

Women's Knowledge Regarding Symptoms of Menopause in Al-Najaf City

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Abstract

Menopause considers an important period of female's life, in which women shifting from reproductive to non-reproductive stage. Many women reach menopause without sufficient knowledge about expected problems and dealing with solving these problems. Therefore, proper knowledge is very imperative during this period toward menopausal symptoms. The aim of current study was to assess the level of women's knowledge regarding symptoms of menopause. A descriptive, cross-sectional study was carried out from the period 25th September 2016 to 18 August 2017. The sampling selected by non-probable (purposive) consisted of (150) women with age ranging from (45-60) years that women attending to primary health care PHC centers of AL-Najaf City, Iraq. An instrument prepared and developed in order to evaluate women's knowledge regarding symptoms that associated with menopause. The instrument consisted of three main parts, the first part contains socio-demographical data the second part consists of clinical data about reproductive health history and medical and surgical history. The third part contains questions about symptoms (15 items) to evaluate women's knowledge. The results showed that the most (42%) of participated women in the study with age (45-49) years. Married women were the majority (70%) of them. Majority of women (43.3%) enrolled in this study they were unable to read & write. The highest percentage (90.7%) for women was housewives. majority of women (81.3%) had menarche at age ≥ 12 years. Furthermore, highest of them (96%) had regular menstrual cycle. Regarding the number of pregnancies, was (45.3%) of women pregnant for 8 times and more. As for contraceptive use was pills method get (51.35%) of percentage among other methods. Also the results shows vast majority of participants who had not medical history of Diabetes Mellitus, Heart disease and Hypertension (97.3%, 96.7% and 84% respectively). On the other hand, (94%) of them were free of gynecological surgery. According to the present results, the overall assessment of participant's knowledge regarding menopausal symptoms was fair (2.31). The current study was concluded that the women's knowledge was fair toward menopausal symptoms. Moreover, information of participants was superficial and slight about this period. The study recommends to conducting teaching programs about menopausal symptoms to enhancing knowledge. Also conducting periodically assessment and to conducted studies regarding women's knowledge and attitude about menopause.

Key words: Menopause, knowledge, symptoms.

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1. INTRODUCTION

Menopause is a natural physiological process characterized by cessation of menstrual cycle (MC) reflecting ovarian aging that leads to shortage production of Progesterone, Estrogen and Gonadotropins hormones, moreover increasing level of follicle stimulating hormone (FSH) and luteinizing hormone (LH) (1). Women during menopause face series body changes results in physical, psychological and sexual changes that cause various irritate and

intense symptoms, this status not considered as a disease or health defect because it is normal changes in women's maturation. Normal Menopause mostly occur spontaneous at age (45-55) years, that is consider the best way to distinguish menopause when women had one sequential year of amenorrhea without pathological causes or menopause induced by chemotherapy, radiation, or surgery (2).

The life of adult women is divided into three phases according to Stages of Reproductive Aging Workshop (STRAW) in 2001, this staging system of

women's life is considered the database for supporting new population to understanding changes occur before final menstrual period (FMP) and after it. These three stages divided menopause into pre-menopausal stage, peri-menopausal stage also known as menopausal transition or climacteric and post-menopausal stage (3)(4).

In pre-menopausal stage, women have staple menstrual cycle (MC) and easily become pregnant due to regular hormonal level. The peri-menopausal stage refers to period around menopause which is considered the important transitional period in women's life because women get ready to final menstrual period (FMP). This period can take several years during this period pregnancy possible in spite of irregular MC and change of hormonal level. Remain of women's life refers to post-menopausal stage in which women spend sequential 12 months without MC and estrogen level declines (5).

Decline estrogen during menopause cause many health problems. Irregular period considered the visible sign when women ready to start menopause. The numerous symptoms that reported during menopause including hot flushes, night sweats, feeling stress and anxious, experiencing poor memory, depression (feeling sad), fatigue, sleep problems, joint and muscle discomfort, drying skin, weight gain, frequent urination, osteoporosis, vaginal dryness, and dyspareunia. The menopausal symptoms varying from women to another according their age, diet and environment also symptoms fluctuated from few to sever (6).

Many women reach menopause without enough knowledge about this period and associated symptoms, thus they feel instable and confused. Therefore, knowledge is very necessary for menopausal women to decrease consequences. The proper knowledge will lead to decrease stress and coping symptoms. Most women who have knowledge about menopause and expected symptoms they have a positive view about this period as pleasant sensation of free from concerns menstrual tension, pregnancies and child bearing as well as they considered wiser. On the contrary of others who do not have enough knowledge, they have a concern of this period to

change body shape, decline of health status and loss of participation (7).

OBJECTIVE OF THE STUDY:

To assess the level of women's knowledge regarding symptoms of menopause.

2- METHODOLOGY:

A descriptive, cross-sectional study was conducted to attain necessary data from women between the periods of 25th September 2016 to 18 August 2017.

Setting of the study:

This study was carried out in PHC centers from northern care sector (Al-Jawad, Al-Askari 2 and Al-Karama) and from southern care sector (Al-adala, Al-Ansar and 15 Sha'aban) of AL-Najaf AL- Ashraf City, Iraq.

The Sampling of the Study:

A non-probability sampling technique, purposive sample was selected from PHC centers were existed within northern care sector (Al-Jawad, Al-Askari 2 and Al-Karama) and southern care sector (Al-adala, Al-Ansar and 15 Sha'aban) in AL-Najaf AL- Ashraf City. Sample consisted of (150) women attending to selected PHC centers in catchment area, they experienced menopause the sample involved in the study was selected based on the following criteria:

1. woman age ranging from (45-60) years,
2. Women who are in peri- menopausal or post-menopausal stage,
3. Free of mental disorder.

Instrument of the Study:

An instrument prepared and developed according to literatures of previous studies related to menopause in order to evaluate women's knowledge. The instrument consisted of three parts focuses on menopausal knowledge answered by participants.

PART I / This part is designed to collect socio-demographical data from participants. It includes their age, current marital status, level of education, and occupational condition.

PART II/ This part is divided into two sections; first to describe the reproductive health history of participants which includes their age at menarch, regularity of monthly menstrual cycle, number of pregnancies, using the method of contraception, second section was had questions about medical and surgical history of participants. It consists of chronic disease (Diabetes Miletus, Heart disease and hypertension) and gynecological surgery (Hysterectomy, Oophorectomies, or Both)

PART III / The present part includes collecting data from women regarding their knowledge toward menopausal symptoms, using Menopausal Rating Scale (MRS) (8), after adapting and modefing to use in collect data legally in current study. The MRS was designed to assess menopausal symptoms of women under various situations. This part includes fifteen items to be answered as (Yes, Uncertain, NO) rated as:

3=Yes, 2= Uncertain, 1=NO score. divided into:

a- vasomotor problems: hot flushes, night sweats, sleep problems, joint and muscular discomfort.

b-psychological problems: feeling stress and anxious, depression (feeling sad), experiencing poor memory.

c- physical problems: fatigue, drying skin, weight gain, osteoporosis.

d- urological and sexual problems: frequent urination, vaginal dryness, dyspareunia.

3- RESULTS:

TABLE (1): SOCIO-DEMOGRAPHICAL CHARACTERISTICS (N=150)

Variables	Rating and interval	Freq.	%
Age group (years)	45-49	63	42
	50-54	57	38
	55-60	30	20
Marital status	Unmarried	2	1.3
	Married	106	70.7
	Separated	1	0.7
	Divorced	4	2.7
	Widow	37	24.7
Level of education	Unable to read & write	65	43.3
	Primary school graduated	44	29.3

	Secondary school graduated	33	22
	College / Institute	8	5.3
occupation	Employee	14	9.3
	House wife	136	90.7

TABLE (2): REPRODUCTIVE HEALTH HISTORY (N=150).

	group	Freq.	%
Age at menarche	≤ 11	28	18.7
	≥ 12	122	81.3
regularity	regular	144	96
	irregular	6	4
pregnancy	0-3 times	19	12.7
	4-7 times	62	41.3
	8 times and more	68	45.3
Use of contraception	NO	50	33.3
	natural methods	4	2.7
	pills	77	51.3
	injection	4	2.7
	IUCD	15	10

TABLE (3): MEDICAL AND SURGICAL HISTORY (N=150)

group	Yes		NO	
	Freq.	%	Freq.	%
Diabetes Miletus (DM)	4	2.7	146	97.3

Heart disease		5	3.3	145	96.7
Hypertension		24	16	126	84
Gynecological surgery	Hysterectomy	6	4	141	94
	Oophorectomies	3	2		

TABLE (4): KNOWLEDGE ABOUT MENOPAUSAL SYMPTOMS (N=150)

Items	Freq. (%)					Assessment
	Yes	Uncertain	NO	MS	SD	
1. Cessation of menstruation.	143 (95.3%)	3 (2%)	4 (2.7%)	2.93	0.349	good
2. Hot flushes.	130 (86.7%)	6 (4%)	14 (9.3%)	2.77	0.604	good
3. Night sweats.	124 (82.7%)	7 (4.7%)	19 (12.7%)	2.70	0.683	good
4. Feeling stress and anxious.	81 (54%)	25 (16.7%)	44 (29.3%)	2.25	0.882	fair
5. Experiencing poor memory.	74 (49.3%)	25 (16.7%)	51 (34%)	2.15	0.903	fair
6. Depression (feeling sad).	94 (62.7%)	16 (10.7%)	40 (26.7%)	2.36	0.877	good
7. Fatigue.	54 (36%)	19 (12.7%)	77 (51.3%)	1.85	0.925	fair
8. Sleep problems.	58 (38.7%)	22 (14.7%)	70 (46.7%)	1.92	0.923	fair
9. Joint and muscle discomfort.	129 (86%)	9 (6%)	12 (8%)	2.78	0.578	good
10. Drying skin.	73 (48.7%)	26 (17.3%)	51 (34%)	2.15	0.900	fair
11. Weight gain.	67 (44.7%)	23 (15.3%)	60 (40%)	2.05	0.922	fair
12. Frequent urination.	60 (40%)	24	66 (44%)	1.96	0.919	fair

		(16%)				
13. Osteoporosis.	97 (64.7%)	14 (9.3%)	39 (26%)	2.39	0.873	good
14. Vaginal dryness	97 (64.7%)	11 (7.3%)	42 (28%)	2.37	0.893	good
15. Dyspareunia	64 (42.7%)	25 (16.7%)	61 (40.7%)	2.02	0.916	fair
All items	59.7%	11.3%	28.8%	2.31	0.809	fair

MS: mean of score, (0.66-1.66) = poor, (1.67-2.33) = fair, (2.34 and more) = good.

SD: standard deviation.

4- DISCUSSION:

Menopause is considered an important event through women's life. They spend long time in menopause when menstrual period terminates. Knowledge about menopause and changes associated with this period is very essential, therefore, women require more knowledge toward menopause and the symptoms based on trustable sources of information to decrease confusing and avoid unpleasant bothering that occur (9). Therefore, current study focuses on the assessment of women's knowledge toward menopausal symptoms. According to the results of current study, table (1) showed main demographical characteristic of participated women. Age group ranged between (45-49) years was (42%) higher than other age groups. The current results interpreted ability of women with age 40-50 years to visit PHC centers, also age at natural menopause among Eastern women ranging between these ages. The current result in agreement with a study done by Nisar that referred to differences of age at menopause between Eastern and Western countries, age among Western women (51) years higher than Eastern women, like in Iran the average age (47.8) years (10). This variation of age is attributed to many factors effecting menopause according to study done by

Satpathy these factors include; genetic, regional, environmental as well as nutritional factors (11). A similar results of a study was carried out in Iranian women they were between the age (45-60) years (12). Likewise, the present result almost approaches to another result that was carried out on women whose age ranged between (45-55) years prepared in Saudi Arabia through studying (233) women (13). Furthermore, similar study was done in Pakistan by Khokhar that found the majority of participants were (68.8%) between age (45-60) years (14). This result was comparable with the findings of another study that showed the (62%) of the studied women whose age ranged (40-50) years (15). Concerning the marital status, results showed that most of participants (70.7%) were currently married. This result can be interpreted on nature of Iraqi society and its traditions that led to marriage females in earlier age. This finding in agreement with many studies performed in Iraq such as the study done in Baghdad, Iraq that showed (69.8%) of participants were married (16). Likewise, the result of a study carried out by Wafaa & Fatin in Baghdad, Iraq, they found half of studied women were married (17). Also, the results are supported by another study conducted in Erbil City found that (71%) of participants were married (18).

With respect to educational level, (43.3%) of participants were unable to read and write, while (5.3%) of them got college or institute education. Low educational level of common participants due to in previous years the schools were unavailable for all Iraqi children, also preference for the boys to get education was higher than the girls, which may be the reason for low formal education as well as increase early marriage for girls that leads to no chance to complete their study like boys. All these reasons may reduce education in middle of 20th century. Generally, this result of present study is in agreement with other study done by Jack among women that showed (23.3%) of studied women had not formal education and (39.2%) got primary education (19). Another study contrary with current finding revealed that more than half (53%) of studied women received university education (15). In the light of results which related to occupation, majority of participants were housewives (90.7%), except (9.3%) of them were employed. This interpreted that the females are having desire to stay in house to rearing their children. Also, low educational level plays an essential role in employment of women. This study disagrees with Esmat that showed all sample was (200) women working in Faculties of Ain Shams University because this study was purposive and limited to employed women (20). Table (2) and table (3) represent the reproductive health history, medical history and surgical history of participants, the current result found majority of participants (81.3%) had menarche at age (12) years and above. This result showed natural age of female's puberty to get first period. Women who begin menarche at early age are linked to earlier age at menopause (21). The finding of a study done by Khatoun et al., agreement with the result of the present result, that

found age of menarche starts at age (13) years (22). Likewise, regarding regularity of menstrual cycle, the result showed (96%) of participants had regular menstrual cycle which comes monthly. This result was consistent with another finding of study that found (95%) of studied women had regular period (16). Furthermore, the percentage of pregnancies was (45.3%) of them pregnant (8) times and more. Iraqi men often prefer many children in addition to unawareness about family planning. Besides, regarding used of contraceptive method that found almost half (51.3%) of them used pills method rather than other methods. Women believe pills less risky than other methods as well as they easy take dose of pills. Another study that is conformed to the present result, that found (84.5%) of women used contraception method (23). The vast majority of participants have not medical history for (Diabetes Miletus (DM), heart disease (HD) and hypertension (HT), the results were (97.3%, 96.7% and 84% respectively). Furthermore, majority of participants (94%) not execute surgery of hysterectomy or oophorectomies they got experienced of natural menopause, except (6%) of them had hysterectomy or oophorectomies. The current result is similar to a study carried out in (52) women that showed (78.8%) of participants have not any gynecological surgical (Hysterectomy and Oophorectomy)(5). Concerning knowledge of menopausal symptoms, table (4) showed the common symptoms were mentioned in the same line with many Asian studies. That was (59.7%) of participants had fair knowledge toward symptoms. Result may interpreted the experience of women about symptoms and often complain from its severity made them knowledgeable about symptoms that occur during menopause or after it. The frequency of symptoms

different among women may be influenced by age, diet, menopause stage. This result agrees with cross-sectional study performed by Setorglo in Ghana carried out on (280) menopausal women aged (45) years and older that showed (98.2%) of studied women had good knowledge about symptoms associated with menopause. That showed all participants (100%) believed knowledge about symptoms important to help for well management of these symptoms (24). Another study by Fatemeh was done among Iranian women that found (44.1%) of participants had good knowledge of symptoms (25). On the other side, structured teaching program among (60) menopausal women in India, they showed (71.7%) of participants had inadequate knowledge toward symptoms associated with menopause and its management, while (68.3%) of them gained adequate knowledge after program in the post-test (7). Furthermore, the most common symptoms (86.7%) the participants were knowledgeable of hot flushes. This finding goes with line of another study finished in Europe about symptoms related with menopause and its treatment, that showed the vasomotor symptoms (VMS) consider the significant symptoms before and after menopausal age around (50–75)% of women complains from it (26). Likewise, another study revealed that the hot flushes were maximum symptoms among (65%) of studied women (27). Furthermore, finding of Kwak in study presented the most common symptoms during menopause was hot flushes (28). In general, region which had hot weather that influenced on symptoms and may be disguise similar symptoms related to menopause. Therefore, Asian women were reported fewer symptoms than Caucasian women (29).

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Limitation: The significant limitation in the present study there is no or inactive menopausal unit in PHC centers that facilitate the process of data collection.

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