

Original Research Article

## Knowledge, Attitude, and Symptoms of Menopause among Post-Menopausal Women Attending the Gynecology Outpatient Department in a Tertiary Care Hospital in Bangladesh

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**Abstract:** *Introduction:* Menopause is characterized by the cessation of menstruation for 12 months or the end of ovarian function, leading to permanent amenorrhea. The purpose of the study was to assess the knowledge, attitude, and symptoms of menopause among post-menopausal women attending the gynecology outpatient department in a tertiary care hospital in Bangladesh. *Aim of the study:* The aim of the study was to evaluate the knowledge, attitude, and symptoms of menopause among post-menopausal women attending the gynecology outpatient department in a tertiary care hospital in Bangladesh. *Methods:* This prospective observational study was conducted in the Department of Gynecology at Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, from June 1, 2015, to May 31, 2016, enrolling 150 postmenopausal women. Data were collected using a pre-tested questionnaire on demographics, knowledge, attitudes towards menopause, and symptoms. Analysis was performed using SPSS version 22.0, utilizing descriptive statistics and chi-square tests. *Result:* The mean age of participants was  $58.26 \pm 6.26$  years, with 30.0% aged 56–60 years and 52.7% married. Among unemployed participants, 77.52% correctly identified the cause of menopause, compared to 24.24% of employed participants ( $p < 0.05$ ). Physical and mental exhaustion and joint discomfort were the most common symptoms, affecting 85.4% of participants. Additionally, 53.6% expressed a negative attitude towards menopause, with weakness and weight gain being significant concerns. *Conclusion:* Improving knowledge and attitudes about menopause through targeted education is essential for enhancing the quality of life among post-menopausal women.

**Keywords:** Menopause, Knowledge, Attitude, Symptoms, Post-Menopausal Women.

### INTRODUCTION

Menopause is characterized by the cessation of menstruation for 12 months or the end of ovarian function, leading to permanent amenorrhea.[1] It is a universal transition in a woman's life, accompanied by

physiological changes associated with aging. While the average age of menopause is around 48 years, it can occur as early as 30-35 years in some populations.[2] Symptoms driven by declining estrogen levels often emerge during the perimenopausal phase, with over

80% of women experiencing diminished physical and mental well-being.[3] If not properly managed, these symptoms can significantly impact quality of life, yet many women remain unaware of the changes occurring in their bodies, further compounding the challenges they encounter during this period.[4]

Early recognition of menopausal symptoms is crucial to reducing discomfort and addressing fears.[5] However, menopause is often shrouded in stigma and misconceptions, further complicated by myths and taboos. Although medical insights emphasize the risks associated with menopause—such as cardiovascular and bone diseases—many women remain uninformed about these risks and the benefits of timely intervention.[6] Lack of awareness can turn menopause into a period of distress rather than acceptance, underscoring the importance of education and support to promote women's mental and physical well-being during this significant transition.

Menopausal symptoms, while manageable for some, can be particularly challenging for others, with significant impacts on quality of life. These symptoms vary widely due to multiple factors, including social, cultural, and personal influences.[7] Compared to men, women face a more complex aging process because of hormonal changes associated with menopause.[8] In addition, poor nutrition, reproductive health issues, harsh working conditions, and exposure to violence throughout life heighten the risk of chronic conditions such as osteoporosis, breast cancer, and cervical cancer in the postmenopausal phase.[9] These challenges highlight the need for early recognition of symptoms and timely medical care to alleviate discomfort and enhance well-being.

Cultural factors play a significant role in shaping women's experiences of menopause. In certain regions of Bangladesh, post-menopausal women attain higher social status, enjoying freedom from restrictions imposed on younger women and relief from the burdens of childbirth. Despite this, healthcare services often overlook the specific needs of post-menopausal women, with geriatric care focusing more on general elderly health than the unique challenges of menopause.[10] To address these gaps, the WHO has called for research on the healthcare needs of post-menopausal women in developing countries. This study is essential for exploring the experiences and needs of post-menopausal women in Bangladesh, where cultural perceptions and limited healthcare services may shape their attitudes, knowledge, and well-being during this phase of life. The purpose of the study was to assess the knowledge, attitude, and symptoms of menopause among post-menopausal women attending the gynecology outpatient department in a tertiary care hospital in Bangladesh.

## Objectives

- The aim of the study was to evaluate the knowledge, attitude, and symptoms of menopause among post-menopausal women attending the gynecology outpatient department in a tertiary care hospital in Bangladesh.

## METHODOLOGY AND MATERIALS

The prospective observational study was conducted in the Department of Gynecology at Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh, from June 1, 2015, to May 31, 2016. A total of 150 postmenopausal women attending the gynecology outpatient department were enrolled in the study.

### Inclusion Criteria:

- Postmenopausal women attending the gynecology outpatient department who provided informed consent.

### Exclusion Criteria:

- Women with known thyroid or parathyroid disorders.
- Those taking estrogen and/or progesterone in the three months prior to the study.
- Women with chronic renal disease.
- Patients with a known diagnosis of genital malignancy.
- Women with induced menopause or simple hysterectomy.
- Pregnant or lactating women.

Written informed consent was obtained from all participants, ensuring confidentiality and voluntary participation. Participants underwent a detailed interview using a pre-tested, self-designed, semi-structured questionnaire that assessed demographic characteristics, knowledge about menopause, attitudes towards menopause, and symptoms experienced. Key demographic variables included age, marital status, education level, and employment status. Clinical data collected focused on menopausal symptoms such as hot flashes, sleep problems, anxiety, joint and muscular discomfort, and sexual issues. The questionnaire also explored participants' perceptions of menopause, including any specific concerns related to emotional and physical well-being. Data were compiled and analyzed using SPSS version 22.0. Descriptive statistics, including frequencies and percentages, were utilized to summarize the demographic characteristics and symptoms. Chi-square tests were performed to evaluate associations between knowledge and attitude variables with educational and employment status, with a p-value of  $< 0.05$  considered statistically significant. Primary outcomes measured included the knowledge, attitudes, and symptoms of menopause among the participants, while secondary outcomes assessed correlations between educational and employment status and participants' understanding of menopause.

**RESULT**

**Table 1: Demographic Characteristics of the Study Participants (n = 150)**

Variable	Frequency (n)	Percentage (%)	
Age Group	45–50	20	13.3
	51–55	30	20.0
	56–60	45	30.0
	61–65	35	23.3
	66+	20	13.3
Marital Status	Unmarried	10	6.7
	Married	79	52.7
	Widowed	62	41.3
Education Level	Illiterate	29	19.3
	literate	121	80.7
Employment Status	Employed	26	17.3
	Unemployed	124	82.7

Table 1 shows the demographic profile of the study participants. The mean age of the participants was  $58.26 \pm 6.26$  years, with a median age of 58.0 years. Out of 150 participants, 45 (30.0%) were aged 56–60 years, 35 (23.3%) were aged 61–65 years, 30 (20.0%) were aged 51–55 years, and 20 (13.3%) each were in the 45–50 and 66+ age groups. In terms of marital

status, 79 (52.7%) participants were married, 62 (41.3%) were widowed, and 10 (6.7%) were unmarried. Regarding education, 121 (80.7%) participants were literate, and 29 (19.3%) were illiterate. Employment data reveal that 124 (82.7%) participants were unemployed, and only 26 (17.3%) were employed.

**Table 2: Relationship between Variables and Cause of Menopause Correctly Known (n = 150)**

Variable	Number (%)	Total	P value
Employment Status	Employed	6 (24.24%)	p<0.05
	Unemployed	94 (77.52%)	
Education Level	Illiterate	9 (32.43%)	p<0.05
	literate	91 (75.00%)	

Table 2 shows the relationship between selected variables and participants' knowledge about the cause of menopause. Out of 26 employed participants, 6 (24.24%) correctly identified the cause of menopause, compared to 94 (77.52%) out of 124 unemployed

participants ( $p < 0.05$ ). Educational status also influenced knowledge, with 9 (32.43%) out of 29 illiterate participants and 91 (75.00%) out of 121 literate participants identifying the cause of menopause correctly ( $p < 0.05$ ).

**Table 3: Distribution of Menopausal Symptoms among Study Participants (n = 150)**

Menopausal Symptoms	Frequency (n)	Percentage (%)
Hot flushes, sweating	123	81.8
Heart discomfort	105	70.0
Sleep problems	109	72.7
Depressive mood	76	50.9
Irritability	104	69.1
Anxiety	95	63.6
Physical and mental exhaustion	128	85.4
Sexual problems	101	67.3
Bladder problems	65	43.6
Vaginal dryness	63	41.8
Joint and muscular discomfort	128	85.4

Table 3 shows the distribution of menopausal symptoms experienced by the participants. Physical and mental exhaustion, along with joint and muscular discomfort, were the most common symptoms, reported by 128 (85.4%) participants each. Hot flushes and

sweating affected 123 (81.8%) participants, while sleep problems were experienced by 109 (72.7%). Other symptoms included heart discomfort in 105 (70.0%) participants, irritability in 104 (69.1%), anxiety in 95 (63.6%), and sexual problems in 101 (67.3%). Less

common symptoms included bladder problems (65, 43.6%) and vaginal dryness (63, 41.8%).

**Table 4: Attitudes towards Menopause among Study Participants (n = 150)**

	Variable	Frequency (n)	Percentage (%)
Attitude Type	Positive	70	46.4
	Negative	80	53.6
Specific Concerns	Sleep disturbances	19	12.7
	Uncontrollable emotions	20	13.6
	Irritability/Anxiety	26	17.6
	Weight gain	33	22.1
	Weakness	41	27.2
	Incompleteness as a woman	3	1.8
	End of femininity	7	4.8

Table 4 shows the attitudes towards menopause among the participants. Out of 150 participants, 80 (53.6%) reported a negative attitude towards menopause, while 70 (46.4%) expressed a positive attitude. Participants also shared specific concerns, including weakness (41, 27.2%), weight gain (33, 22.1%), irritability and anxiety (26, 17.6%), uncontrollable emotions (20, 13.6%), and sleep disturbances (19, 12.7%). A smaller number of participants associated menopause with feelings of incompleteness as a woman (3, 1.8%) or the end of femininity (7, 4.8%).

**DISCUSSION**

This study highlights the knowledge, attitudes, and symptoms of menopause among post-menopausal women in a tertiary care hospital in Bangladesh. Menopause, while a universal experience, varies significantly among individuals due to biological, environmental, and cultural factors, including beliefs and attitudes. The high prevalence of symptoms like physical and mental exhaustion emphasizes the need for targeted educational interventions to improve the quality of life for women facing menopause.

In our study, the demographic profile of the participants indicated that the mean age was 58.26 ± 6.26 years, with a median age of 58.0 years. The largest age group consisted of 45 participants (30.0%) aged 56–60 years, with significant numbers in the 61–65 years (23.3%) and 51–55 years (20.0%) age groups. This is consistent with another study who reported a mean age of 58.14 years in their study population.[11] Additionally, the mean age of menopause in our study was 47.5 years, which is close to the findings of Mashiloane *et al.*[12], who reported a mean menopausal age of 49.5 years. In terms of education, 121 (80.7%) of our participants were literate, aligning with the findings of Madhukumar *et al.*[13], which reported 80.4% literacy among their subjects. Furthermore, the marital status distribution showed that 52.7% of participants were married, 41.3% were widowed, and 6.7% were unmarried, providing a broader context to understand the social dynamics affecting this cohort.

In our study, the relationship between selected variables and participants' knowledge about the cause of menopause revealed that only 6 (24.24%) of the 26 employed participants correctly identified the cause, compared to 94 (77.52%) of the 124 unemployed participants (p < 0.05). Educational status further influenced this knowledge; only 9 (32.43%) out of 29 illiterate participants identified the cause correctly, while 91 (75.00%) of the 121 literate participants did so (p < 0.05). These findings are consistent with Madhukumar *et al.*[13], who reported similar significance regarding the knowledge of menopause causes in relation to employment and education levels. The correlation suggests that both employment and educational attainment play vital roles in increasing awareness about menopause, indicating the need for targeted educational interventions to improve understanding among women, especially those with lower literacy levels.

In our study, the distribution of menopausal symptoms revealed that physical and mental exhaustion, along with joint and muscular discomfort, were the most prevalent symptoms, reported by 128 (85.4%) participants each. Hot flushes and sweating affected 123 (81.8%) participants, while sleep disturbances were experienced by 109 (72.7%). Other notable symptoms included heart discomfort in 105 (70.0%), irritability in 104 (69.1%), anxiety in 95 (63.6%), and sexual issues in 101 (67.3%). Less common symptoms reported were bladder problems in 65 (43.6%) participants and vaginal dryness in 63 (41.8%). These findings are consistent with those of Joseph *et al.*[14], who identified similar prevalent symptoms among menopausal women in their study. Numerous studies have highlighted joint and muscular pain as significant menopausal symptoms, indicating their considerable impact on women's health during this transition.[15] Additionally, feelings of tiredness and fatigue have been frequently cited as common experiences.[16,17] Overall, the prominence of musculoskeletal symptoms as among the most frequently reported menopausal issues has been linked to hormonal changes, emphasizing the need for further investigation into their underlying mechanisms.

In our study, attitudes towards menopause were varied among participants. Out of 150 respondents, 80 (53.6%) exhibited a negative attitude towards menopause, while 70 (46.4%) expressed a positive outlook. Specific concerns shared by participants included feelings of weakness (27.2%), weight gain (22.1%), irritability and anxiety (17.6%), uncontrollable emotions (13.6%), and sleep disturbances (12.7%). Notably, a small fraction associated menopause with feelings of incompleteness as a woman (1.8%) or viewed it as the end of femininity (4.8%). These findings resonate with the study by Alakananda *et al.*[18], which reported that 58.5% of participants held a positive attitude towards menopause. Similarly, another study noted that 21.4% of their participants had a negative attitude, with concerns that menopause would make them feel incomplete, followed by fears of persistent ill health and the desire for children, while some felt they were too young for this transition. Additionally, 23.0% looked forward to menopause as a welcome relief from menstruation.[19]

Ultimately, this study underscores the importance of enhancing awareness and education about menopause, particularly in underserved populations, to foster a more positive attitude and better management of symptoms. By addressing the gaps in knowledge and attitudes, healthcare providers can play a crucial role in improving the overall well-being of post-menopausal women in Bangladesh.

#### Limitations of the study

This study had some limitations:

- The study was conducted in a selected tertiary-level hospital.
- The sample was not randomly selected.
- The sample size was inadequate.

Therefore, the findings of this study cannot be generalized to the entire population.

#### CONCLUSION

The study highlights the importance of improving knowledge and attitudes towards menopause among post-menopausal women, particularly in relation to education and employment status. Despite a relatively high level of literacy, many participants demonstrated limited awareness of menopause and its causes, which correlated with negative attitudes towards this natural phase of life. The prevalence of significant menopausal symptoms, such as physical and mental exhaustion, underscores the need for targeted educational interventions. These efforts could enhance understanding and support for managing menopausal symptoms, ultimately contributing to improved quality of life for these women.

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