

Assessment of Women Knowledge and Attitude toward Menopause and Hormone Replacement Therapy (HRT) in Assiut University Hospital

Madiha Mohamed Tosson¹; Alsaeed Elsayed A. Askar² and Shokria Adly Labeeb.¹

¹Gynecology &Obstetric department, Community Health Medicine department Faculty of Nursing Assiut University

² Gynecology &Obstetric department Faculty of Medicine Al-Azhar University

sa_og2009@yahoo.com

Abstract: Objective: To study women knowledge and attitudes toward menopause and HRT in outpatient department (OPD) in Assiut University Hospital. **Introduction:** Menopause occurs in a critical period of woman's life and coincides with many social transition events. Now hormone replacement therapy (HRT) is becoming referable to manage symptoms and prevent medical sequels of menopause. There is lack of basic information in Assiut to start the practicing HRT. **Material and Methods:** A structured questionnaire (designed and guided by questionnaire from other studies) was used to test knowledge and attitudes toward menopause and HRT. Through six months period, the questionnaire was distributed for above 45 years old women attended in OPD in Assiut university hospital. Descriptive statistic was used to present and correlate attitude statements and some demographic variables. **Results:** Ninety-nine completed the questionnaire. Most of them were postmenopausal and illiterate. Their knowledge regarding symptoms of menopause was average (66.5%) and they were poor regarding signs (44.4%). Their knowledge about HRT was very limited. Friends and relatives were their important information source. Health staff did not play the appropriate role in health education. Attitude of the majority toward menopause was negative. And toward management of menopausal effects was directed to natural approach. **Conclusion:** The mass media and the health staff should give more attention to elaborate the true information regarding symptoms, signs and management of menopause and HRT. More researches to study the attitude of the health staff toward HRT are needed

[Madiha Mohamed Tosson; Alsaeed Elsayed A. Askar and Shokria Adly Labeeb. **Assessment of Women Knowledge and Attitude toward Menopause and Hormone Replacement Therapy (HRT) in Assiut University Hospital.** *J Am Sci* 2014;10(12):250-255]. (ISSN: 1545-1003). <http://www.jofamericanscience.org>. 31

Keywords: "Menopause, hormone replacement therapy, HRT, knowledge and attitudes "

1. Introduction

Menopause is the depletion of ovarian function followed by cessation of menstruation and often diagnosed when a women do not have menstrual period for 12 consecutive months without any other biological or physiological cause and is considered a period of diminished estrogen level followed by cessation of menstruation[1].

A variety of symptoms such as hot flushes, mucosal dryness, excessive sweating, emotional fluctuations, psychoses, decreased strength and calcification of bones throughout the body are experienced by women in menopause all these symptoms are due to decreased estrogen level [2], these symptoms experienced by women during and after menopause transition are influenced by preconceived attitudes toward menopause [3].

Menopause occurs usually between the ages of 45 and 52 years but may vary. The average age of menopause in western countries has risen 5 years in the last century [2], where mean age in Egypt is 46.1 years which is low compared to many countries but this age has been rising recently. The incidence of menopause associated symptoms in Egyptian women is higher than in the west because of the different

sociocultural attitudes towards the menopause in different communities [4].

Perception, attitude and knowledge regarding the menopause and its transitional period, may differ from one female population to another. Various factors determine women's experiences; menopausal status, social background, education, occupation, physical and emotional health and general symptoms may influence the view of menopause. Cultural influences also affect the menopausal transition experience, yet little cross-cultural data exists [5].

Women generally know little about menopause, life style change needed to meet it, role of HRT, its long term benefits, how long it should be continued and formulation available, which can be improved by increasing women's awareness about menopause and have knowledge about its health effects and prevention[6].

Menopause has also been medicalized, recently gaining media attention highlighting the findings of risks associated with hormone therapy. Because most research has focused on its undesirable aspects, as hot flushes and night sweats, this has inadvertently contributed to the negative social construction of menopause. Undoubtedly, in some cases, menopausal

symptoms can be problematic and affect women's quality of life but perceptions and attitudes toward menopause are also influenced by culture, education, and geography. In fact, the last decade has seen an abundance of research on menopausal attitudes nationally and internationally, many of which highlight positive outcomes [7].

The study objective was to study women's knowledge and attitudes toward menopause and HRT in outpatient department in Assiut University Hospital.

Research question

The research question for the purpose of this study is: 'What is the knowledge and attitudes of women towards menopause and HRT?'

Objective

The objective of the study is to study women knowledge and attitudes toward menopause and HRT in outpatient department in Assiut University Hospital.

2. Material and Method

2.1 Research method and design

This is a descriptive study done by distributing a structured questionnaire on women above 45 years old throughout 6 months period, from November 2013 to April 2014, carried out in outpatient clinic at the Department of Obstetrics and Gynecology Assiut University Hospital. The study population comprised women above 45 years old.

2.2 Study sample:

Women were enrolled in the study by systematic random sampling of registered women every day (each 5th adult woman with the inclusion criteria). The study participants included 99 women above 45 years old.

2.3 The instrument:

A questionnaire designed by the researchers guided by different questionnaires included in many other studies [8, 9, 10]. It contains demographic characteristics of the respondents. Questions to assess menstrual status of the women, questions to assess knowledge about menopause, questions to determine attitudes toward menopause, questions to assess knowledge about HRT and lastly questions to determine the source of information about menopause and HRT. Some questions were closed ended. Some closed with unordered response choices and some partially closed ended.

The questionnaire was validated by 2 consultants (one in Gynecology and the other in Community health medicine) and by pilot study where 10 women filled the questionnaire then it was amended accordingly. The results of the pilot study were not included in the final results. A trained nurse assessed patients to fill the questionnaire.

2.4 Data-collection methods:

All patients who presented to outpatient clinic gynecology and obstetric department Assiut University Hospital throughout 6 month period, from November 2 Data was collected on socio-demographic information, awareness and other variables of menopause. Locked houses or the women who did not give the consent were not included in the study. The data was collected and analyzed using statistical packages. 013 to April 2014.

2.5 Statistical Analysis

Data entry computer program (EPI-6) and statistical package (SPSS, Chicago, IL) were used for statistical analysis. The association of variables under study was the first assessed with univariable analysis; the χ^2 test was used to analyze categorical variables and the *t* test was used for continuous variables. Chi square and Fisher exact test were used to test for statistical significance. A p-value of ≤ 0.01 was considered statistically significant.

3. Results:

The study population comprised 99 women; 45.5% of them were in age group (45-49 y). Forty percent of them were illiterate, 97.7% were married. Women with absent menstruation represented the highest percentage (56.5%), while those with irregular menstruation were 16.2% of the population sample. Regarding question about the women source of information about menopause, friends and relatives (40.4%), doctors (38%) and reading material, TV and radio (10%) were their information sources. Women who have idea about the age of menopause represented 72% of the sample size. Thirty-one women thought menopause happened at age of 50 and above. Consequently, 66.5% and 44.4% of them agreed that the suggested listed symptoms and signs are related to menopause. They agreed that joint and muscle ache (81.8 %) and tiredness (70.7%) were on the top of list of symptoms while sweating (61.6%) and hot flashes (57.6%) were lower in the list. Only 52.5% related vertigo to menopause. 53.5% and 41.4% of them few change of body weight and change of breast size as signs related to menopause consequently and only 36.4% and 35.3% agreed that change of vagina and loss of libido are menopausal signs. Positive and negative attitude of women toward menopause are listed in tables 1, 2. Correlation was performed with the demographic features and menstrual status in order to find any positive relation between these variables and women attitude toward menopause (Tables 3 and 4). The only significant relations were on one hand between age and stress and depression feelings and on the other hand between menstrual status and feeling old and unwell. Eleven of 47 women thought femininity affected positively.

Women opinions to treat menopause were: using natural way (17.5%), consulting a doctor (17.5%) and coping with symptoms (42%).

Unfortunately, only 38% of women heard about HRT, and their main sources of information were friends/relatives (14%) and doctors (12%). Only 63% of the sample agreed to use HRT after menopause. Of this percentage, 45% used it to alleviate the unpleasant

symptoms, 12% to prevent the medical complications and 6% to regain feminization.

Regarding health staff role, 24% of the women were able to discuss information about HRT with one of them. In addition, health staff succeeded to change women previous knowledge about HRT in 17% of them. Percentage of women who ever use HRT was 10% where gynecologist prescribed HRT for 60% them.

Table (1) Attitude of women toward negative effects of menopause:

Statement	Agree		Disagree		Total
	No	%	No	%	
One starts feel old	52	59.1	36	40.9	88
Women can stand less stress	55	62.5	33	37.5	88
Coincided with bothersome complaints	64	72.7	24	27.3	88
Women suffer more psychological problems	58	64.4	32	35.6	90
Unpleasant events	47	55.9	37	44.1	84
One feels unwell	56	62.9	33	37	89
One feels depressed	55	61.1	36	38.9	91
Mean	55.3	62.7	33	37.3	88.3

Table (2) Attitude of women toward positive effect of menopause

Statement	Agree		Disagree		Total
	No	%	No	%	
Complaint disappear spontaneously	76	78.8	18	21.2	85
Women expecting complaints in menopause	69	80.2	17	19.8	86
Women must have insight that physical changes are natural	79	89.7	9	10.3	88
One grows mature and more self confident	62	74.7	21	25.3	83
Marital relation is better	35	42.7	47	57.3	82
Absence of menstruation is a relief	50	55.5	40	44.5	90
One feels free and independent	69	77.5	20	22.5	89
One should have a preference for natural approaches	77	83.7	15	16.3	92
Mean	55.7	72.7	23.4	27.3	86.9

Table (3): The relation between some demographic variables and negative attitude

Statement	Age		Education		Marital status		Menstrual status	
	X	P	X	P	X	P	X	P
One starts feel old	12.3	0.13	7.6	0.47	3.4	0.75	14.6	0.00*
Women can stand less stress	17.7	0.00*	6.6	0.58	9.4	0.15	8.9	0.06
Coincides with bothersome complaints	3.1	0.92	5	0.54	8.3	0.08	4.6	0.79
Women suffer more psychological problems	11.9	0.15	7.9	0.44	3.1	0.79	9	0.06
Unpleasant events	12.8	0.11	9	0.34	6.2	0.4	7.5	0.11
One feels unwell	7.3	0.5	5.1	0.74	4	0.68	9.3	0.05*
One feels depressed	22.7	0.00*	3	0.93	3	0.79	8.4	0.07

*=Significant relationship

X= Chi square P= p value

Table (4): the relation between some demographic variables and positive attitude

Statement	Age		Education		Marital status		Menstrual status	
	X	P	X	P	X	P	X	P
Complaints disappear spontaneously	12.8	0.11	9.6	0.29	12	0.06	7.7	0.09
Women expecting complaints in menopause will get them	8.2	0.41	14.7	0.06	3	0.80	4.5	0.33
Women must have insight that physical changes are natural	8.9	0.34	5	0.75	5,8	0,44	6.3	0.17
One grows mature and more self-confident	8	0.42	6.9	0.55	5.1	0.52	2.2	0.68
Marital relation is better	9.9	0.27	7.6	0.47	23.3	0.00*	3.2	0.51*
Absence of menstruation is a relief	6.8	0.56	6.9	0.51	8.2	0.22	2.8	0.61
One feels free and independent	8.2	0.50	13.2	0.07	4.8	0.58	3.1	0.60
One should have a preference for natural approaches	13	0.09	10.8	0.22	6.3	0.49	2.8	0.62

*=Significant relationship X= Chi square P= p value

4. Discussion:

In this study, we aimed to study women knowledge and attitudes toward menopause and HRT in outpatient clinic in gynecology & obstetric department Assiut University Hospital.

Women included in this study were above 45 years. Forty percent of the study subjects were illiterate.

A considerable portion of the sample population was postmenopausal (56%) which was expected at this age and supports also the idea that Arab women go through menopause earlier [10], whereas in a study by Tsehay *et al.* [5] their results indicated that, the mean age for the onset at natural menopause was 46.35 years among Ethiopian women in Dangila town. The average age of menopause in their study is comparable to the study of Garrido [11] findings of Mexico women, being 46.5 years. Other studies variations in reported age at menopause are 50.9 years among Norwegian women, 44.3 years among Mayan women and 48 years among women from Nigeria [12].

Menopause starts to occur in women the late 30s whereas, some women experience menstrual changes in their thirties, yet others have their menopause at sixties, but the average age for menopause at about 51, emphasizing that there is variation in menopausal onset and termination [5]. Also the exact age at menopause varies from population to population.

Variations in reported ages at menopause across cultures could be attributed to methodological problems such as biased sample selection, retrospective recall errors, inappropriate statistical analysis, genetic backgrounds, and bicultural factors as life style, diet, infectious disease, general health, and socio economic status such as malnutrition, contaminated environment and difficulty accessing medical care [5].

In our study we found that women in Assiut found friends and relatives the most useful source of information regarding menopause (40.4%) which may be due to their educational status (mostly illiterate) or due to close social relation in Arab communities, whereas in a study by Tsehay *et al.* [5] their results indicated that, most women source of information were obtained from their friends, followed by medical professionals and thirdly through reading materials (like books, magazines, and journals). However, differing from this finding, a study on Taiwanese women has also indicated that most frequently source of information through were reading materials and friends [13], whereas in a study from Ecuador [14] they reported that television and physicians were the main sources for women to obtained information about menopause.

Such differences in sources of information were attributed to socioeconomic status of the community and family, accessibility to information, and discussion habits of the people. In addition, these cross-cultural differences could be important in implementing programs directed toward increasing the knowledge of menopause in a specific population [14].

Women knowledge about menopausal symptoms and signs were not optimal. It was found that there was lack of information about vasomotor symptoms such as perspiration and hot flushes, which are very important symptoms of estrogen withdrawal at menopause [14]. In addition to that, the joint ache and tiredness ranked as most associated symptoms with menopause. This may be due to their perceiving of menopause as the start of aging process. It was found that change of body weight and breast size were the most frequent associated signs with menopause according to the respondent view. This may reflect that women concern about their body shape and points

indirectly to the non-optimistic view toward effect of menopause. Surprisingly, vaginal changes such as atrophy and dryness have less weight as relating sign to menopause which actually the most specific sign of estrogen deficiency. In addition to that, loss of libido was not an important sign that women thought it is related to menopause.

Attitude is one of the difficult aspects to ask and to measure, this study showed that women in our community have negative attitude toward menopause. They considered it as unpleasant event and always associated with problems such as: one feels old, unwell sensation, depression, standing less stress. In addition to that, women thought that menopause affects marital relationship negatively. In spite of that they saw femininity not affected which is somehow similar to Finnish women opinion and what Groeneveld *et al.* [10] found in their study.

Regarding negative cluster of attitude, there were significant relation between age on one hand and standing less stress and feeling of depression on the other hand (positive correlation). Also the menstrual status had the same significance with both feeling of age and unwilling (post menopausal women feel age and unwilling more). These relations seem logic as the increase of age and occurrence of menopause are accompanied by hopeless sensation, depression and feeling of unwell.

According to Avis[15] most women who have gone through menopause view it positively, more than younger women do, whereas other researchers [16] reported that postmenopausal and older women consistently express feelings that are more positive about menopause than do younger women are, explaining this is that those who have not yet experienced menopause are more afraid of what to expect during menopause on the contrary postmenopausal women had already gone through this period of time and thus became less susceptible to false stereotypes. This indicates that once women have gone through menopause they find it to be less troubling than they were anticipating earlier in life.

We found 59% of the study subjects preferring the natural approach to cope and treat menopause.

Lack of information about HRT was seen in most study subjects (62%) due to several factors. One of these is unscientific approach of media to present menopause and health matters related to it, if any are found. The second is the doctors, who are inadequately discussing women regarding using HRT as a treatment for menopause and tend to treat their symptoms and sequels by symptomatic treatment. For that reason, we think that studying doctors knowledge and attitude toward HRT is very important, which was found in several studies inadequate "P!". On the other hand, women who have some information about HRT,

gained them from friends, doctors, TV/radio and reading materials in respective order. This supports the idea that friends are the most useful source of information in this study. Unsurprisingly women who discussed HRT with the health staff were only 24%. Seventeen percent of them modified their knowledge by the health staff, which highlights the importance of health education. Only 10% used HRT. More than half of them received the prescription from gynecologist, which raises a question; is menopause a gynecological problem or systemic phenomena that better to be managed by generalist? •

Conclusions

In conclusion, women knowledge about menopause and HRT are limited and more efforts are needed from the health staff and the mass media to elaborate the true knowledge regarding menopause and encourage women to use HRT.

Recommendations Based on Our Study

- Future community based studies are essential to answer many questions regarding menopause and HRT, knowledge and attitude of doctors toward menopause and HRT, the effect of menopause on women quality of life and the nature of menopause management practice.

- Health education program should be started to spread the scientific knowledge about menopause and HRT and to encourage managing the menopause as one-phenomenon rather than individual symptoms.

Acknowledgements

We wish to express profound gratitude to the staff of the Obstetrics and gynecology department Assiut university hospital for their immense support during the data collection processes.

Conflict of Interest

The authors declare no conflict of interest.

References:

1. Nusrat N, Nushat Z, Gulfareen H, Aftab M and Asia K. (2008): Knowledge, attitude and experience of menopause. *J Ayub Med Coll.*, 20 (1): 56-9.
2. Tanira S, Wazed F, Sultanba A, Amin R, Sultana K, Ahmad S. (2009): Knowledge, attitude and experience of menopause. An urban based study in Bangladesh. *Journal of Dhaka Medical College*; 18 (1): 33-36.
3. Cogan E. (2004): Hormone therapy of aging Myths and realities. *Rev Med Brux*; 25: A, 371-5.

4. Sallam H, Galal AF and Rashed A. (2006): Menopause in Egypt past and present perspectives. *Climacteric*; 9 (6): 421-9.
5. Tsehay D.S., Mulatie M.M. and Sellakumar G.K. (2014): Determinants of menopausal symptoms and attitude among middle aged women. *Innovare Journal of Social Sciences Vol 2, Issue 1*, 15-20.
6. Elnaggar S.A., Mohammed A.H. and El-R-Ibraheem S.A. (2013): Health Education Effect on Knowledge and Attitude of Peri-Menopausal and Menopausal Women toward Menopause at El-Arabin District in Suez Governorate. *Life Science Journal*;10(4).
7. Morrison LA, Sievert LL, Brown DE, Rahberg N and Reza A. (2010): Relationships between menstrual and menopausal attitudes and associated demographic and health characteristics: The Hilo Women's Health Study. *Women & Health*;50(5):397-413.
8. Aline M and Lamothe L. (1996): What women want from HRT: Result of an international survey. *Eur J Obst Gynecol Reprod Biol.* (1); 64 Suppl: S 21- S 24.
9. Lorraine D, Anthony MA, Carol M, Henry B, Adele G, Tohn H, and Maggi R. (1993): Menopausal symptoms in Australian women. *Med J Aust*; 159: 232-236.
10. Groeneveld FPMJ, Baresten R, Bareman F, Dokter HJ, Drogendijk AC and Hose A W. (1993): Relationship between attitude towards menopause, well being and medical attention aged 45-60 years. *Maturitas* 1993; 17: 77-88.
11. Garrido M, *et al.* (1996): Age of natural menopause among women in México City. *International Journal of Gynecology*; 53: 159-166.
12. Al-Sejari M (2005): Age at natural menopause and menopausal symptoms among Saudi Arabian women in Alkhobar. [Electronic Version]. *Journal of Menopause in Arab World*; 9: 45-74.
13. Cheng M, Fuh J and Wang S. (2005): Attitude toward menopause among middle aged women: a community Survey in an island of Taiwan. *European Journal of Menopause*; 52: 348-355.
14. Leon P, Chedraui P, Hidalgo L and Ortiz F. (2007): Perceptions and attitudes toward the menopause among middle aged women from Guayaquil, Ecuador. *European Journal of Menopause*; 57: 233-238.
15. Avis N. (1999): Women's health at midlife. *Psychol Med* 1999; 25: 63-77.
16. Abraham S, Perz J, Clarkson R and Llewellyn J. (1995): Australian women's perceptions of hormone replacement therapy over 10 Years. *European Journal of Menopause*; 21: 91-95.

12/21/2014