

Knowledge on Perimenopausal Symptoms among Women Attending Lumbini Medical College Teaching Hospital

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ABSTRACT:

Introduction: Perimenopause is an unavoidable stage of a woman's reproductive life that starts several years before menopause. Due to declining estrogen level, women experience physiological and psychological changes during perimenopausal period and sometimes symptoms are very distressing that affect the women's quality of life negatively. This study was done to assess the knowledge of women about perimenopausal symptoms. **Methods:** A cross-sectional analytical study was done at Lumbini Medical college (LMC) throughout the months of November and December, 2013. Women of age 40-60 years, attending various clinics in LMC and ready to take part in the study were included. A total of 142 women were selected purposefully. The data was collected using the semi structured interview schedule. **Results:** The study revealed that half of respondents were between age group 40-44 years, 141 (99.3%) were married and 82 (57.7%) were literate. Three quarter of respondents (74.6%) were menstruating women. The main source of information on perimenopausal symptoms was friends and relatives (81.2%). Majority of respondents ($n=90$, 63.4%) had poor, 52 (33.8%) had fair and only 2.8% had good level of knowledge on perimenopausal symptoms. The respondents' level of knowledge on perimenopausal symptoms was statistically significant with educational status ($p<0.001$), level of education ($p=0.048$) and economic status ($p=0.02$). **Conclusion:** Many women have poor knowledge on perimenopausal symptoms. The role of health care provider is that they should seriously discuss about mid-life women's health problems including perimenopausal symptoms and treatment modality including hormonal replacement therapy so the quality of life of women can be improved.

Keywords: knowledge • perimenopause • quality of life

INTRODUCTION:

Menopause is the permanent cessation of menstruation at the end of a woman's reproductive life due to loss of ovarian follicular activity. It is the point of time when the last and final menstruation occurs. The clinical diagnosis is confirmed following stoppage of menstruation (amenorrhea) for twelve consecutive months in absence of any other pathology.¹

Perimenopause or menopausal transition, is the stage of a woman's reproductive life that begins several years before menopause, when the ovaries gradually begin to produce less estrogen. It usually starts in a women's forties. Perimenopause lasts up until menopause, the point when the ovaries stop releasing eggs. In the last one to two years of perimenopause, the decline in estrogen accelerates. At this stage, many women experience menopausal symptoms.²

During perimenopause, ovarian activity declines (estrogenic activity is reduced), leads to different signs and symptoms in women. Often, the first sign of the perimenopause is menstrual irregularity. Vasomotor symptoms include hot flush, symptoms of palpitation, fatigue and weakness. "Hot flush" is characterized by sudden feeling of heat by waves of vasodilatation affecting the face and neck and may last for one to ten minutes accompanied

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by profuse perspiration. They also tend to occur at night, interrupting sleep patterns and causing insomnia.¹ Other important physical changes during perimenopausal period are genital changes and sexual dysfunction vaginal dryness and loss of libido and vaginal atrophy and dyspareunia. Urinary frequency, painful urination, uterine prolapse, and stress incontinence are also important symptoms of perimenopause.² Neurotic and psychotic changes of perimenopause include irritability, decreased concentration, nervousness, depression and memory loss. Headaches are also common and there may be insomnia, paresthesia of the hand and feet, giddiness and tinnitus.³

Perimenopause is a normal stage in a women's life. However, it can be associated with health complaints, a decreased quality of life, and an increased risk for some illnesses such as osteoporosis and coronary heart disease. Women can experience moderate or severe health effects that may persist for several years. These effects can have a large impact on women's physical and psychosocial health and well-being.^{4,5} Assessing the perimenopausal knowledge base is very important. Most importantly, there is a need for perimenopausal educational programs to be developed and implemented.⁶

There are very few studies conducted to assess the level of knowledge about perimenopausal symptoms in Nepalese women. Studies regarding knowledge on perimenopausal symptoms among Nepalese women have not been reported. Assessing the knowledge is preliminary action for taking appropriate intervention like health awareness program and campaign. So the was done to assess the knowledge regarding perimenopausal symptoms among the women in Nepalese context.

METHODS:

An analytical cross-sectional study was done to assess the knowledge in which 142 women were selected purposefully. Women visiting various clinics of Lumbini Medical College, aged between 40-60 years and ready to take part in the study were included. The data was collected throughout the months of November and December, 2013, using the face to face interview technique. A semi-structured questionnaire was developed to collect data. The questionnaire was tested by a panel of experts to reduce ambiguity, leading questions, emotive questions and stressful questions. Ethical clearance was taken from the Institutional Review Committee of Lumbini Medical College. Special care was taken

to maintain ethical issues during data collection. Anonymity of all participants was maintained. Data was entered in Microsoft Excel 2010 and analyzed by using SPSS version 17. Various tests such as frequency distribution, chi-square were applied.

RESULTS:

Table 1 shows the sociodemographic details of the women and Table 2 shows the respondents knowledge on menopause. The mean age of the respondents was 45.4 years ($SD=3.6$ years, range 40-53 years). Table 3 shows the respondents knowledge about physical sign and symptoms of perimenopause. Table 4 shows the respondents knowledge about psychological sign and symptoms of perimenopause, which shows that majority (76.8%) of respondent answered that irritability was a perimenopausal symptom. Table 5 shows the sources from where information on perimenopausal symptoms reached the respondents in which radio/television was the commonest. Table 6 shows the distribution of respondents according to their level

Table 1: Socio-demographic Characteristics of Respondents (N=142)

Variables	n	%
Age group in years	40-44	50
	45-49	39.4
	>49	10.6
Marital status	Married	99.3
	Unmarried	0.7
Religion	Hindu	96.5
	Buddhist	3.5
Education status	Literate	57.7
	Illiterate	42.3
Education level		
	Can just read and write	48.7
	Primary level	24.3
	Secondary level	19.5
	Higher secondary	3.6
	Graduate and higher	3.6
Caste		
	Brammin/chhetri	55.6
	Newar	7.0
	Gurung/Magar/Tamang	21.8
	B.K/Nepali/Dargi	15.5
Economic status		
	Enough to full fill the basic need	57.7
	Not enough to full fill the basic need	34.5
	Extra saving	7.7

Table 2: Respondents' knowledge on menopause (N=142)

Variables	n	%
Accurate meaning of menopause	45	31.7
Average age of menopause	65	45.8
Menopause a natural process of aging	142	100
Knowledge about surgical menopause	40	35.4

Table 3: Respondents' knowledge on physical sign and symptoms of perimenopause

Variables	n	%
Hot flushes	70	49.3
Vaginal dryness & dyspareunia	91	64.1
Loss of interest in sex	118	83.1
Palpitation	73	51.4
Stress incontinence	134	94.4
Back Pain and Joint Pain	124	87.3

Table 4: Respondents' knowledge on psychological sign and symptoms of perimenopause

Variables	n	%
Mood swing	73	51.4
Lack of concentration	95	66.9
Irritability	109	76.8
Anxiety	87	61.3
Sleep disturbance	103	72.5

Table 5: Sources of perimenopausal information of respondents

Sources of information	n	%
Radio/Television	78	56.5
Doctor/Nurse	24	17.4
Paramedical staffs	58	42.0
Friends/Relatives	112	81.2
Internet	-	-
Books/magazine/leaflets	13	9.4

of knowledge regarding perimenopausal symptoms. Majority (63.4%) of the respondents had poor level of knowledge, more than one quarter (33.8%) had fair and very few (2.8%) had good level of knowledge on perimenopausal symptoms.

Table 6 shows that the level of knowledge regarding perimenopausal symptoms among women is significantly higher in literates. The knowledge is similar in different age group, ethnic groups and in people with different marital status.

DISCUSSION:

This study revealed that the level of knowledge regarding perimenopausal symptoms

Table 6: Association between level of knowledge regarding perimenopausal symptoms and socio-demographic variables

Variables	Level of Knowledge		P
	Poor (%)	Fair(%)	
Age group			
45 years below	43(60.6)	28(39.4)	0.49
45 years above	47(66.2)	24(33.8)	
Ethnicity			
Bramin/chhetri	46(58.2)	33(41.8)	0.15
Others	44(69.8)	19(30.2)	
Education status			
Literate	42(51.2)	40(48.8)	<.001
Illiterate	48(80)	12(20)	
Level of education			
Can read and write	26(65)	14(35)	
Primary level	7(35)	13(65)	
Secondary and higher	9 (40.9)	13(59.1)	
Economic Status			
Fullfills basic needs	51 (62.2)	31(37.8)	
Cannot fulfill basic needs	36(73.5)	13(26.5)	
Extra saving	3(27.3)	8(72.7)	
Marital Status			
Having spouse	76(61.6)	47(38.2)	0.39
Having no spouse	13(72.2)	5(27.8)	

was statistically significant with education status ($p<.001$). The mean score of knowledge associated with perimenopause was 45.44 ($SD=6.2$). This results is supported by the study conducted on Taiwanese women which revealed that education level was statistically significant with level of perimenopausal knowledge ($p=0.000$) and mean score of knowledge associated with perimenopause was 46.31.⁷

Concerning menopause as a natural processes of aging; this study reported that all the respondents accepted that it is a part of ageing. This result is supported by the study conducted in Italian women which reported that more than 90% believed that menopause is a normal phase in women's life.⁸ Another study conducted by Malik reported that 94% of the respondents considered that the menopause is a normal transition in women's life.⁹

This study reported that 63.4% of respondents had poor, 33.8% had fair and only 2.8% had good level of knowledge regarding menopause. The reason behind the poor knowledge may be due to less appropriate source of information as majority of the women (81.2%) discuss their problems with their friends or relatives but not with doctors or nurses. Concerning hot flushes as a perimenopausal

symptom, this study revealed that, almost half of the respondents (49.3%) answered that it is a one of the perimenopausal symptom. This findings is supported by the study conducted in Nigeria which reported that among the 533 women, 51% believed that hot flush was a menopausal symptom.¹⁰ Similar findings was found in the study conducted by Wong which reported that 67.6% of the respondents answered that hot flush is a menopausal symptom.¹¹

Our study reported that 94.4% of respondents answered stress incontinence as a perimenopausal symptom. Joint pain and back pain is reported by 87.3%, decrease interest in sex by 83.1%, irritability by 76.8%, sleep disturbances by 72.55%, lack of concentration by 66.9%, vaginal dryness by 64.1%, anxiety by 61.3%, mood swing by 51.4% and pain during sexual intercourse by 40.1%. A study conducted in Malaysia reported that out of 395 respondents, 86.5% had depression, 85.6% had irritability, 80.5% had vaginal dryness, 77.5% had

forgetfulness, 63.5% had no sexual desire, 53.4% had urine leakage and 48.9% had painful intercourse as menopausal symptoms.¹¹

CONCLUSION:

The study revealed that respondents' knowledge regarding perimenopausal symptoms is poor. The reason behind the poor knowledge may be due to less appropriate source of information. Though nearly half of the respondents were literate, they had only very basic level education so that education might be influencing factor for poor knowledge. None of the respondent referred internet as a source of information. This study revealed that the level of knowledge on perimenopause is statistically significant with education status, level of education and economic status. On this basis of facts, we concludes that there is a need to educate women so they can gain knowledge in different aspect of their life including perimenopause.

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