Assessing Women's Experience and Perception of Menopause

Amany Mahmoud Mahmoud Ahmed[1] & Dr. Amina Mohamed Rashad El-Nemer[2]

Abstract

Background: Menopause is a physiological event in the women's life when a woman stops having menstrual periods. Natural menopause is recognized after 12 months of amenorrhea. Aim: The present study aimed to assess women's perception and experience of menopause. SubjectsandMethods: A descriptive study design was used in this study. A purposive sample of 77 menopausal women at Gynecological department and outpatient clinic at Mansoura University Hospital. Data collected by Menopause rating scale. Results: The mean age of menopause in this study is 49 years. More than half of the studied women was classified as suffering from severe menopausal symptoms and had bad perceptions. Conclusion: The majority of women had negative experiences towards menopause. Recommendations: Implementing proper health educational session about the menopausal age and how to deal with common health complains associated with menopausal age

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Keywords:Menopause, Menopause rating scale, Amenorrhea,Women perception.

Introduction:

In recent decades, the life expectancy of women has increased because higher living standards around the world. The population of women older than sixty is steadily growing. The women in most developed countries are spending one third of their life-span in the menopause phase (Velasco-Téllez et al., 2020).Menopause is defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity (Mohta & Halder, 2020). Natural menopause is considered to have occurred after 12 consecutive months of amenorrhea –the absence of menstruation –for which there is no other obvious pathological or physiological cause (Goyal, Mishra &Dwivedi, 2017).

Menopause occurs with the Final Menstrual Period (FMP), which is known with certainty only a year or more after the event (Kumar &Gautam, 2016). The age for the commencement of menopause ranges between 50 and 51 years, with considerable variability among women living in different countries (Matsuura, Matsuzaki & Yasui, 2020).The mean age of menopause in Egypt is 46.7, which is early contrasted with numerous countries, but this age has been rising recently (Rot, Wassersug& Walker, 2016). The incidence of menopause-associated symptoms in Egyptian women is higher than in the west, because of sociocultural attitudes with 84% prevalence of menopausal symptoms among Egyptian women (Mahmoud, 2016). So, increase life expectancy from 54 to 71 years lead to women experiencing menopausal health complains for a long time (Al-Musa et al., 2017).

Overall, there is growing evidence that indicates that menopause as a complex phenomenon, experienced in different ways by women (Hoga et al., 2015). Factors such as cultural beliefs, values and attitudes towards menopause determine the personal experiences lived in this phase of life (Nosek, Kennedy, Gudmundsdottir, 2012).Researchers have assessed that the current care for women experiencing during menopause has not included the provision of comprehensive support, including the need for education on bodily and emotional changes, and approaches to self-care (Tempski et al., 2015). To change health practices, it is important to develop health promotion activities focusing on the physical, psychosocial and cultural aspects of menopause (Nappi& Palacios, 2014). Therefore, understanding women's experiences & attitude during menopause will affect the quality of health care provided for the during that serious long period of women's life also, it will shape the potential of health awareness activities as a successful strategy to promote emancipatory and therapeutic processes towards menopause, through raising their awareness and autonomy regarding attitudes towards women's health.

[1]Bachelor Degree, Faculty of Nursing- Mansoura University, Egypt.
[2]Professor of Woman's Health and Midwifery Nursing, Faculty of Nursing, Mansoura University, Egypt.

Aim of the study:

This study aimed to assess women's perception and experience of menopause.

Research questions:

□ What was the women's perception of menopause?
□ What was the women's experience of menopause?

Subjects and methods:

Study design:Descriptive design was used in this study.

Study setting:The study was conducted in the Gynecological department and outpatient clinic at Mansoura University Hospital. Outpatient clinic receives about 400 women per week and provides care to patient include diagnosis and treatment.

Study subject:A purposive sample of 77 menopausal women who were attended for the Gynecological department and outpatient clinic at Mansoura University Hospital, according to their age 45 years and more.
Study sample:

Based on data from literature (Louthy et al., 2006), to calculate the sample size with precision/absolute error of 5% and type 1 error of 5% the sample size will calculated according to the following formula n= [(Z1-α/2)2.P(1-P)]/d2.
Where,
Z1-α/2 = is the standard normal variate, at 5% type 1 error (p<0.05) it is 1.96.
P = the expected proportion in population based on previous studies.
d = absolute error or precision.
So,Sample size = [(1.96)2.(0.89).(1-0.89)]/(0.05)2 =76.8
Based on the above formula, the sample size required for the study is 77.
Tools of Data Collection:The data was collected by one tool:

Part I: It was concerned with Socio-demographic and health data including age, marital status, educational level, current or previous job.

Part II:The Menopause Rating Scale (MRS), It was adopted from Heinemann et al, (2004). This scale was designed and standardized as a self-administered scale.It was translated into Arabic to assess women perception and experience of menopause and to assess symptoms/complaints of aging women under different conditions. The MRS consists of a list of 11 items assessing menopausal symptoms, divided into three subscales. A) Somatic: Hot flushes, heart discomfort, sleep problem and muscles and joint problems.B) Psychological:depression, irritability, anxiety and physical and mental exhaustion. C) Urogenital: Sexual problems, bladder problems and dryness of vagina. Each Item can be graded from 0-4, (0= not present), (1=mild), (2=moderate), (3=severe), (4=very severe).

Validity of the study tools:

Before conducting the current study, content validity of the study tool was determined after reviewing the literature minor modification were done and the final form was used for data collection after translated into Arabic.

Reliability of the tools:

The reliability of the Arabic version of the tool was assessed in the current study showing high reliability respectively for using Menopause Rating scale questionnaire.
Pilot study:

The pilot study was conducted on 8 women (10% from the sample size) who attended to Gynecological department and outpatient clinic at Mansoura University Hospital to evaluate the clarity and applicability of the tool that was used in the study before the start of data collection as well as to estimate the time needed for answer. Sample size of pilot study excluded from the total sample size.
Field work

• The researcheattended the Gynecological department and outpatient clinic at Mansoura University Hospital for 3 days per week from 9 A.M to 1 P.M until the calculated sample size is obtained.
• The researcher introduced herself to the women and a full explanation of the aim and methods of the study was done to obtain their formal written consent.

- Pilot study was conducted on 10% of the total sample to evaluate the clarity and applicability of the tools that was used in the study for data collection and will not be included in the sample size. According to the data analysis of pilot results modifications of the tool was done.
- The researcher collected socio-demographic data, characteristics such as age, education level, occupation, menopausal stage and symptoms that affect women who attend the Gynecological department and outpatient clinic at Mansoura University Hospital.

Statistical analysis:

Data was sorted, organized, categorized and then transferred into especially designed formats. The statistical analysis of data was done by using SPSS program (Statistical package for the social sciences) version 20.
Ethical Considerations:
- An official permission was taken from the Ethics Committee of the Faculty of Nursing, Mansoura University.
- An official permission was taken from the head of MCH units,to conduct the study after explaining the aim of the study.
- Prior to the study, a written formal consent was obtained from all participants after explaining the nature and purpose of the study.
- Participation in the study is voluntary and each participant had the right to withdraw from the study at any time.
- Anonymity, privacy, safety and confidentiality was absolutely assured throughout the whole study.
- The result was usedas a component of the necessary research for Master study as well as for publication and education.

Results:

Collected data for measuring perception of menopause among 77 menopausal women will be presented in the following tables and figures.

Table (1):General Characteristics of the studied women (n=77)

Characteristic	Items	No	%
Age (years)	45-	30	39.0
	55-	33	42.9
	65+	14	18.2
Marital status	Married	49	63.6
	Divorced	6	7.8
	Widow	22	28.8
Educational level	Illiterate	19	24.7
	Read / write	14	18.2
	Secondary	26	33.8
	University	18	23.4
Occupation	House wife	47	61.0
	Working	30	39.0
Place of residence	Urban	32	41.6
	Rural	45	58.4

Table (1) shows the characteristics of the studied women. Out of 77 studied menopausal women; 39% aged 45- < 55 years, 42.9% aged 55-<65 and 18.2 aged 65 years and above. Most of them (63.6%) were married; low level of education (42.9%) and house waives (61%). Rural place of residence was more prevalent (58.4%).
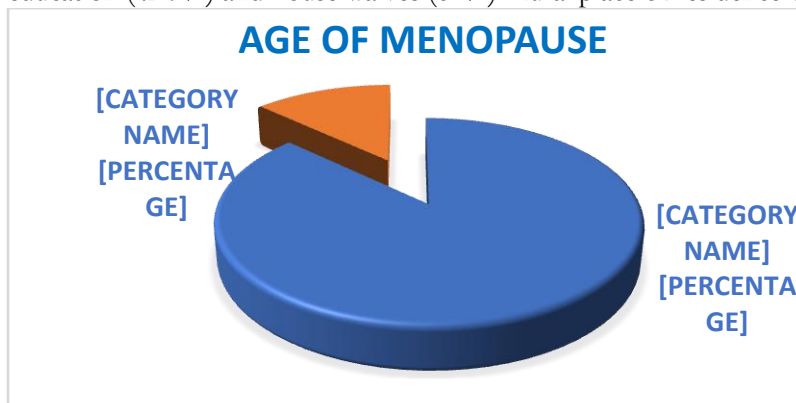

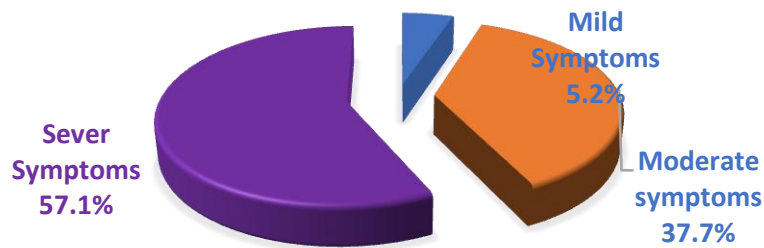Figure (1): Distribution of age of menopause among studied women

Figure (2): Menopause rating scale levels among studied women

Figure (2) show the menopause rating scale levels among studied women. More than half (57.1%) of the studied women was classified as suffering from severe menopausal symptoms, 37.7% moderate, 5.2 mild and no one had no or little menopausal symptoms.
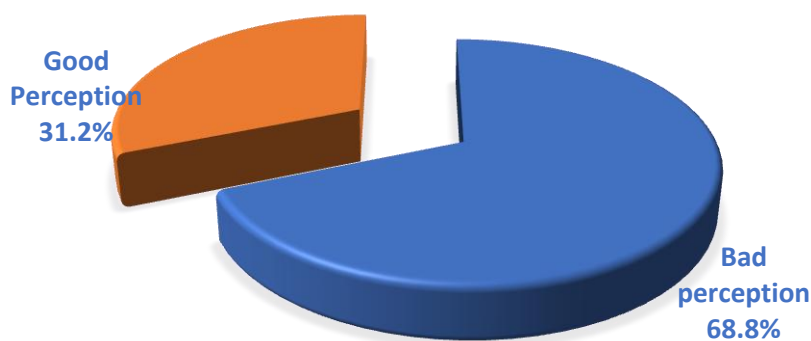

Figure (3): Menopause Perception levels among studied women

Figure (3) show menopausal perception levels among studied women. Bad perception (≤ 10 total score) was reported in 68.8% of the studied women. While, 31.2% reported good perception (> 10 total score).

Table (9): Relationship between level of symptoms according to MRS in the studied women and their average menopausal perception score

level of symptoms according to MRS	No	average menopausal perception score
Mild symptoms	4	9.25 ± 2.63
Moderate symptoms	29	8.17 ± 3.48
Severe symptoms	44	9.27 ± 3.44

Table (9) shows that the average menopausal perception score among studied women was slightly lower among women suffered from moderate symptoms than those suffering from mild or severe symptoms. But the difference was no not significantly (P>0.0) differ.

Discussion:

Women's health has been a global concern for many decades, with a recent shift in research focus to postmenopausal women (**Shorey, & Ng, 2019**). Menopause is a transitional process experienced by over 500 million women between the ages of 45 and 55 years each year worldwide. This number is expected to increase to 1200 million women by the year 2030(**Smail, Jassim, & Shakil, 2020**). With increase in life expectancy throughout the world most of the women will live through menopause (**Khan et al.,2020**).Menopause is a critical period in every woman's life, in which women usually struggle with various physical, vasomotor, psychological, and sexual complaints (**Ibrahim et al., 2020**). Most of women reach menopause age without having adequate knowledge about the events of this period and the ways to deal with the phenomena (**Gebretatyos et al.,2020**). Menopause and its complications could affect the health and sense of well-being and disturb the life quality. It seems that different biological factors (e.g., nutritional factors, history of reproduction and genetic) and geographical locations may arise menopause-related variations (**Khandehroo, TavakolySany, Oakley, & Peyman, 2020**).Beginning with the characteristics of the studied women, 42.9% of them aged between 55-65.

On the same direction, **Yeganeh, Boyle, Gibson-Helm, Teede, & Vincent, (2020)** who studied women's perspectives of menopause which found the mean age of studied group was 54.3 ± 10.7 years. Similarly, **Ezeome, Ezugworie, & Nwankwo, (2019),**the mean age of the respondents at menopause was 48.4 (±5.2) years within the range of 33-58 years.

The current study clarified that 42.9% of women were low level of education. That was in agreement with the finding of the study by **Jalambadani, Rezapour, & Movahedi Zadeh, (2020)** who revealed that54.8% of women were low level of education. It is closely to**Saimin et al., (2020**) who reported that 69.7% of studied women were low level of education. Additionally, 58.4% of the studied women were from rural residence. It is consistent with **Thapa, Yang, & Bekemeier, (2019)** who reported that64.5%of studied women were from rural provinces.

In the current study, all of women reported that their menstrual period started at 10-15 years old. While **Olowokere, Tope-Ajayi, Komolafe, & Olajubu, (2020)** clarified that only 72.7% of the studied women menses started at 10-15years old. Related to regularity of menstruation, the current study revealed that 51.9% of women had regular menstruation. In the same line **Alshogran, Mahmoud, & Alkhatatbeh, (2020)** who studied knowledge and awareness toward menopause simplified that 68,4% of studied women had regular cycle. On the other hand, **Li et al.,(2019)** who studied reproductive history in postmenopausal women reported that 93.8% of the studied women had regular menstrual cycle.

The age of menopause of the 78% studied women was 48-50 years. That is in agreement with the finding of the study by **Zhu et al.,(2020)** who revealed that the mean (SD) age at menopause of studied women was 49.7 (5.0) years. In addition, this finding is congruent with European study by **Triebner et al., (2019)** which studied age at menopause: A 20-year European study and revealed that the age of menopause was 54.2 [48.1–59.8] years.

According to **Włodarczyk, (2019)** menopausal period is characterized by the experience of three types of symptoms of menopause: psychological (e.g. irritability, depressive feelings), vasomotor (e.g. hot flashes, drenching sweats), and somatic (e.g. weight gain, insomnia, loss of sexual interest).The current study showed that 57.1% of the studied women were classified as suffering from severe menopausal symptoms. In the same line **Koley, (2019)** mentioned that50.12% of studied women showed higher in severe symptoms. Additionally,**İkiışık et al., (2019)** illustrated that 46.7% of studied women showed severe menopausal symptoms.In completing, the current study revealed that 94.8% of studied women showed moderate to severe menopausal symptoms. Closely **Ryu et al., (2020)** clarified that76.1 % of studied women reported moderate-to-severe menopausal symptoms. While **Neutzling et al., (2020)** reported 58.0% of women had moderate/severe menopausal symptoms.

Regarding women's perception of menopause, the current study illustrated that 68.8% of the studied women had bad perception. On the other hand, **Amitha, (2020)** reported that 79.3% of the married women had good perception of menopause. Feeling of hopelessness and demoralization has been approved by 64.9% of studied women. Which explained by **Hardenberg, (2017)** who clarified that their sense of identity can become threatened after menopause, leading to rigidity and feelings of hopelessness or demoralization. Regarding relationship between characteristics of the studied women and their average scores of menopausal rating scale (MRS), the current study revealed that the average score of MRS was not significantly differ by age, marital status, occupation or place or residence. The study by **Kumar, Vishwanathan, Shobana, Malathi, &Thivya, (2020)** showed that there wasn't significant association between age of women, Age attaining menopause, No of children, Marital status, Educational qualification, Occupation, in relation with adverse effect of women with menopausal symptoms. While **Zhao et al., (2019)** clarified that age, exercise, and resilience were significantly associated with the total MRS score.

The current study revealed that perception score was not significantly (P>0.05) differ by marital status, educational level and place of residence. But the average perception score was significantly (P<0.05) differ by age and working condition being significantly lower among those aged 55-65 year and working women. While **Goodman, (2020)** showed a significantly better perception for women living in urban areas, having more education, having full-time employment with economic independence and women in a long-lasting relationship. Supported by **SAR, Brohi, & Awi, (2020)** who mentioned that women with higher education level have a more positive perception towards menopause. The study by **Erbil, & Gümüşay, (2018)** clarified that positively significant correlations were found between scores of perceptions towards menopause and age, duration of marriage, number of pregnancies, number of children, duration of menopause, and menarche age was no correlated.

The current study revealed that the average menopausal perception score among studied women was slightly lower among women suffered from moderate symptoms than those suffering from mild or severe symptoms. But the difference was no not significantly differ. While **Augoulea et al., (2019)** explained that women with low perception had more severe menopausal symptoms.

Conclusion:

In the light of the present study findings, it can be concluded that most of women had high frequency of mild (5.2%) and moderate (37.7%) degree of most symptoms of menopause. More than half (57.1%) of studied women was classified as suffering from severe symptoms as "Pain in the joints and muscles". Most of women reported negative or bad perception, (64.9%) reported agree to feeling of hopelessness and demoralization, (67.5%) reported agree to feeling of neglect and disinterest.

Recommendations:

On the basis of the most important findings of the study, the following can be recommended.
- There is a definite need for dissemination of information about menopausal symptoms and healthy practices related to menopause, especially through radio, television and general practitioners.
- Women and their husbands should be educated and counselled about the changes that occurred during menopause. They can thus be a moral and mutual support to each other.
- Lifestyle with dietary modification&regular exercise should be recommended.

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Conflicts of interest:
The authors declare that there is no conflict of interest statement.

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