Perception attitude and exercise compliance among menopausal females

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ABSTRACT

Background: Menopause is perhaps the most striking event occurring during the middle age in women and represents the end of woman's reproductive life. With the general increase in life expectancy, many women are likely to live for more than 20 years after menopause, spending about one quarter of their lives or more in a state of oestrogen deficiency. Owing to lack of oestrogen woman may experience decrease physical and mental wellbeing that’s why postmenopausal woman can be considered a risk population. There is a lack of data to find the compliance and attitude towards exercise among menopausal females in India.

Methods: A questionnaire-based survey was conducted among sample size of 150 menopausal females. Self-made questionnaire was the outcome measure.

Results: 21% consider menopause is associated with changes in the body, 1% perceived all the symptoms to be associated with menopause, 30% perceived that none are associated with menopause. Perception was seen to be positive overall. 36% of uneducated females do not consider exercise at all important, 51% of educated females consider it important. Only 61% exercise on regular basis.

Conclusions: Most females perceive menopause as a positive life event. Exercise was considered somewhat important by menopausal females; however exercise compliance was poor.

Keywords: Menopause, Perception, Attitude, Exercise Compliance, Climacteric

INTRODUCTION

The biggest achievement of last century was greater longevity. With increase in life expectancy, many women are likely to live for more than 20 years after menopause, spending about one quarter of their lives or more in a state of oestrogen deficiency. It is estimated that by the end of 2015, there will be 130 million elderly women in India, necessitating a substantial degree of care. The age at which the natural menopause occurs is between the age of 45 and 55 years worldwide.

Menopause is perhaps the most striking event occurring during the middle age in women and represents the end of woman's reproductive life. Menopause is a major milestone in women resulting from the depletion of ovarian functions. Menopause leads to a new biological state accompanied by a various problem such as urogenital, psychological social, cardiovascular and neurological problems, etc. It causes a wide range of symptoms such as hot flushes, night sweats, muscle and joint aches or pains, sleeping problems, weight gain, and depression, leading to impairment of quality of life (QOL). Long-term sequel, such as, osteoporosis, sarcopenia, pathological neurological problems and cardiovascular events also increase. The results of recent studies have shown that climacteric symptoms are related to lifestyle habits such as diet, exercise, and rest. The QOL of women who exercise regularly is better in terms of psychological health, life satisfaction, and social participation and support, and the more severe the climacteric symptoms, the lower the QOL.
The overall health and wellbeing of middle-aged women has become a major public health concern around the world. Palanik writes "knowledge is a basic condition for the use of health services and attitude is an effective organizing principle in performing an action and can start a health behaviour due to the effect it has on the person." He believes that creating knowledge and a positive attitude is a useful and logical issue for making continuous changes in behaviour. Women significantly reduce regular exercise during middle-age by up to 40%. Owing to lack of oestrogen woman may experience decrease physical and mental wellbeing that’s why postmenopausal woman can be considered a risk population. Even though awareness about menopause is growing, most Indian women have a history of self-denial and neglect. The need of their families takes precedence over their own needs. Menopause is the most misunderstood biological change that happens to women. In Indian scenario, only 10% of females are seen to approach medical help relating to menopause. In India, there is no current health program that caters the specific reproductive health needs of aging women.

The social scenario of senior women in our country is sadly that of reduced activity. Women often exercise less when they enter menopause. Common barriers for middle-aged women to begin with exercise are due to lack of time, safety concerns about exercising outdoors, weather, and not having a family member or friend to exercise with them. At present, HRT the most effective treatment for climacteric, but due to adverse reactions such as risk of onset breast and endometrial cancer, besides drug therapy, a broader approach including modalities such as lifestyle habit modification and counselling is the need of the hour.

**Aim and objectives**

Aim of current study was to find out menopause perception and attitude towards exercise in menopausal females. Objectives of this study is to create awareness regarding changes associated with climacteric, symptoms faced by menopausal females, perception towards menopause, awareness of role of exercise in menopause, physiotherapy reference in menopause. Attitude towards exercise and its compliance among menopausal females. So there was a need to explore the role of awareness and attitude and exercise compliance in menopause for the Indian society.

**METHODS**

This is cross-sectional study on perception, attitude and exercise compliance among menopausal females. The survey was conducted among females falling into inclusion and exclusion criteria were selected from Navi-Mumbai. They were explained about the purpose of study and informed consent was taken.

**Inclusion criteria**

Inclusion criteria for the subjects were menopausal females aged between 45 and 55 years and at the time of recruitment if the female had stopped menstruating or had irregular cycles were selected for the study.

**Exclusion criteria**

Exclusion criteria for the subjects were women taking hormone replacement therapy (HRT), women who have undergone early complete or partial hysterectomy, women who underwent any surgery in past 3 months, women with other medical disorders (like hypertension, diabetes mellitus, hypothyroidism/hyperthyroidism) and those on psychiatric medications.

**Procedure**

A questionnaire based survey was conducted among 150 menopausal females with self-made validated questionnaires. Components of the questionnaire were awareness about menopause, symptoms associated with menopause, perception towards menopause, attitude towards menopause and exercise compliance during menopause.

**RESULTS**

150 females were surveyed for the study. Response to the survey was 100% and all the questionnaires were filled completely. The data was analyzed using Microsoft Excel and graphs. The age of women ranged from 45 and 55 years and mean age was 55. 1% women perceived all the symptoms to be associated with menopause but 16% women faced all of them. 30% perceived that none are associated with menopause. 65% women are not aware that exercise helps in relieving menopausal symptoms (Figure 1). 85% and 72% women disagreed to negative components like you lose femaleness and health risk increases post menopause. 66.7% women agreed that life is easier and calmer post menopause (Figure 2). 29 (19%) women were uneducated, 49 (37%) had completed primary education, while 72 (48%) had completed secondary education. 36% of uneducated women do not consider exercise is important, while 51% of educated women consider it is important (Figure 3). According to this study, only 6% women were referred for physiotherapy respectively. 29% women do not exercise due to lack of time, followed by mood swings, fatigue and lack of knowledge 18% (Figure 4).

**DISCUSSION**

Response to the survey was 100% and all the questionnaires were filled completely. 81% considered themselves having appropriate knowledge about menopause, similarly, in study by Loutfy et al 38.4% of women had a previous knowledge of menopausal symptoms. Also, in a study conducted by Yasmin et al
27.8% of the respondents had knowledge of menopause related symptoms.²⁶,²⁷ In this study, however, 50% do not have idea about what body changes are associated with menopause due to lack of awareness. Women in Western countries tend to be better informed about implication of menopause. Survey reported that 83.8% of women have knowledge about climacteric symptoms.⁷

Generally, women from developing countries, including those of the present study, tend to view menopause and its symptoms as a natural process that does not require medical care, so they are less aware about the health-related issues of menopause.¹⁰ Moreover, a culture of silence among Indian females prevents them from seeking health care.35% were aware that exercise could help in reducing menopausal symptoms sources being media and newspaper.

Mood swings and aches/pains were the most perceived symptoms associated with menopause as it was the most commonly heard off and also experienced themselves or from peer group experience. 30 % perceived none was associated with menopause and just were a part of aging process. Most commonly faced symptoms were also mood swings (45%) and pains (38%). This result was found similar to a study done, which found the commonest symptoms were irritability (48%) followed by aches and muscular pain (35.8%) the muscular and body pains are due to decrease in the oestrogen levels and hormonal imbalance.16% faced all symptoms. However, the prevalence of hot flushes and of sweating was lower than in western countries.⁹ 97% females did not approach any medical help for the symptoms as they considered it normal for their age and neglected it as a part of aging.

Overall awareness regarding menopause was unsatisfactory mainly in the uneducated and primary samples. Perception towards menopause was seen to be positive. Another population cross sectional study from south India showed similar results that 57% of women perceive as convenient.¹¹ Negative components like it is a disease and you lose femaleness were disagreed.95% thought it is a normal life event and 88% thought life is easier and calmer post menopause. It is seen in the western countries, like Nigeria the perception was negative.¹² In India the positive perception reflects the lack of knowledge about the consequences of menopause. Lesser vasomotor symptoms than western countries are also one of the reason for difference in perception. This positive attitude is attributed to the many perceived benefits of menopause such as freedom from cultural
restrictions imposed on younger women and the burden of childbirth as well as the discomforts associated with menstruation. No significant difference was seen among the perception of educated and uneducated females. 17% consider exercise not at all important most belonging to the uneducated group. Attitude towards exercise improved with level of education. As most samples were house wives they assumed that the level of physical activity involved in household work was enough for them and exercise is not required separately

Only 31% females exercise on regular basis. Out of these 31% Walking is the type of exercise (48%) they use the most followed by yoga (47%), although walking is not proper brisk walking as well as yoga is unsupervised. Walking was most preferred as it could be done unsupervised and was time saving according to them. Reason for not exercising is lack of time among the educated females largely (29%), as it was difficult for them to already manage the household work social activities and office work if any. Indian females are so busy in their family and social life they hardly find it necessary to find time for themselves. Rest said it was due to mood swings and indifference as they felt exercise barely showed some results. They couldn’t comply long with it as it showed no immediate results.

In India, there is no current health program that caters the specific reproductive health needs of aging women. Moreover, recently launched RCH II (reproductive and child health aspects of women and children, only addresses women in the reproductive age group), that are means to comprehensively cover health age group, ignoring those who have passed the reproductive stage. This could be one of the contributing factors of the poor health status of menopausal females in India. Reference to physiotherapy was only 6% and they self came to physiotherapy for muscular or joint pains, no reference for any other symptom were seen. Most of them wanted to achieve weight loss as a goal with exercise. Fitness was not an important goal. This highlights the fact that cosmetic appearance was more bothersome than their own fitness. Most females found walking as the type of exercise that would interest them, as it was simple and continent. Gym or any aerobic exercise they related to excessive fatigue and unnecessary and risky at their age.

CONCLUSION

Most females perceive menopause as a positive life event. Exercise was considered somewhat important by menopausal females; however exercise compliance was poor.

Recommendations

The same study can be done to compare the rural and urban population. A similar study can be conducted to compare between early and late menopausal females.

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