

Menopausal Awareness: Perception in Educated Upper Socioeconomic Strata of WomenMayuri Ahuja¹, Namita Bajpai², Ruchi Srivastava³, Shelly Agarwal⁴^{1,2}Assistant Professor, Department of Obstetrics and Gynaecology, School of Medical Sciences and Research, Greater Noida, Uttar Pradesh^{3,4}Professor, Department of Obstetrics and Gynaecology, School of Medical Sciences and Research, Greater Noida, Uttar Pradesh

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Abstract:

Introduction: Menopausal health is important for overall growth and development of the society as women spend one third of their lives in this phase. The symptoms of menopause need to be addressed and managed so as to improve the quality of life of these strata of population. The study was conducted with the aim of finding awareness of menopause in upper educated class of women who can take adequate measures to overcome this phase of life. With the advancement of era of women empowerment this phase of life also needs to be addressed as any other issue.

Objective: The aim of this study was awareness of menopausal health in educated, elite upper class of women living in a gated community of Greater Noida.

Methods: It was a cross sectional study undertaken over a span of one month in elite society of Greater Noida. It was a questionnaire-based study and done in women of age of 40 years or more. Total 176 women participated in the study after taking proper consent. Privacy of data was maintained. Google forms with structured questionnaire were sent through common society what's app group after due consent by the society authority. Data was collected in Microsoft excel sheet and the responses were collected and analysed.

Results: After analysing the data awareness of menopause was only 30 % in this subset of population. Despite being educated and being financially independent only 30 % women referred to health actioner for their menopausal problems. Mostly the information they gathered about menopause was from internet. 10 % were involved in some form of physical activity to combat the symptoms of menopause. Calcium supplementation was taken only by 10 %. Mostly the concept of menopause was associated with cessation of menstruation.

Conclusion: Menopausal awareness in upper educated class is quiet low hence menopausal health is neglected. This study motivates the gynaecologists to conduct more society camps to increase awareness of menopause.

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Introduction

Menopausal health is important for overall growth and development of the society as women spend one third of their life span in this phase of life. The awareness of menopause and the related symptoms need to be addressed and appropriate management needs to be done to improve the quality of life.

Menopause which is defined as a state of lack of menstruation for a period of 12 months without any underlying cause. Menopausal women experience varied symptoms of menopause ranging from physical, vasomotor, psychological and Genitourinary complaints. [1,2] The average age of menopause also varies from population to population and is affected by many factors like demographic, familial, genetic and also personal health related. [3] Menopause is generally considered a natural ageing process but it can be

medically or surgically induced. [4] With women empowerment in every phase of life, menopausal awareness can become an important indicator to judge the overall growth of the society. The current study was conducted among elite, well-educated class of women above 40 years in a well-constructed society with the aim to study the awareness of menopausal health in this subset of population.

Material and Methods:**Study Design, place and population:**

It was a cross sectional questionnaire-based study conducted at well -constructed society of Greater Noida, Uttar Pradesh. The society has 2500 flats with 11 towers spread over 19 acres. The study was conducted at this selected society due to its

vastness and availability of appropriate subjects designed for the study. Data was collected in month's duration from 1 sep to 30 Nov 2022. Inclusion criteria were highly educated women, aged 40 years and above, and who were w were included. The participants who did not give consent were excluded from the study. The dependable variables were women's awareness about menopause. The independent variables were age, education status, family, type, employment and religion. Factors related to menstruation include menstruation status and mode of menopause was also taken into account.

Data Collection and analysis process:

The questionnaire was developed by the four researchers after extensive literature review and keeping in mind the targeted population. The goggle form also had written informed consent and also mentioning the purpose of the study. The questionnaire covered sociodemographic characteristics, awareness about menopause and sources of information about menopause and measure taken to manage these symptoms. A goggle form with appropriate well-structured questions was send via common society what's up app group. Repeated reminders were sent by society app group to fill the goggle form. The responses were recorded in Microsoft excel spread sheet and then exported to SPS software for analysis. Findings of study were summarized using frequency distribution and percentages.

Ethical clearance: The study was conducted after ethical clearance from our institution as well as from the society representative authority. Privacy and Confidentiality of data was assured and maintained throughout the study.

Results: A total of 174 educated upper-class women of the society participated in the study with due consent and assurance of their privacy.

Age distribution and menopausal status:

Of the 100 women the age wise distribution (40 to 50 years) was (139) 80 %, (50 to 60 years) were (26)15%and 5% (9) were above 60. (Table 1) among the 174women (47) were menopausal and

rest (127) premenopausal. The mean age of starting menopause was 45 years in this group. Of the 47 menopausal women, 42 achieved natural menopause and in rest the menopause was induced either surgically or medically (Table2)

Sociodemographic variables:

Of the 174 women 172were Hindus and 2 were Muslims. 88 % (153) were post graduate and 12% (20) were holding graduate degree. This was the most essential criteria of the study to include the educated class. 88 % (153) were from nuclear family and 11 % (19) were living in joint family. 87 % (151) women were working and rest were housewives. (Table 1)

Awareness about menopause:

Of the 174 women only 30 % (52) were aware about menopause (Figure 1).

Sources of information about menopause

The awareness of menopause among women in awareness group was vastly by internet and social media 50% (26), 25 % (13) by friends and relatives and rest by books. (Figure2).

Symptoms in menopausal awareness group

The most common symptoms among 30% (52)menopausal awareness group were cessation of menses 44%(22), mood swings30%(15), 10%(5) bone pain , 10 %(5)hot flushes and 6%(3)decreased libido. (Table 2)

Concept of menopausal clinic and dedicated menopausal health practioner

None the 52 women who were aware of menopause had any clue about menopausal clinic and the position of specialist menopausal health practioner in the health sector (Table 4)

Measures taken to manage menopausal symptom

In the 52menopausal awareness group only 10 % (5) sought help from medical practioner for their symptoms. 10 % (5) were involved in some form of physical exercise. Only 10 % (5) were taking calcium supplements for bone health. (Table 4)

Table 1: Frequency and percentage distribution of sociodemographic variables of study participants

Age	F	Percentage
40 -50 years	139	80%
50-60 years	26	25%
Above 60 years	9	5%
Education		
Post graduate (PH d)	153	88%
Graduate	21	22%
Occupation		
Working	153	87%
Housewife	21	13%
Religion		

Hindu	172	98%
Muslim	2	2%
Type of Family		
Nuclear	153	88%
Joint	21	12%

Table 2: Menopausal /premenopausal status of the study group

Menopausal status	F	Percentage
Menopausal	47	47%
Premenopausal	127	53%
Modes of Menopausal		
Natural	42	42%
induced	5	5%

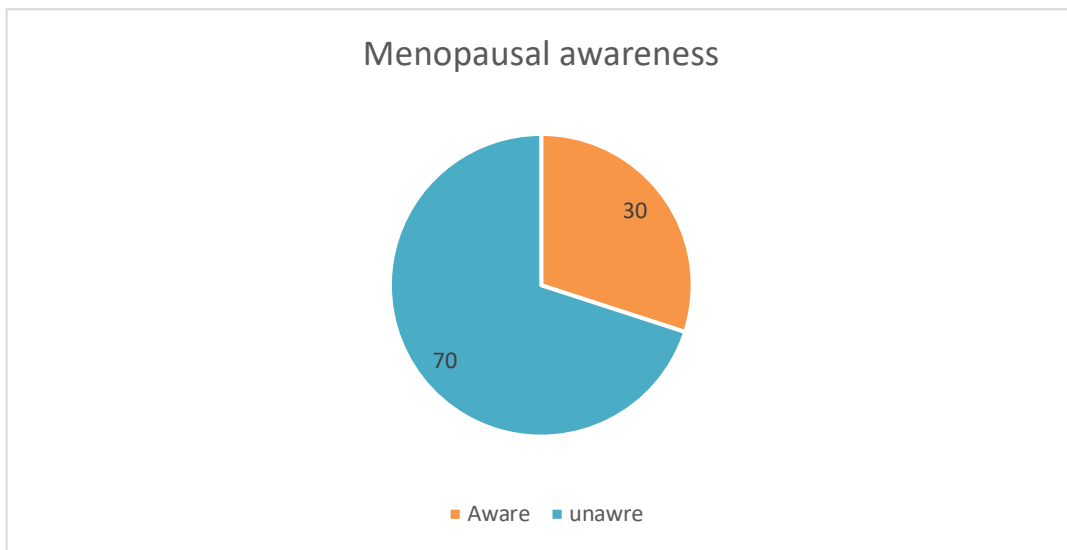


Figure 1: Of the 174 women only 30 % (52) were aware about menopause and 70 % (122) had no awareness about menopause

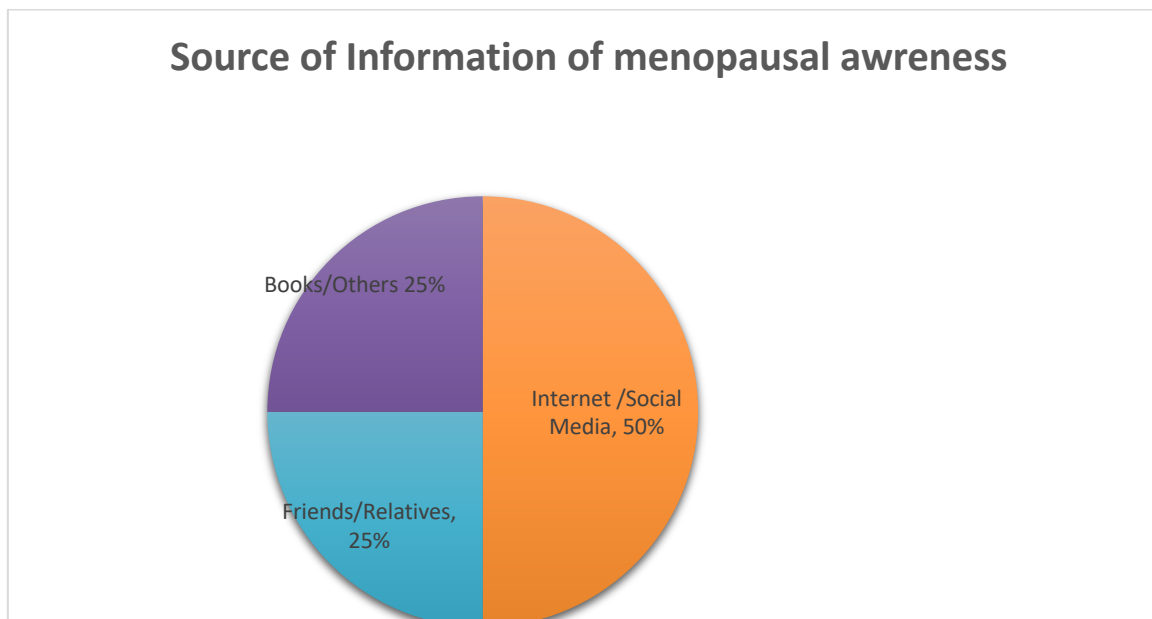


Figure 2: Category 1: Internet and social media Category 2: Friends and relatives Category 3: Books and others

Table 3: Menopausal symptoms in menopausal awareness group (52 women)

Symptom	F	%
Cessation of menopause	22	44
Mood disturbances	15	30
Weakness of bone	6	10
Hot flushes	6	10
Decreased libido	3	6

Table 4 Awareness of menopausal clinic and practitioner and frequency of seeking medical help in menopausal awareness group (52 women)

Awareness		
Menopausal clinic	0	0%
Menopausal health practitioner	0	0%
Seeking medical help	5	10%
Lifestyle measures		
Physical activity (yoga)	5	10%
Supplements	5	10%

Discussion

The average age of menopause in our population was 45 years and this average is similar to previous studies conducted in India and worldwide. Our study was unique as it included only upper class educated women with good financial background with 80% of women working and financially independent hence portraying them as stronger sections of the society. With the declaration of era of women empowerment in India the menopausal awareness was only 30% in this subset of population, whereas in a similar study the awareness was 44% in a subset of varied educated population. [6]

Mostly the only understanding of menopause was by irregularity or cessation of menopause and mostly considers it as a natural phenomenon which was also a similar notion in another study conducted in rural set of population of India. [7] This also adds that the understanding of educated as well as educated class of menopause is similar hence depicting lack of importance of this critical phase of one third of life. Mood swings was the second most common symptom encountered in menopausal awareness group. In the menopausal awareness group, the most common source of information was by internet whereas in another similar study the source of information was by health providers. [8] This study prompts the need of medical health providers to employ measures to increase awareness about this entity. Despite being aware of menopause and the symptoms associated with it only 10% were seeking professional help for their complaints whereas a similar study showed 30% took treatment for menopausal symptoms. [9] No awareness of menopausal clinic and menopausal health practitioner was found in the menopausal awareness group depicting the lack of feasibility of their survival in

the current scenario. The only way of tiding over these menopausal symptoms was increasing physical activity including yoga and maintaining good weight and this has been found in previous studies also. Despite being educated the menopausal awareness was quite less and hence the aggressive and targeted approach needed by medical health actioners to spread awareness of this entity. Since the awareness of menopause is very much neglected in the society hence the concept of dedicated menopausal clinics, menopausal health practitioner/services have a long way to go.

More exhaustive and comprehensive screening and care provider programs need to be initiated to raise awareness about this condition so that it is not accepted as something that needs to be lived with rather an issue that needs to be actively discussed at various forums. Also, dedicated inclusion of such care by specific government programs as a policy decision would go a long way in improving overall health of menopausal health. With increasing life span even in countries like India, menopausal health should be addressed as an independent speciality rather than another sub group of gynaecological patients so that women become and remain useful contributors to the society in this phase of their lives.

Conclusion

With the declaration of women empowerment in India the awareness of menopausal health should gain momentum. The awareness of menopause in the upper educated elite class women living in a renowned society of Greater Noida was quite low which shows the lack of advancement in this domain of their lives.

Hence, for overall growth of our society this phase of life should not be ignored and more awareness campaigns should be conducted with the target to

increase awareness so as adequate steps should be taken to improve their quality of life.

Ethical approval and consent: The study was done after taking consents of the participants and the

Author contribution: The authors contributed in all aspects of the study and made it feasible in drafting the study

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References

1. WHO. Research on the menopause. World Health Organ Tech Rep Ser. 1981;670:1-120
2. Santoro N, Epperson C, Matthews S. Menopausal symptoms and their management. *Endocrinol Metab Clin North Am* 2015; 44:497-515.
3. Gold EB. The timing of the age at which menopause occurs. *Obstet Gynecol Clin North Am* 2011; 38: 425-40.
4. Cristina S, Oana B. surgically induced menopause- A Review of Literature. *Medicina*. 2019; 55(8): 482.
5. Ibraheem O, Oyewole O, Olaseha I. Experiences and perceptions of menopause women in Idaban South East Local Government area, Nigeria. *Afr J Biomed Res* 2015;18: 81-94
6. Idris M, Idris M, Dra A. Women's awareness about menopausal symptoms and its management: a cross-sectional study in 2 selected settings of Asmara, Eritrea. *Glob Rep Health*.2021; 6: e 54.
7. Khan C, Hallad J. Age at menopause and menopause transition: perspectives of Indian rural women. 2006.
8. Achar D, Wanga D, Olubandwa. Knowledge of perimenopausal phase and symptoms women experienced in Njoro district, Kenya. *Int J Hmanit Soc Sci*. 2014; 4: 316-21.
9. Alakananda, Das N, Das B. Age of menopause and menopausal symptoms among women attending Gauhati Medical College and Hospital, Guwahati, Assam; a cross sectional study. *Sch J Appl Med Sci*. 2015; 3(7C) 2621-9.