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Original Research Article

Menopausal problems and related health promotion behaviours among post-menopausal women

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ABSTRACT

Background: Menopause is a natural biological process that ends a woman's reproductive years. The typical age range is 45 to 55 years old, with an average age of approximately 51. In addition to symptoms including mood swings, hot flashes, nocturnal sweats, dry vagina, and disrupted sleep, women can face a variety of issues, including irregular menstrual periods. The purpose of the study was to identify the menopause-related health promotion behaviours among post-menopausal women.

Methods: Descriptive survey design was used for this study. One-stage cluster probability sampling was used for the selection of 108 post-menopausal women. After getting consent from the participants data was collected through an interview schedule and a health promotion behaviour assessment tool. The Institutional Ethics Committee granted ethical clearance before the study began. Before data was collected, each participant gave their written informed consent.

Results: Out of 108 participants, 51.8% of them followed good dietary habits, 26.8% engaged in exercises daily and those who practiced stress reduction measures like yoga, and meditation were 23.1%.

Conclusions: The study results show that menopausal women are unaware of the health promotion behaviours that should be adopted in managing menopausal problems. This provides evidence for giving importance to menopausal problems and related health promotion behaviours.

Keywords: Menopause, Health promotion behaviours, Post-menopausal period, Women, Old age, Survey

INTRODUCTION

Menopause marks the end of a woman's reproductive years, typically occurring in her late 40s to early 50s, though the exact age can vary.¹ It's defined as the absence of menstrual periods for 12 consecutive months. Menopause happens when the ovaries stop producing as much oestrogen and progesterone, leading to various symptoms such as hot flashes, night sweats, mood swings, vaginal dryness, and changes in sleep patterns.^{2,3} While

menopause is a natural biological process, its symptoms can be managed through lifestyle changes, hormone therapy, and other treatments prescribed by healthcare providers.⁴

According to the Third Consensus Meeting of the Indian Menopause Society, India's population currently exceeds one billion, with around 43 million menopausal women.⁵ According to projections, India's population would be 1.4 billion in 2026, with 103 million women experiencing

menopause.⁶ The average life expectancy for girls in India is 66 years (according to the United Nations), however the average life expectancy for females in Kerala is 55 years.⁸ Sixty million Indian women are over the age of 55. The majority spend one-third of their lives in the postmenopausal stage. Even while menopausal symptoms cause a lot of stress in women, they often suffer in quiet and dare not speak openly about their difficulties and consequently cannot receive the understanding and support they need.⁹

Even though menopause affects all women fairly, many of them react to menopausal issues in different ways. Vasomotor symptoms, psychiatric symptoms, and indicators of estrogen insufficiency are seen in 70-80% of pre- and postmenopausal women.¹⁰ To maximize their quality of life, they might need medical intervention. In order to address menopausal issues, it seems that certain health promotion practices are essential. Changes in lifestyle, such as nutrition, exercise, stress reduction, and relaxation methods, can enhance postmenopausal women's health-promoting habits.¹¹

It is true that the years preceding and following menopause can be burdening and stressful for some women. The severity of menopausal symptoms and their long-term risks will undoubtedly increase in the future years. Menopausal women may experience difficulty managing menopausal changes. Supporting and strengthening their own manner of dealing with these challenges helps to promote health. The present study aims to identify the menopause-related health promotion behaviours among post-menopausal women.

METHODS

The study employs a quantitative method using a descriptive survey design. The study was conducted at Amrita Hospital, Kochi during the period of October 2011 to November 2011. The probability one-step cluster sampling procedure was used as the sampling method. Power analysis was used to establish the sample size of 108. The study included menopausal women between the ages of 40 and 65, although it excluded women with psychiatric illnesses and those who had undergone hysterectomy.

Two tools were used to gather the data: Tool 1 was an interview schedule designed to elicit background information from postmenopausal women. Tool II, an assessment tool for health promotion behaviour, determines the health promotion practices that postmenopausal women have embraced. The investigator has divided the tool into three sections.

Part A: The general health promotion practices that postmenopausal women have embraced are measured in this section. It comprises ten items and a seven-point Likert scale. The participants are required to circle the number on the items that correspond to the number of days

they have engaged in each of the health-promoting behaviours throughout the last week. The items contain some general statements on these behaviours. Ten is the minimum score and seventy is the maximum and it is graded into bad (18-27), average (27-36), and good (36-45).

The checklist in Section B evaluates certain menopausal issues as well as the particular health-promoting practices that women implement in response to each issue. Participants have to fill up the precise methods they take to manage menopausal difficulties, with nine common specific problems addressed. Section C: This section aims to define postmenopausal women's health-seeking behaviours, such as how often they check their blood pressure, body weight, breast health, visit a doctor, adopt any lifestyle modifications, conduct any investigations, and where they get information about menopausal changes and how to manage them. The average time taken for data collection per women was 15-20 minutes.

Ethical clearance was obtained prior to the study from Institutional Ethics Committee. The Nayarambalam Panchayath and the community medicine department granted administrative authority. Probability one stage cluster sampling was used to collect the sample. All of the postmenopausal women in ward number 15, which was chosen by lottery method, were involved in the study. After informing the participants of the nature and goal of the study, their informed consent was obtained.

RESULTS

Descriptive and inferential statistics were used to analyse the collected data in considering the study's objectives.

Socio-demographic data of menopausal women

Table 1 demonstrates that, of the 108 samples, the majority of postmenopausal women were in the 45-50 age range. When comes to educational standing, 43 (39.8%) of them had completed primary school. Of them, 68 (63.0%) were housewives by occupation. The bulk of the women, 100 (92.6%), were married. The table also shows that, of those who used birth control pills, the majority, 86.1% had never taken any. Additionally, 71.3% of the sample had a duration of 1 to 5 years after menopause.

Health promotion behaviours adopted by post-menopausal women

General health promotion behaviours.

Table 2 shows that 105 (97.2%) of the postmenopausal women spent time with family members and friends, 87 (80.5%) of them included fruits and vegetables in their daily diet, 74 (68.5%) slept for at least six hours daily, 29 (26.8%) engaged in exercises for 20 minutes and 16 (14.8%) included food items like elephant yam, colocasia and soybean in the daily diet.

Table 1: Distribution of postmenopausal women based on the socio-demographic characteristics (n=108).

Individual characteristics	Frequency (f)	Percentage (%)
Age of women (years)		
45-50	36	33
50-55	20	19
55-60	30	28
60-65	22	20
Education		
Primary education	43	39.8
High school	36	33.3
Higher secondary	24	22.2
Professional/technical	5	4.6
Occupation		
Employee	20	18.5
Business	4	3.7
House wife	68	6.3
Daily wager	14	13.0
Retired employee	2	1.9
Marital status		
Married	100	92.6
Divorced	1	0.9
Widow	7	6.5
The total number of months spent on using birth control pills		
Not used	93	86.1
12-24 months	9	8.6
Greater than 24 months	6	5.6
The number of years after attaining menopause		
1-5	77	71.3
5 -10	18	16.7
10-15	13	11.1

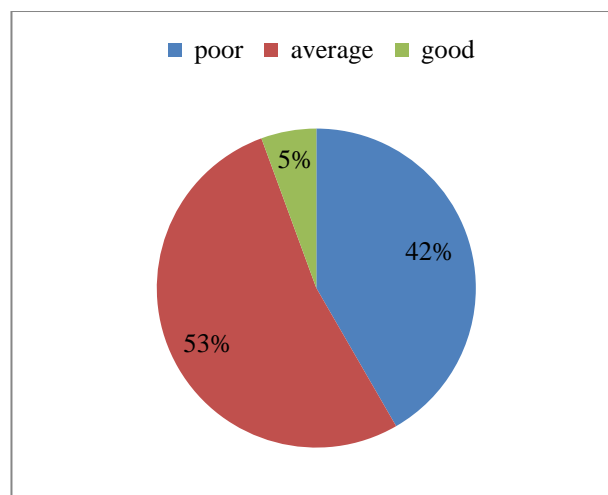
**Figure 1: The total score of general health promotion behaviours adopted by post-menopausal women.**

Figure 1 shows that the general health promotion behaviours of 6 (5.6%) samples were good, 57 (52.8%) sample were average and 45 (41.7%) sample were poor.

Specific health promotion behaviours

Table 3 shows that all of them faced the problem of hot flashes (100%) and the specific health promotion behaviours adopted by post-menopausal women for the management of hot flashes were putting on the fan (91.7%), keeping the room ventilated (74.1%), wiping the face with a wet towel (30.6%), Wearing comfortable cotton clothes that are loose and do not cling to the body (41.7%), taking a cold water bath (41.6%), fanning with newspaper (8.3%) and standing outside the house (8.3%) respectively. Tenderness in breasts 84 (77.8%) and dry skin 84 (77.8%) were the least concerned problems.

Table 2: Distributions of postmenopausal women by the general health promotion behaviours adopted by post-menopausal women (n=108).

General health promotion behaviours	Frequency (f)	Percentage (%)
Engage in exercise for 20 minutes	29	26.8
Walk for ½ an hour daily	58	53.7
Drink more than 8 glasses of water daily	50	46.2
Include fruits and vegetables in daily diet	87	80.5
Drink a glass of milk daily	33	30.5
Avoid fatty and fried foods	56	51.8
Include food items like elephant yam, colocasia And soybeans in the daily diet	16	14.8
Spent time with my family members	105	97.2
Practice measures for relaxation daily	25	23.1
Sleep for at least 6 hours daily	74	68.5

Table 3: Distributions of postmenopausal women following the specific health promotion behaviours adopted by post-menopausal women (n=108).

Specific health promotion behaviors	Frequency (f)	Percentage (%)
Hot flashes (n=108)		
Put on fan	108	100
Keep the room ventilated	80	74.1
Wipe the face with a wet towel	33	30.6
Wear comfortable cotton clothes that are loose and do not cling to the body	45	41.7
Take a cold-water bath	46	41.6
Stand outside the house	9	8.3
Muscle and joint pain (n=103)		
Apply hot compress to the affected areas	40	37
Massage the extremities	42	38.9
Apply ointments in the area	69	63.9
Take alternative methods like herbal treatment	31	28.7
Take calcium supplements	11	10.2
Bath in hot water	12	11.1
Do exercises	12	42.6
Headache (n=101)		
Take rest and sleep	46	42.6
Apply bam	63	58.3
Take oral painkillers	37	34.3
Consult a doctor	26	24.1
Apply the mustard paste on the forehead	12	11.1
Difficulty in sleeping (n=100)		
Make the environment comfortable	33	30.6
Drink a glass of warm milk before sleeping	11	10.2
Establish a fixed bedtime to sleep.	36	33.3
Wake up at the same time every day	48	44.4
Avoid long daytime naps	49	45.4
Consult a doctor	19	17.6
Palpitation (n=84)		
Take rest	44	40.7
Drink water	16	14.8
Massage the chest	13	12.0
Dry skin (n=84)		
Avoid the use of soap	16	14.8
Apply oil	53	49.1
Use of moisturizing cream.	1	11.1
Urinary incontinence (n=88)		
Drink less water or fluid before bedtime	39	36.1
Use perineal pads	1	0.9
Do kegel's exercises	1	0.9
Consult a doctor	36	33.3
Immediately go to the bathroom	13	12.0
Tenderness in breast (n=84)		
Perform periodic breast self-examination	28	25.9
Wear clothing that provides firm support to the breast	77	71.3
Consult a doctor	84	77.8

DISCUSSION

The menopause-related health promotion behaviours among post-menopausal women were assessed using a

health promotion behaviour assessment tool. The result showed that only 6 (5.6%) participants practiced good general health promotion behaviours for managing menopausal problems, 57 (52.8%) of them practiced

average general health promotion behaviours, and the rest 45 (41.7%) of them practiced poor general health promotion behaviours. The literature supporting the general health promotion behaviours adopted by postmenopausal women was not found by the investigator.

The good dietary habits adopted by postmenopausal women in the current study were 51.8%, only 26.8% engaged in exercises daily, and those who practiced stress reduction measures like yoga, and meditation were only 23.1%. A significant finding was only 14.8% included food items like elephant yam, colocasia, and soybean in the daily diet.

A telephone survey of 886 women aged 45-65 years was conducted at Group Health Cooperative in Washington state.¹² The result showed that the proportion of women who used the therapies to manage menopausal symptoms was 22.1% for any therapy, 9.1% for stress management, 13.1% for over-the-counter alternative remedies, 2.6% for massage therapy, 7.4% for dietary soy, 0.6% for acupuncture, 2.0% for naturopath or homeopath, and 1.2% for herbalists. Among women who used these therapies, 89-100% found them to be somewhat or very helpful.

In addition to the general health promotion behaviours, specific health promotion behaviours regarding menopausal problems were assessed. In the present study, all the participants experienced hot flashes and the specific health promotion behaviours adopted by them for managing hot flashes were putting on a fan (91.7%), keeping the room ventilated (74.1%), wearing comfortable cotton clothes that are loose and do not cling to the body (41.7%), taking a cold-water bath (41.6%) and wiping the face with a wet towel (30.6%).

A study conducted by the director of Duke Integrative Medicine and OB-GYN, Tracy Gaudet on self-care measures adopted by menopausal women to reduce hot flashes revealed that about 38% of them practiced yoga and it can reduce hot flash frequency and severity by 30 percent. It also found that women who regularly undertook yoga or walking experienced less bothersome hot flashes and other menopause symptoms. About 62% of them adopted certain natural cool-down techniques like dressing in layers, cool drinks, a cold compress, icing wrists or other pulse points, and room fans to reduce the severity of hot flashes. The literature was more or less consistent with the present study's findings.¹³

The study is limited to a single setting and a sample size of 108 study participants.

CONCLUSION

Women going through menopause experience an array of physical and mental changes. To combat the same, a few of them are implementing self-care techniques. On the other hand, there is a need for education about menopausal problem management. It is also the most ignored area. To

overcome the scenario, healthcare professionals must take the necessary actions.

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