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### A STUDY TO ASSESS THE ATTITUDE REGARDING MENOPAUSAL, PERI-MENOPAUSAL SYNDROME AND POST- MENOPAUSAL SYNDROME AND ITS MANAGEMENT AMONG POST-MENOPAUSAL WOMEN IN SELECTED COMMUNITY LUCKNOW UP

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#### ABSTRACT

Menopause is one of the most significant events in a woman's life and brings in a number of physiological changes that affect the life of a woman permanently. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause that includes physiological as well as psychological symptoms. Assessing Women attitude towards menopausal, Peri-menopausal Syndrome and post-menopausal syndrome and Its Management need to be essential. The descriptive study with a sample of 30 post-menopausal women was conducted by using structured Questioner. The study result showed that women have neutral attitude on syndrome and its management. And few demographic variables showed association with level of attitude.

#### INTRODUCTION

Menopause is one of the most significant events in a woman's life and brings in a number of physiological changes that affect the life of a woman permanently. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause. These symptoms constitute the postmenopausal syndrome; they are impairing to a great extent to the woman and management of these symptoms has become an important field of research lately. There is lack of awareness regarding menopause and related

problems among women. As life expectancy and population of post-menopausal women increases, efforts are needed to educate them and make them aware about various menopausal symptoms. This will enable them to recognize these symptoms early, to seek timely medical treatment for the same and improve quality of life [1-3].

Peri and post-menopause women experience a wide range of menopause symptoms, and their lifestyle patterns and physical, psychological, social and spiritual adaptation directly affecting elderly health improvement are considerably crucial. Many middle-aged women worry about losing their womanhood and attractiveness after menopause, and may suffer from the physical symptoms of menopause. Moreover, peri-menopausal women may experience a sense of loss and worthlessness after they stop giving values to maternal roles as their

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children grow and become independent. Women facing postmenopausal changes can lead a richer life by looking at life in a positive perspective as an opportunity for inner maturity. Since postmenopausal women at midlife experience various problems and difficulty in adapting to climacteric changes has a direct effect on elderly women's health, health-promoting lifestyle patterns and psychological adaptation have been considered as important issues. Appropriate understanding of women that certain physical, mental, social and psychological changes occur during menopause helps them with greater readiness to cope with these change [4-6]

### **Perimenopause or menopause transition**

Perimenopause can begin 8 to 10 years before menopause, when the ovaries gradually produce less estrogen. Women who are still in the menopause transition (perimenopause) may experience breast tenderness, Worsening of premenstrual syndrome (PMS), Irregular periods or skipping periods and Periods that are heavier or lighter than usual. Some women might also experience racing heart, Headaches, Joint and muscle aches and pains, Changes in libido (sex drive), Difficulty concentrating, memory lapses (often temporary), Weight gain, Hair loss or thinning. The average length of perimenopause is 4 years, but for some women this stage may last only a few months. Perimenopause ends the first year after menopause. The possibility of pregnancy disappears once you have been without your period for an entire year [7].

### **Menopause**

Menopause is the point when a woman no longer has menstrual periods. At this stage, the ovaries have stopped releasing eggs and producing most of their estrogen. Menopause is diagnosed when a woman has gone without a period for 12 consecutive months [8].

### **Postmenopause**

These are the years after menopause. During this stage, menopausal symptoms, such as Hot flashes (a sudden feeling of warmth that spreads over the upper body), Night sweats and/or cold flashes, Vaginal dryness; discomfort during sex, Urinary urgency (a pressing need to urinate more frequently), Difficulty sleeping (insomnia), Emotional changes (irritability, mood swings, mild depression), Dry skin, eyes or mouth, Low-level depression, slightly high-degree of self-identity and relatively less climacteric symptoms. But, as a result of a lower level of estrogen, Postmenopausal women are at increased risk for a number of health conditions, such as osteoporosis and heart disease. Medication, such as hormone therapy and/or healthy lifestyle changes, may reduce the risk of some of these conditions. The treatment

for menopausal, Peri-menopausal Syndrome and post-menopausal syndrome are Hormone therapy, Estrogen therapy remains, by far, the most effective treatment option for relieving menopausal hot flashes, Vaginal estrogen, Low-dose antidepressants, Gabapentin (Neurontin). Medications to prevent or treat osteoporosis. There are many treatment options available, including estrogen therapy, to treat brittle bones to prevent osteoporosis, a healthy diet, not smoking, and getting regular exercise are your best options to prevent heart disease. The benefits and risks of hormone therapy vary depending on a woman's age and her individual history. In general, younger women in their 50s tend to get more benefits from hormone therapy as compared to postmenopausal women in their 60s. Women who undergo premature menopause are often treated with hormone therapy until age 50 to avoid the increased risk that comes from the extra years of estrogen loss. Premature ovarian failure is defined as menopause before the age of 40 years. It may be idiopathic or associated with toxic exposure, chromosomal abnormality, or autoimmune disorder [9, 10].

Many Asian women experience postmenopausal symptoms that are often left untreated (due to the acceptance of menopause as a natural process) or treated with herbal/natural remedies. There was a general lack of knowledge among these women regarding menopausal, Peri-menopausal Syndrome and post-menopausal syndrome treatment options, hormone replacement therapy, and possible risks associated with HRT. Middle-aged women with more knowledge of menopause were more likely to manage menopause better, and those having more negative attitudes toward menopause were found to experience negative menopause symptoms. Midlife women with severe menopause symptoms were more likely to have a lower quality of life. On the other hand, the quality of life improved with the use of alternative and preventive measures for menopause management. A high quality of life can be maintained when menopause-related problems are timely prevented and adequately managed. So this study is undertaken to assess the attitude on menopausal, Peri-menopausal Syndrome and post-menopausal syndrome and Its Management among post-menopausal women in selected community Lucknow UP [11].

### **Objectives of the study**

- To Assess the attitude regarding menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management among post-menopausal women
- To associate the level of attitude with selected demographic variables among post menopause women. [12].



### Delimitations

- The sample size is limited to 30
- The study is limited to selected community at Lucknow
- The study is limited to post menopause women

### Assumptions

- Postmenopausal women will have desirable attitude on menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management

## METHODOLOGY

### Research approach and design

The research approach used for this study is Quantitative approach. A descriptive non experimental study design was adopted to assess attitude, on menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management.

### Setting of the study

The study was conducted in selected community in Lucknow.

### Target Population

Post-menopausal women.

### Accessible population

Post-menopausal women living in selected community of Lucknow city.

### Sample size

The sample comprises of 30 post-menopausal women.

### Sampling technique

Purposive non random sampling technique was adopted to select subjects from the target population.

### Development of the tool

Structured questioner was developed after adequate retrieval of research studies and under the guidance of nursing and medical experts. The research tool was developed in Hindi after obtaining the experts' opinion.

### Description of the tool

The instrument used for data collection Structured-Questionnaire which consists of two sessions. Section A: Demographic data & Section B: Three point attitude scale with 10 items.

### Reliability

The reliability was established by assessing the stability of the tool by test-retest method using a

correlation coefficient method. The reliability was found to be significant

### Validity

The content validity of the tool was assessed by obtaining opinion from three experts in the field of nursing and medicine. The experts suggested reorganization and deletion of certain items. Appropriate modifications were made accordingly and the tool was finalized.

### Ethical clearance

Informed Consent were obtained from the participants and explained about the purpose of the study

### Pilot study

The pilot-study was conducted from for 10% of total sample at Lucknow in. During the study, practicability of the tool and feasibility of the study was assessed. Subjects were given a questionnaire to assess the attitude on menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management among post-menopausal women.

### Data collection procedure

Data was collected from 12.12.2016 to 17.01.2017. a total of 30 samples were selected using purposive non random sampling method. The attitude on menopause Peri-menopausal Syndrome and post menopause syndrome and Its Management among post-menopausal women were assessed by giving a structured-questionnaire for 30 minutes.

### Plan For Data Analysis

The data were analyzed based on the objectives of the study using descriptive and inferential statistics. The plan for analysis is as follows:

- Frequencies and percentages for the analysis of the demographic data
- Mean score, percentage and standard deviation for the attitude score.
- Computing chi square test to determine the association between the selected demographic variables and attitude score.

### RESULT:

The Table 2: It is found that the mean score for attitude was 6.77 with standard deviation of 1.5. It shows that post menopause women have neutral attitude about menopause symptoms and treatment options.

### Table 3

showed that there is association exist between demographic variables such as age of menarche age of



marriage, parity, year since menopause, educational status and level of attitude among post menopause women, and no association exist between demographic variables such

as age at menopause, age at mother menopause and nature of work and level of attitude among post menopause women.

**Table 1. Score and interpretation of instrument: Questionnaire has 10 items with 30 score.**

Level of attitude	Score
Positive attitude	<50% (<15)
Neutral attitude	Between 50% - 75% (15 to 22)
Negative attitude	>75% ( 23 to 30)

**Table 2. Frequency, percentage, mean and standard deviation attitude score**

Level of attitude	Score	Frequency	Percentage (%)	Mean	SD
Negative attitude	<50% (<15)	1	3.3	6.77	1.50
Neutral attitude	Between 50% - 75% (15 to 22)	9	30		
Positive attitude	>75% ( 23 to 30)	20	66.7		

**Table 3. Frequency, percentage distribution and association of demographic variables for attitude score**

Demographic variable	Frequency	Percentage	X <sup>2</sup>	'P' value
<b>Age at menarche</b>				
<13 years	9	30	2.593	0.2735*
>13 years	21	70		
<b>Age at marriage</b>				
<25 years	17	56.7	1.493	0.473972*
>25 years	13	43.3		
<b>Age at menopause</b>				
<40 years	7	23.3	0.342	0.842984
>40 years	23	76.7		
<b>Mother's age for menopause</b>				
<40 years	7	23.3	0.342	0.842984
>40 years	23	76.7		
<b>Parity</b>				
1	0	0	5.407	0.2480*
2	9	30		
3	12	40		
>3	9	30		
<b>Nature of work</b>				
Sedentary worker	0	0	0.278	0.870325
Moderate worker	24	80		
Heavy worker	6	20		
<b>Years of since menopause</b>				
<5 years	26	86.7	0.577	0.44752*
>5 years	4	13.3		
<b>Educational Status</b>				
Illiterate	5	16.7	8.597	0.3774*
Less than High School	6	20		
High school	9	30		
Graduate College	9	30		
Post graduate	1	3.3		

**Note:** \* significant

## DISCUSSION

It was found from the table 1 that post-menopausal women have neutral attitude towards

menopausal Perimenopause and post-menopausal symptoms, as well as the result from table 2 shows that



there is association exist between demographic variables such as age of menarche age of marriage, parity, year since menopause, educational status and level of attitude among post menopause women and were as other demographic variables have no association.

## CONCLUSION

Stress, for some women, is a prevalent and troubling symptom throughout the menopause and can have a detrimental impact upon their everyday lives. Learning how to tackle your stress is not a luxury but vital for keeping you healthy. Some home remedies take a little time and dedication, but could make all the difference in the long run. If you find that home and herbal remedies are not effective in calming your stress, then it may be worth seeking medical attention to help with your stress.

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## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

## STATEMENT OF HUMAN AND ANIMAL RIGHTS

All procedures performed in human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

