, to study menopausal diet and appetite changes. The baseline research comprised 94 premenopausal women (age: 49.9 ± 1.9 years; BMI: 23.3 ± 2.3 kg/m²). Majority of menopausal women have a frequent change in appetite. By year 5, postmenopausal women had lower food diary energy and carbohydrate intake than women in the menopause transition ($p > 0.05$). Fat and protein consumption reduced in postmenopausal women by year 5 ($0.05 > P < 0.01$). After menopause, fat intake increased ($p < 0.05$). Protein and spontaneous EI decreased during time and were greater before menopause ($p < 0.05$). Hunger, desire to eat, and projected food consumption rose during menopause and remained high afterward ($0.05 > p < 0.001$). Menopause lowered fasting fullness ($p < 0.05$). Menopausal transition appears to decrease food consumption, enhance hunger and an increase in appetite [24]. Currently, 36% said their depression was mild, 27% said it was moderate, 7% said it was severe, and 30% said they had no symptoms. By year 5, postmenopausal women had lower food diary energy and carbohydrate intake than menopausal women ($p > 0.05$). Postmenopausal women consumed less fat and protein by year 5 ($0.05 > p < 0.01$).

Menopause increased fat consumption ($p < 0.05$). Protein and spontaneous energy intake declined and were higher before menopause ($p < 0.05$). Hunger, desire to eat, and anticipated food consumption increased during menopause and persisted beyond ($0.05 > p < 0.001$). Menopause reduced fasting fullness ($p < 0.05$). Menopause reduces food intake and increases appetite [25]. Currently, 33% women were obese due to decline in the level of estrogen, 25% of women were having type 2 diabetes mellitus, and 27% women diabetes wasn't present. In similar 23% women were obese due to decline in the level of estrogen, 22% of women were having type 2 diabetes mellitus [26]. In the present research 9% women have thyroid issue such as fatigue, forgetfulness, mood swings, cold intolerance etc., 54% weren't have and in 37% no thyroid issue was present. In similar to it a total of 100 patients were included in this study. 17% of hypothyroid female patients. Hypothyroidism is linked to menopausal female age, BMI, TSH, T3&T4, weariness, muscular cramp, depression, weight gain, cold sensitivity, and sleeping issues [27]. Osteoporosis affects 29% of women, weakening bones so much that even modest stress can break them while 71% of them haven't suffer from any bone disorder. About 46% women have joint pain, and 54% women don't have any such symptom. Similarly, another research conducted by Borji and Nasri 2017 in which majority of women have symptoms of osteoporosis which causes bones to become weak and brittle that is responsible for stress fracture moreover 46% women have joint pain and joint stiffness [26]. Presently, 25% of women made dietary modification for menopause, 75% of them don't make any such modification. In similar to this majority of menopausal women have made dietary modification to improve menopausal symptoms and reduce obesity, and body composition [28].

CONCLUSIONS

The majority of women were aware of menopause and its symptoms because they were educated, but they did not live a healthy lifestyle that included dietary habits and physical activities such as yoga and exercise. Understanding the notion of menopause can assist women in understanding that menopause is a natural developmental phase. Women will be better prepared for menopause if they are more aware of hormonal fluctuations and the resulting physical, physiological, psychological, and sexual changes in their bodies. Regardless of the patient's socioeconomic status, health care personnel would be advised to provide more information regarding menopausal symptoms as well as therapy to alleviate these symptoms.

Conflicts of Interest

The authors declare no conflict of interest.

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