

Assessment of Knowledge on Perimenopause, Symptoms Experienced and Practices of Perimenopausal Women in a Selected Village of Udupi District

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Abstract:- Women are more precious entity since they are the instrument for the generation of human being. They face a lot of challenges throughout their life from menarche till menopause. They develop their own coping strategies.

➤ Methodology:

Cross sectional descriptive survey design was used. Cluster sampling was used to select 708 women above 35 years of age. They were screened by using structured perimenopause screening tool in Phase I and a total of 104 perimenopause women formed the sample in Phase II at Yenagudde village Udupi district, Karnataka.

➤ Results:

The prevalence of perimenopause was 146.89/1000 women in the year 2011. Majority 69.20% had average knowledge on perimenopause. There was no association between knowledge with age, education, occupation, marital status, age at marriage, age at menarche, monthly family income and religion.

➤ Conclusion:

Women presented with different symptoms of varying intensity and practiced various self-care measures. The self-care practices are found to be associated with a few symptoms and demographic variables, and their association can be further explored upon.

Keywords:- Perimenopause, Menopausal Symptoms.

I. INTRODUCTION

Modern medicine has significantly increased the life expectancy of women throughout the world. It is estimated that in 2030, 1.2 billion women will be perimenopausal or postmenopausal and this will increase by 4.7 million a year.¹

There are limited studies on knowledge, symptoms experiences and practices of perimenopausal women held in

India. However, the review of non-Indian studies revealed variation in symptoms experienced by perimenopausal women which shows that there is difference in symptoms experienced among different cultures. However, women in perimenopause need a great deal of support during this transitional state and thus it was thought that it is essential to study the presentation of symptoms by perimenopausal women in Indian context.

The study was undertaken for the purpose of describing the nature of perimenopausal event and will help the health sector as well as the local government to evaluate the existing health care services, based on the magnitude and symptoms. Thus, effective measures can be planned to help perimenopausal women to cope with the transitional event.

II. METHODOLOGY

Cross sectional, descriptive survey study was undertaken at Yenagudde village of Udupi district, Karnataka with the following objectives: to determine the magnitude of perimenopausal event; The review of literature revealed that there was no structured perimenopause tool and hence a screening tool was developed by researcher based on the operational definition. The women with symptoms of menstrual irregularity in cycle and or flow without an history of amenorrhea for 12 months in a row as expressed by women, was regarded as perimenopause. Yenagudde village had a total female population of 1389 of whom 708 non pregnant women between the ages group of 35 and 65 years were screened for perimenopause using a structured perimenopause screening tool in phase 1. A total of 104 women were found to be in perimenopause. Following tools were developed, validated, pretested and translated.

➤ Demographic Proforma:

Included total number of members in different age group in a family; age, level of education, current employment status, occupation, marital status, age of marriage, age at menarche, family monthly income and

religion; The tool had a separate section on temporary and permanent family planning methods used by self or spouse.

➤ *Structured Knowledge Questionnaire on Perimenopause:*

Comprised of 15 items prepared based on the blue print. The scores were arbitrary classified as (1-5), average (6-11) and good (11-15) knowledge. Test-retest reliability of this tool was 0.98.

➤ *Structured Perimenopause Symptom Assessment Tool:*

Consisted of a total of 12 items on psychological symptoms and 15 on physical symptoms having 4 options as always, sometimes, rarely and never. The participants were requested to express the symptoms experienced in past 3 months. No scores were assigned to symptoms.

➤ *Structured Perimenopause Practice Tool:*

Consisted of items related to actions performed in daily life and was divided into three subparts: Part A had 13 items on food consumed by perimenopausal women. Part B had

four items on self-care actions performed and Part C had three items on System of medicine used. The women were requested to report the practice since the identification of symptom of perimenopause.

➤ *Method of Data Collection:*

Data was collected in the presence of researcher by one ASHA worker who was trained by a trained nurse. In Phase I every family was contacted and informed consent from the study participants was obtained. The data on tool 1 was collected from the available adult member of the family. The women above 35 years of age in every family were interviewed using tool 2 by ASHA worker. Kannada version of tool 3,4,5 was administered to those who were found to be in perimenopausal period, during the same visit. The working women who were not available during data collection were contacted on late evening or on holidays. Every woman above 35 years of age is reached including migrants and whole village was covered.

III. RESULTS

Table 1 Frequency and Percentage Distribution of Perimenopausal Women according to their Socio-Demographic Variables (n=104)

Sl.No	Socio-Demographic Variables	Frequency (f)	Percentage (%)
1.	Age in years		
	>35- ≥40	45	43.3
	>41- ≥45	34	32.7
	>46- ≥50	17	16.3
	>51- ≥55	08	7.7
2.	Education		
	No formal education	15	14.4
	Primary (I-V)	53	51.0
	Secondary (VI-X)	25	24.0
	Higher secondary (XI-XII)	09	08.7
	Graduation	02	01.9
3.	Occupation		
	Home maker	80	76.9
	Coolie	09	08.7
	School teachers	02	01.9
	Beedi workers	13	12.5
4.	Employed		
	Yes	24	23.1
	No	80	76.9
5.	Marital status		
	Married	101	97.1
	Unmarried	03	02.9
6.	Age at marriage(in years)		
	18-20	53	52.5
	21 to 30	47	46.5
	31 to 40	01	1.00
7.	Age at menarche (in years)		
	<10	02	01.9
	10-13	68	65.4
	>13-16	34	32.7
8.	Monthly family income (in Rs.)		
	1000-5000	18	17.2
	5001-10000	58	55.8

Sl.No	Socio-Demographic Variables	Frequency (f)	Percentage (%)
	10001-15000	22	21.2
	≥15001	06	05.8
9.	Religion		
	Hindu	87	83.6
	Muslim	14	13.5
	Christian	03	02.9
10.	Family planning methods used		
	Temporary methods	15	14.5
	Tubectomy	54	51.9
	None	35	33.6

Table 2 Frequency, Percentage, Mean, Median, Mode and Standard Deviation of Level of Knowledge on Perimenopause among Perimenopausal Women (n=104)

Level of Knowledge on Perimenopausal	Frequency (f)	Percentage (%)	Mean	Median	Mode	S.D
Poor (0-5)	26	25.00	07.13	7.00	7.00	2.473
Average (6 -10)	72	69.20				
Good (11-15)	06	05.80				

Table 3 Frequency of Psychological Symptoms Experienced by Perimenopausal Women (n=104)

Sl.No	Item	Frequency of psychological symptoms (f)			
		Always	Sometimes	Occasionally	Never
A	Psychological symptoms				
1.	Feeling more tired than usual	49	34	16	05
2.	Feel depressed	35	19	22	28
3.	Poor memory	38	25	14	27
4.	Crying spells	24	21	20	39
5.	Difficulty to fall asleep	38	17	20	29
6.	Difficulty to concentrate	41	17	25	21
7.	Irritability	42	20	19	23
8.	Mood swings	43	38	15	08
9.	Feeling sad	43	21	12	28
10.	Feel like skin is crawling	07	04	01	92
11.	Tingling in hands/feet	42	11	21	30
12.	Feel hot	42	07	17	38

Table 4 Frequency of Physical Symptoms Experienced by Perimenopausal Women (n=104)

Sl. No	Item	Frequency of Physical Symptoms (f)			
		Always	Sometimes	Occasionally	Never
B.	Physical symptoms				
I	Genital				
1.	Dry vagina	16	01	03	84
2.	Vaginal itching	16	05	04	79
3.	Foul smelling discharge.	07	05	02	90
4.	White vaginal discharge per vagina	29	09	01	65
5.	Pain during sexual intercourse.	04	02	04	91
II	Urinary Symptoms				
6.	Leaking urine	04	01	02	97
7.	Pain (burning) during urination	12	69	01	22
8.	Frequent urination	68	06	03	27
III	other Symptoms				
9.	Sudden sensation of intense heat with flushing.	47	18	23	16
10.	Headache	46	23	08	27
11.	Weight gain in recent months	51	11	04	38
12.	12. Breast tenderness	20	09	23	52
13.	Joint pains	46	28	05	25
14.	Night sweats	52	06	16	30
15.	Back pain	57	21	09	17

Table 5 Frequency and Percentage Distribution of Self care Practices of Perimenopausal Women (n=104)

Sl. No	Practice	Frequency (f)	Percentage %
1.	Exercise	26	25.00
2.	Body massage with oils	56	53.80
3.	Breast Self examination	14	13.50
4.	Application of lubricating jelly/vagina	02	1.90
5.	Application of ointments/vagina	04	3.80
6.	Use of Hormone Replacement therapy	10	9.60
7.	Use of oral contraceptives	04	03.80
8.	Use of over the counter drugs	33	31.70
9.	Change in diet	26	25.0
10.	Fasting	56	53.8
11.	System of medicine		
	Ayurvedic	14	14.0
	Allopathic	70	67.0
	Ayurvedic and Allopathic	20	19.0

➤ *Association between Variables:*

No significant association between knowledge and demographic variables was found. Significant association was found between a few symptoms and practices which are stated below.

- Systems of medicine used and age ($\chi^2=12.436$, $P=.002$)
- Over the counter drugs and occupation ($\chi^2=5.327$, $P=.021$); employment status ($\chi^2=5.327$, $P=.021$) and religion ($\chi^2=6.268$, $P=.012$).
- Fasting with age at marriage ($\chi^2=4.330$, $P=.042$) and religion ($\chi^2=10.161$, $P=.001$).
- ✓ Over the counter drugs with feel more tired than usual ($P=.025^*$); feel depressed ($\chi^2=9.449$, $P=.024$); poor memory ($P=.011^*$); crying spells ($\chi^2=14.309$, $P=.003$); more irritable than usual ($\chi^2=13.233$, $P=.004$); mood swings ($P=.001^*$) and feel sad ($\chi^2=13.379$, $P=.003$) and feel hot($P=.001^*$); white vaginal discharge (.033*); sudden sensation of intense heat with flushing ($\chi^2=15.260$, $P=.002$); weight gain in recent months ($P=.019^*$); breast tenderness ($P=.001^*$); back pain ($P=.016^*$).
- ✓ Exercise practice with feel depressed ($P=.011^*$) and crying spells ($\chi^2=8.894$, $P=.031$); sudden sensation of intense heat with flushing ($P=.049^*$) and weight gain in recent months ($P=.026^*$).
- ✓ Body massage with oil practice and feel depressed ($\chi^2=12.234$, $P=.006$); white vaginal discharge ($P=.018^*$); sudden sensation of intense heat with flushing ($\chi^2=18.436$, $P=.001$) and joint pains ($P=.026^*$).
- ✓ Change in diet and mood swings ($P=.011^*$), Fasting and tingling in hands and feet ($P=.045^*$).
- ✓ (* Fischer Exact test, notest statistic generated)

IV. DISCUSSION

➤ *Knowledge on Perimenopause:*

The study revealed that 69.2% sample had average knowledge (mean of 7.13 of maximum 15 scores). The findings are supported by a study conducted in Taiwan by Tsao, Chang, Hung, Chang, Chou³ to examine the level of perimenopausal knowledge among 353 midlife women, in

which the mean knowledge score of knowledge was 58.35 out of a maximum of 126).

V. CONCLUSION

Perimenopause is a normal physiological state in woman's life which is inevitable. The intensity of perimenopause though vary, awareness about this event may help women cope with changes better. Health care providers have a major role to play in helping women to cope better as well as to and teach culturally congruent self-care measures. Nurses can screen the middle-aged women for perimenopause and can plan need based individualized care. Awareness programme can be planned based on the magnitude of the problem and needs of the perimenopausal women. Nurses can plan and implement health teaching, counseling and integrate complimentary therapies to manage symptoms.

➤ *Conflict of Interest:*

The authors report no conflicts of interest. The authors alone are responsible for the content and write up of this paper.

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