

Original Research Article

An epidemiological study on knowledge, attitude and practice of married women about menopause and hormone replacement therapy

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ABSTRACT

Background: Women all over the world now have to spend almost 1/3rd of their lives in menopausal years. Therefore, menopause now is a concerning matter to maintain and improve women's health. Hormone replacement therapy (HRT) is an effective treatment for menopausal symptoms. This study was conducted to determine knowledge, attitude and practice toward menopause HRT among women. Objective of the study was to determine the level of knowledge, attitude, and practice related to menopause and HRT among women.

Methods: This cross-sectional study was carried out in May 2020 to July 2020 in a rural area of Ernakulam district of Kerala, India. 150 women were interviewed using a predesigned, pretested questionnaire.

Results: In the present study, 42.6% of menopausal women had knowledge of menopausal symptoms. 31.3%, 38% and 26% knew that menopause increases risk of cardiovascular, osteoporosis and breast cancer respectively. 16.6% think menopausal women should consult a physician, only 42% of menopausal women are aware of HRT. 60.6% think menopausal symptoms affect quality of life. 50.6% think that menopause means end of sexual life. 42.6% think that absence of menstruation is a relief. 48.6% think physical changes of menopause are inevitable, hence acceptable. 35.3% had consulted a physician at the onset of menopause. 80% preferred natural approaches when compared to HRT. 76% and 86% think that HRT has many complications and side effects hence should be avoided respectively.

Conclusions: The study concluded that the knowledge and attitude of the participants towards menopause and HRT was poor in the study population.

Keywords: Menopause, Attitude, Hormonal replacement therapy, Knowledge, Practice

INTRODUCTION

Menopause is a unique stage of female reproductive life cycle. Some women may look upon this with pleasant anticipation while others fear this period.¹

Appropriate understanding of physical, psychological changes during menopause helps to cope with these changes.² Intensity of menopausal symptoms, socioeconomic, education status may influence women's knowledge and attitude about menopause.³ Hormonal replacement therapy (HRT) has been widely used to treat

menopausal symptoms to improve women's quality of life.⁴ Not many are aware of the existence of HRT.⁵

So, the present study was carried out was to survey women's knowledge and attitudes towards menopause and HRT.

METHODS

Operational modality

A cross sectional study was conducted for a period of three months from May 2020 to July 2020 in the rural areas of

Ernakulam district, Kerala. The study used a prospective audit of 150 women living in the rural areas of Ernakulam district. Permission was obtained from ethical clearance committee before beginning of study. 150 females are included in the study after obtaining their prior consent. The data was collected by interviewing all the eligible subjects willing to participate in the study. A 27 item predesigned, pretested questionnaire was used to assess the knowledge attitude and practice for menopause and HRT. Women were asked regarding menopausal symptoms and its treatment options. They were also asked about their opinion of using HRT as treatment for menopause. In the study women aged from 30 to 60 were included, however breast-feeding women, patients with a history of drug or alcohol abuse, those with other comorbid conditions and those who are not willing to participate were excluded from the study.

RESULTS

The results of the study are summarized in the tables and figures.

Table 1: Socio demographics of participant.

Variables	Frequency (N=150)	Percentage (%)
Age		
30-40	52	34.6
41-50	69	46
51-60	29	19.3
Education		
Primary	22	14.6
Secondary	37	24.6
Graduate	65	43.3
Post-graduate	26	17.3
Marital status		
Married	112	74.6
Unmarried	38	25.3

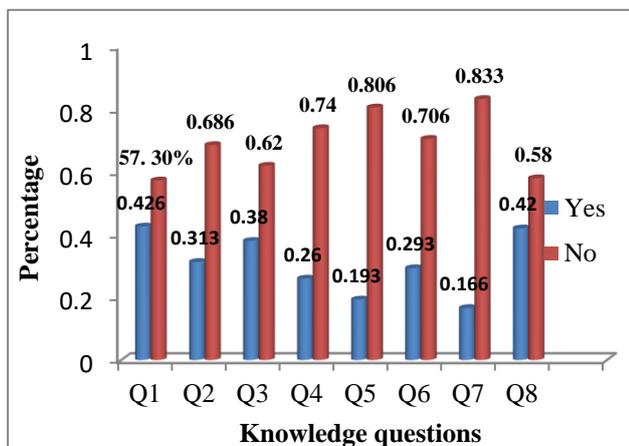


Figure 1: Knowledge about menopause in participants.

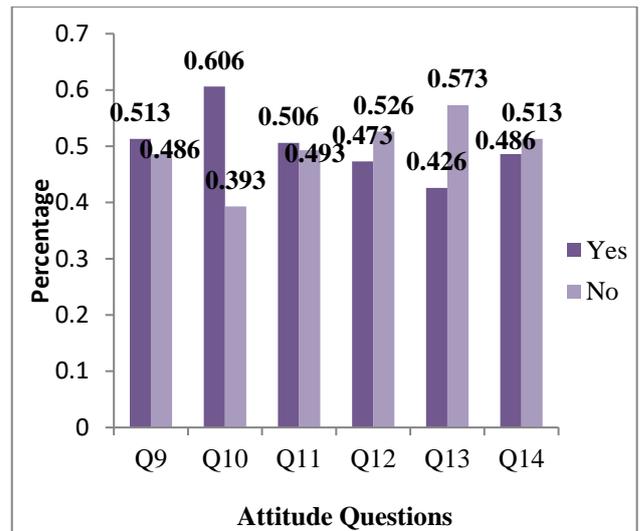


Figure 2: Attitude about menopause in participants.

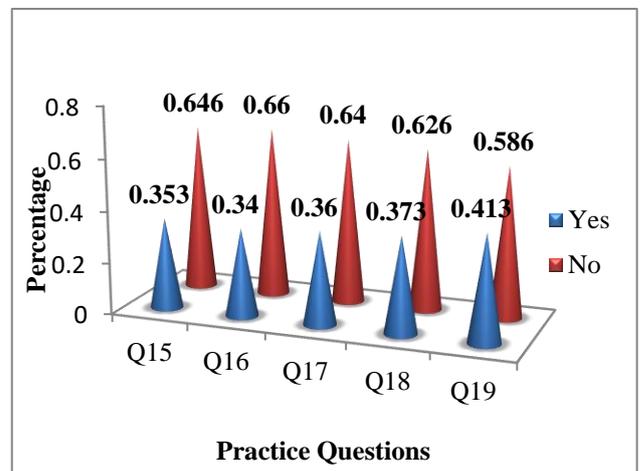


Figure 3: Practice about menopause in participants.

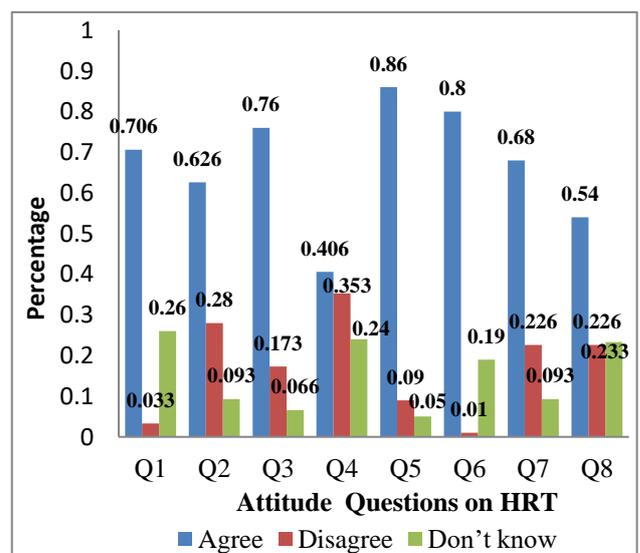


Figure 4: Attitude on HRT in participants.

Table 2: Knowledge about menopause in participants.

Question number	Knowledge about menopause	Responds	
		Yes (%)	No (%)
1	Do you have knowledge of menopausal symptom	64 (42.6)	86 (57.3)
2	Do you know menopause increase the risk of cardiovascular disease	47 (31.3)	103 (68.6)
3	Do you know menopause increase the risk of osteoporosis	57 (38)	93 (62)
4	Do you know menopause increase the risk of breast cancer	39 (26)	111 (74)
5	Do you think post- menopausal bleeding is abnormal	29 (19.3)	121 (80.6)
6	Do you think indulging in recreational activities and physical exercises are beneficial practices	44 (29.3)	106 (70.6)
7	Do you think menopausal women should consult a physician	25 (16.6)	125 (83.3)
8	Are you aware of hormone therapy	63 (42)	87 (58)

Table 3: Attitude about menopause in participants.

Question number	Attitude towards menopause	Responds	
		Yes (%)	No (%)
9	Do you perceive menopause as loss of youth	77 (51.3)	73 (48.6)
10	Do you think menopausal psychological symptoms affect quality of life	91 (60.6)	59 (39.3)
11	Do you think menopause means end of sexual life	76 (50.6)	74 (49.3)
12	Do you think menopause is associated with maturity and experience	71 (47.3)	79 (52.6)
13	Do you think absence of menstruation in the post-menopausal period is a relief	64 (42.6)	86 (57.3)
14	Do you think physical changes of menopause are inevitable and hence acceptable	73 (48.6)	77 (51.3)

Table 4: Practice about menopause in participants.

Question number	Practice regarding menopause	Responds	
		Yes (%)	No (%)
15	Will you consult a physician at the onset of menopause	53 (35.3)	97 (64.6)
16	Will you show compliance with treatment/advices	51 (34)	99 (66)
17	Will you undergo any physical examination/ investigation at onset of menopause	54 (36)	96 (64)
18	Will you adopt practices in post-menopausal years	56 (37.3)	94 (62.6)
19	Did you discuss menopausal symptoms with others	62 (41.3)	88 (58.6)

Table 5: Attitude on HRT in participants.

Question number	Attitude towards HRT	Responds (%)		
		Agree	Disagree	Don't know
1	HRT is a good solution, if you have symptoms	106 (70.6)	5 (3.3)	39 (26)
2	HRT is appropriate for some women	94 (62.6)	42 (28)	14 (9.3)
3	HRT is to be avoided	114 (76)	26 (17.3)	10 (6.6)
4	HRT is good for preventing age related health problems	61 (40.6)	53 (35.3)	36 (24)
5	HRT has many complications and side effects	129 (86)	14 (9)	7 (5)
6	Natural approaches are better than HRT	120 (80)	2 (1)	28 (19)
7	Risks of taking HRT outweighs the benefits	102 (68)	34 (22.6)	14 (9.3)
8	Menopause can have harmful consequences	81 (54)	34 (22.6)	35 (23.3)

DISCUSSION

Menopause is defined by the World Health Organization (WHO) as the complete disappearance of cyclic menstruation over a period of 12 months due to a reduction in the production of oestrogen and progesterone hormones from a woman's ovaries. HRT is a form of treatment aimed at removing the negative conditions of menopause.⁶ HRT

can have significant benefits in postmenopausal women, yet rates of HRT use are low.

Knowledge of menopause is a key predictor of HRT use. A cross sectional study was carried out by assessing the knowledge, attitude and practices among 150 participants about menopause and their attitude towards the use of HRT.

Among total participants, age was taken into consideration by dividing into 3 groups. Maximum number of participants was found in age group of 41-50 (46%) followed by 30-40 (34.6%) and least were found in age group of 51-60 (19.3%).

The study illustrates that women enrolled in the study had a mixed educational background. Majority of the participants 65 (43.3%) were graduates. Some participants were having secondary 37 (24.6%), post-graduation 26 (17.3%) and primary 22 (14.6%) educational levels. Studies suggest that educated women tend to have a greater knowledge regarding menopause. So higher level of education tends to improve the quality-of-life by decreasing the problems of menopause stage and lowering their intensity. The marital status of the participants showed that majority of the participants were married 112 (74.6%) and 38 (25.3%) were unmarried. The socio demographic characteristics were similar to the study conducted by Varuna et al.⁷ The same were shown in Table 1.

A 27 item pre-tested knowledge, attitude and practice (KAP) questionnaire was adopted from the published research article for the questions regarding menopause and for measuring the attitude towards HRT. For the KAP of menopause there were 8 questions (1-8) for assessing knowledge, 6 questions (9-14) for assessing the attitude and 5 questions (15-19) for assessing practice. The attitude question on HRT consist of 8 questions.

In the present study 64 (42.6%) women had prior knowledge of menopausal symptoms. Around 47 (31.3%) of women knew, menopause increases risk of cardiovascular disease followed by 57 (38%) aware that menopause increases risk of osteoporosis, followed by 39 (26%) aware that menopause increase the risk of breast cancer. Only 29 (19.3%) think that postmenopausal bleeding is abnormal, followed by 44 (29.3%) think indulging in recreational activities and physical exercises are beneficial practices. Around 25 (16.6%) think menopausal women should consult a physician and only 63 (42%) are aware of HRT. This observed that a greater number of participants had poor knowledge and it is presented in Table 2 and Figure 1. The data suggests that many women were less informed about the aspects of menopause, their signs and symptoms as well as their treatment. These findings were similar to the study done by Linda et al.⁸

In this study, outcome on the attitude towards menopause reveals that around 77 (51.3%) perceive menopause as loss of youth and 91 (60.6%) think menopausal psychological symptoms affect quality of life. Around 76 (50.6%) thinks that menopause means end of sexual life followed by 71 (47.3%) assumes that menopause is associated with maturity and experience. Around 64 (42.6%) think that absence of menstruation in postmenopausal period is a relief. 73 (48.6%) think that changes of menopause are inevitable and hence acceptable. The results suggest that

women's have poor attitude towards menopause and same is shown in Table 3 and Figure 2.

The study conducted by Humaira showed the similar results. The attitudes of women to menopause are strongly influenced by social, cultural and economic settings in which they live and may also reflect the differences in modes of treatment for or perceptions of its symptoms.⁹

In our study, observation on practices of women showed that around 53 (35.3%) are willing to consult a physician at the onset of menopause. Around 51 (34%) showed compliance with treatment/advice, 54 (36%) was willing to undergo any physical examination/investigation at onset of menopause. Around 56 (37.3%) adopted favourable practices in postmenopausal years. Around 62 (41.3%) discussed menopausal symptoms with others. This may be due to their education status or due to close social relationships. The same is represented in Table 4 and Figure 3. The results are similar to the study conducted by Saima et al.¹⁰

In this study attitude towards HRT showed that, 106 (70.6%) participants agreed that HRT is a good solution, if there are symptoms. 94 (62.6%) assumed that HRT is only for some women, not for all. Around 114 (76%) had opinion that HRT is to be avoided. 61 (40.6%) think that HRT is good for preventing age related health problems. 129 (86%) assume that HRT has many complications and side effects. 120 (80%) prefer natural approaches compared to HRT. Around 102 (68%) think that risks of taking HRT outweighs the benefits and 81 (54%) think that menopause can have harmful consequences. With regards to HRT several shortfalls in knowledge were identified, poor knowledge about the effect of HRT was also observed.

The same is represented in Table 5 and Figure 4. The results are similar to the study conducted by Osama et al.¹¹

CONCLUSION

The study observed that the knowledge and attitude of the participants towards menopause was poor in the study population. This is mainly because there are many misunderstandings regarding menopausal symptoms among the rural women in Kerala. There was a poor attitude towards use of HRT and its possible benefits and risks in our interviewed subjects. The main reasons for non-use of HRT were always the same: side effects and the fear of cancer. Better education about menopause from media sources and healthcare providers is needed regarding the long-term risks associated with menopause and pros and cons of HRT so that women can take informed health decisions, which may result in improvement in quality of life. This brings the need to grab more attention over this issue by raising awareness through educational campaigns about the menopause, its major health outcomes and its treatment options.

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