



Descriptive Study to Assess the Knowledge Regarding Health Problems among Menopausal Women at SGRD Urban Health Centre Amritsar

Dr. Karuna Sharma*

*M. Sc (N) Ph.d (N), SGRD College of Nursing, Vallah, Amritsar, Punjab, India

ABSTRACT

Menopause is an unavoidable change that every woman will experience, assuming she reaches middle age and beyond. It is helpful if women are able to learn what to expect and what options are available to assist the transition, if that becomes necessary. Menopause has a wide range, but can usually be expected in the age range of 42–50. An early menopause can be related to cigarette smoking, higher body mass index, ethnic factors, illnesses, chemotherapy, radiation and the surgical removal of the uterus. A descriptive study was conducted to assess the knowledge regarding health problems among the menopausal women at urban health center, Amritsar. 50 menopausal women were selected by using convenient sampling technique. The results shows that 12(24%) had good knowledge and 38(76%) had average knowledge regarding health problems with an average mean and SD of 10.24 and 2.99. The health problems among menopausal women is common and may result in other systemic physiological health problems such as hot flushes, UTI, cardiac problems, insomnia, back pain and osteoarthritis, Psychological health Problems such as stress and depression. so the awareness regarding those physiological and psychological problems to be carried out by a specialized media or method or may special clinic to enhance knowledge to women and its affect on females body to deal with all the menopausal health problems and to prepare the female for this natural phenomenon.

KEYWORDS

Psychological Health Problems, Knowledge, Physiological Health Problems



INTRODUCTION

Menopause is an unavoidable change that every woman will experience, assuming she reaches middle age and beyond. It is helpful if women are able to learn what to expect and what options are available to assist the transition, if that becomes necessary. Menopause has a wide starting range, but can usually be expected in the age range of 42–50. An early menopause can be related to cigarette smoking, higher body mass index, racial factors, illnesses, chemotherapy, radiation and the surgical removal of the uterus and both ovaries.¹

In India the range of mean age at menopause reported in different studies appears between 41.9 and 49.4 with regard to menopause. Women quoted as "kshamayaDharithri" in literature, plays versatile role in the entire life span She undergoes significant changes, in her reproductive years end. Most physical and emotional changes starting from about the age of 45. Women now live longer and aging carries with it the baggage of degenerative changes in all tissue system of body. In addition to these, women are subjected to the fallouts of all aging ovary - viz estrogen and progesterone deficiency menopausal syndrome. Natural menopause is an event of life, not a disease. This change of life is a time marked endocrinology decline in hormone production by the ovaries, associated with series of sign and symptoms.²

The prevalence of menopausal symptoms varies not only between individuals in the same population but also between different populations. Hot flushes, night sweats and insomnia are characteristic symptoms of menopause. The prevalence of menopausal symptoms vary not only between individuals in the same population but also between different populations. Subjective symptoms such as having irregular periods and vaginal dryness or vasomotor symptom such as, Hot flushes, night sweats and insomnia .³

The physiologic changes begin prior to the menopause and vary considerable degree and extent before the follicular phase. Many these changes accept them and do not seek any help. For other 10 to 15% of women the changes are severe and interfere markedly with their ability to perform daily function they eventually seek professional help, management of menopause today is combination of lifestyle modification and hormone replacement therapy. Evidenced suggests that physical activity and exercise may alleviate some symptoms associate with mild to moderate depression. Women's increased awareness has created the need for alternative approaches within the individualized care during all phases of menopause. Alternative therapies are



numerous; some of the popular approaches are diet, lifestyle changes, exercise, stress management and relaxation techniques, acupuncture, botanical therapy, natural hormone preparations and conventional hormone replacement therapy ⁴

If a women feels that the menopausal symptoms are bothersome intervention to be considered based on the assessment of expressed client needs, nurses must develop realistic and acceptable plan of care, thus greater knowledge and awareness about menopause and its management can help every women handle it in a healthy manner.⁵

Menopause is a natural phenomena occurrence in every women as they enter in their fifth decade of life. It is a fact of life, just like puberty and menstruation. The menopausal years can be extremely stressful time for women. The transition from reproductive to post reproductive state is not necessarily to smooth or sudden event as the term menopause suggests.⁶

In the western world, the most typical age range for menopause is between the ages of 40 and 61 and the average age for last period is 51 years. In the median age of some countries however, such as Indonesia and the Philippines, the median age of natural menopause is considerably earlier, at 44 years. Menopausal health demands priority in the indian scenario due to increasing the expectancy of menopausal women. Women use various remedial measures during this transitional period. Among the other remedial measures adopted as herbal therapies, nutritional supplements and relaxation techniques, as indicated through this brief discussion of remedial measures are effective for menopausal problems.⁷

RESEARCH PROBLEM

A descriptive study to assess the knowledge regarding health problems among the menopausal women at urban health center, Amritsar

OBJECTIVES OF THE STUDY

1. To assess the knowledge of menopausal women regarding menopausal health problems.
2. To find out the association between the level of knowledge and clinical parameters of menopausal women regarding health problems with selected demographic variables

MATERIALS AND METHODS

Research Design

The research design selected for the present study was descriptive study design .



Variables under Study

Research variables

- Knowledge regarding health problems among menopausal women.

Demographic variables

The demographic variables under the study are age, educational status, occupational status, type of family, family income and marital status.

Clinical parameters age at menarche, previous cycle of periods, previous duration of periods .

Research Setting

The present study was conducted at urban community area, Amritsar.

Population

Women under urban community area

Target Population

Target population for present study includes menopausal women (45-50 yrs) of age at urban community area, Amritsar.

Sampling Technique

Convenient sampling technique was used to select the sample.

Sample and Sample Size

The sample for present study comprises of 50 menopausal women (45-50 yrs) of age .

RESULTS AND DISCUSSION

Table 1 Frequency and percentage distribution of Socio-demographic variables N=50

S. No.	Socio-demographic Variables	f	%
1.	Age (In years)		
	• 45-46	5	10.0
	• 47-48	21	42.0
	• 49-50	24	48.0
2.	Educational status		
	• Primary	22	44.0
	• Secondary	16	32.0
	• Graduate	10	20.0
	• Post graduate	2	4.0
3.	Occupation status		
	• Working	10	20.0
	• Non-working	40	80.0
4.	Types of Family		
	• Nuclear	41	82.0
	• Joint	9	18.0
5.	Family income (Rs./month)		
	• ≤5000	9	18.0



	• 5001-10000	20	40.0
	• 10001-15000	15	30.0
	• >15000	6	12.0
6.	Marital status		
	• Married	41	82.0
	• Separated/divorced	2	4.0
	• Widowed	7	14.0

Table 2 Frequency and percentage distribution of Clinical parameters N=50

S. No.	Clinical parameters	f	%
1.	Age at Menarche		
	• 12-13 years	23	46.0
	• 14-15 years	24	48.0
	• >16 years	3	6.0
2.	Previous cycle of periods		
	• 28 days	40	80.0
	• < 28 days	8	16.0
	• > 28 days	2	4.0
3.	Previous duration of periods		
	• 2-3 days	28	56.0
	• 4-5 days	22	44.0
4.	Age at menopause		
	• ≤40 years	3	6.0
	• 41-45 years	14	28.0
	• 45-50 years	33	66.0

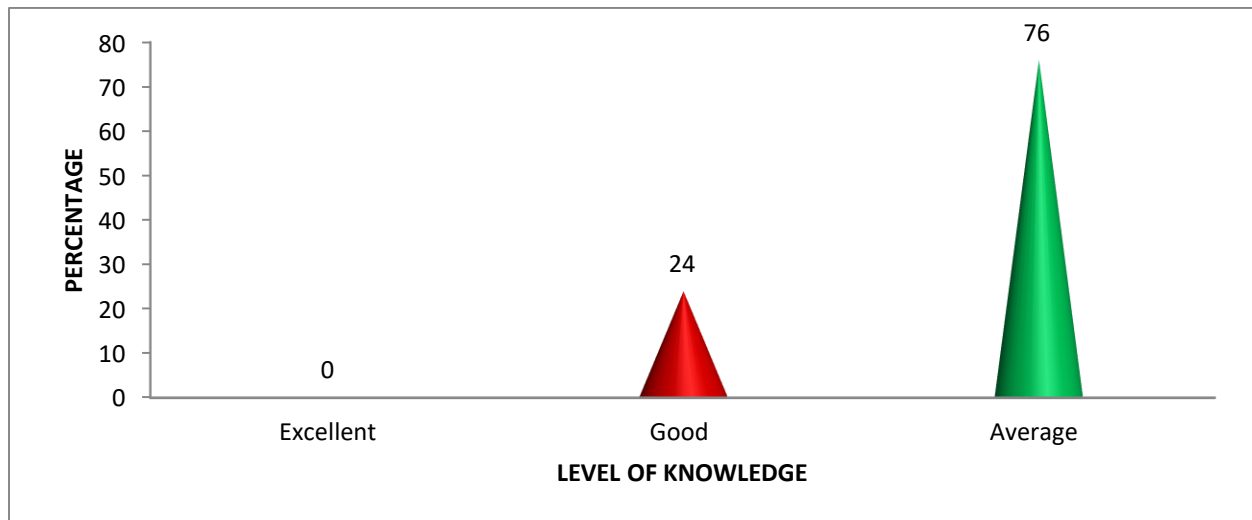


Fig 1 Knowledge of menopausal women regarding health problems

The results of the preset study shows that 12(24%) had good knowledge and 38(76%) had average knowledge regarding health problems with an average mean and SD of 10.24 ± 2.99 . The clinical parameters of menopausal women such as menarche, precious cycle of periods, previous



duration of periods and age at menopause was not significantly associated with level of knowledge of menopausal women regarding health problems.

Eman S. et al (2017) conducted a similar study on 106 post menopausal women to ascertain knowledge about menopause and post menopausal bleeding in women of urban and slum area of Chandigarh, India. The most common menopausal symptoms was vaginal dryness (42.7%). less than half of females 38.7% ever took treatment for menopausal symptoms .Calcium supplements were taken by majority 63%. In Current study, knowledge observed regarding menopause is 76%⁸.

CONCLUSION

The finding of the study concludes that menopausal women living in community area had less knowledge regarding menopausal health problems. The health problems among menopausal women is common and may result in other systemic physiological health problems such as hot flushes, UTI, cardiac problems, insomnia, back pain and joint pain. Psychological health Problems such as stress and depression. so the awareness regarding those physiological and psychological problems to be carried out by a specialized media or method or may special clinic to enhance knowledge to women and its affect on females body to deal with all the menopausal health problems and to prepare the female for this natural phenomenon.



REFERENCES

1. George A.S. The Menopause Experience. A women's perspective. Journal of obstetrics, Gynecology and Nursing. 2002; 31: 77-85.
2. Barbo M. D. Physiology of Menopause. Medical Clinics of North America. 1987; 7:11-19.
3. Shah R. et al. Menopause Symptoms in Urban Indian Women. Obs and Gynae today. 2004; 9: 667-670.
4. Hargrove J. T. et al. Menopause. Medical Clinics of North America. 1995; 1337-1345.
5. Gath D. et al. Psychiatric disorder and Gynecological symptoms in middle aged women. A community Survey. Britain Medical journal. 1987; 294:213.
6. Baig L.A. et al. Knowledge and attitude towards menopause in Karachi, Pakistan. J of br menopause. 2006;12(2): 71-74
7. Doronise S L. What we know about managing menopausal hot flushes; Navigating without Compass. Journal of obstetrics, Gynaecological and neonatal nursing. 2003; 7:455-463.
8. Eman S. et al. Assessment of women Knowledge and attitude towards menopause and hormones replacement Therapy (HRT) in Abu Dhabi, UAE. SUZ canal Med J. 2017; 217-222.