DOI: 10.5455/2320-1770.ijrcog20141231

Research Article

Awareness of menopause and HRT among women attending OPD of University teaching hospital

Uma Pandey*

Department of Obstetrics & Gynaecology, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India

Received: 7 October 2014 Revised: 19 October 2014 Accepted: 24 October 2014

*Correspondence: Dr. Uma Pandey,

E-mail: uma.pandey2006@yahoo.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: The aim of this study was to find the awareness of menopause and Hormone Replacement Therapy (HRT) among women attending gynaecology outpatient in a university teaching hospital.

Methods: Study was conducted in the outpatients department of women attending gynaecology OPD in Sir Sunder Lal hospital, institute of medical sciences, Banaras Hindu University, Varanasi. It was done prospectively. Their awareness of menopause and HRT was enquired. Period of study was January 2013-December 2013. 67 women participated in this questionnaire survey. Socio-demographic characteristics, their knowledge of menopause and awareness of HRT were enquired.

Results: Age range of participants was 35-55. The age range of menopause was 45-55. 80% of women were from low socioeconomic status. 90% were illiterate. 60% of women have heard about menopause. 40 % of women were aware of symptoms of menopause. Only 2% of women were aware of HRT. 66 % of women were sexually active.

Conclusions: Relatively good number women were not aware of menopause. Majority of women were not aware of HRT

Keywords: Menopause, HRT, Socio-demography, Cultural factors

INTRODUCTION

Menopause is a physiological process which happens with gradual decline in ovarian function. Menopause is the end of reproductive life. The average age of menopause is 51 years among the women internationally. ¹

Menopause is becoming important public health issue. In this modern world the life expectancy is gradually increasing, therefore the proportion of women who are menopausal is also increasing. In 1960, the world population of females over the age of 60 years was approximately 250 million, but it is expected that by the year 2030 population of perimenopausal or postmenopausal women might be 1.2 billion. This is quite an extraordinary increase.²

In the developed world women on average is expected to spend approximately one third of her life as postmenopausal women. Life expectancy has also remarkably increased in the developing world. So it is likely that women in India will also spend approximately one third to one fourth of their life as postmenopausal women.³

Attitude determines the way we deal with our problems in difficult situations. Massachusetts women health study did a longitudinal study on more than 2000 women between 45-55 years. This study showed that negative attitude towards menopause leads to poor outcome.⁴

Expectations of human being determine how we perceive the situation, higher the expectation more the problem. Menopausal changes result in physical and psychological symptoms like vaginal atrophic changes, osteoporosis, increased incidence of myocardial infarction, dementia, urogenital atrophy, recurrent urinary tract infection, dyspareunia, insomnia, mood changes, hot flushes, depression. The perception of menopause among the women has lot to do as how she would present. More they see menopause as a problematic thing, more they will present with symptoms.⁵ It is also seen in other studies that negative attitude towards change in life is poorly tolerated by many women who perceive menopause as a problem.⁶ Effect of culture on menopause has also been discussed in number of other studies involving Asian women.¹

Role of HRT is well established in prevention of osteoporosis and treatment of urogenital symptoms. HRT usage is low in low resource countries due to its ignorance and reservation on the patients' side to take the hormonal pills 'to keep them young' as they think that menopause is a natural process and they should not alter it by any means including hormones. In the developed world, HRT came in to disrepute because of Women's Health Initiative and Million Women Study, the prescription dropped down, but later as more evidences emerged it has got its place in treatment of symptom of menopause and prevention of osteoporosis.⁷⁻¹⁶

We decided to do this study as this is quite obvious from the above discussion that HRT is either not prescribed due to health scare or there is gross ignorance on the part of menopausal women. So, the aim of the study was to know the awareness of menopause and HRT among women attending OPD of University teaching hospital.

METHODS

Study was conducted in the outpatients department of women attending gynaecology OPD in Sir Sunder Lal hospital, institute of medical sciences, Banaras Hindu University, Varanasi. It was done prospectively. Their awareness of menopause and HRT was enquired. Period of study was January 2013-December 2013.

Structured questionnaire was used in this study. Gynaecological patients were included in this study irrespective of their menopausal status. Total of 67 women participated in this questionnaire survey.

The socio-demographic variables included the women's age, parity, marital status, social status, education level, age of menarche, age of menopause if applicable. Educational level was sub sectioned into primary, matric and graduate. Marital status was divided into single, married and widowed. The income group was divided into poor, middle and higher.

The participating women were given questionnaire which was in Hindi and if they needed any further help with the language it was provided by one of the doctors. This was done to avoid any language barrier. Participating women

were asked 'do they know about menopause' or 'change in life'. Participating women were also asked about their menopausal symptom if they were menopausal. Questions were also asked to know if they knew anything about menopause or it long term problems or any treatment modality available. It was also asked that whether menopause was taken as natural event or a change in life which can be moderated by Hormone Replacement Therapy (HRT). Sexual history was also taken; any history of dyspareunia was also noted. Lastly they were asked whether they know about HRT, its side effect, availability and benefits.

RESULTS

Filled questionnaire were returned from 67 participants. The filling of the questionnaire was supervised so it was completely filled.

Age range of participants was 35-55. Range of menarche in the same group of patients was 12-14 years. The age range of menopause was 45-55. There were only 3 women who had parity greater than 6. Majority had parity ranging 4-5. All women were married in our study group. 80% of women were from low socioeconomic status. 90% were illiterate.

60% of women have heard about menopause. 40% of women were aware of symptoms of menopause. They had heard it as somebody in the family member had menopause and they witnessed it. They had learned about the symptoms by witnessing a family member having that. None of the participants were aware of long term consequences of menopause.

Only 2% of women were aware of HRT and that is because they were prescribed from some referring health centre. Majority of Indian women felt that menopause is part of aging process and not unnatural. Therefore they did not think it was a 'negative phenomenon' in their life.

66% of women were sexually active. Nearly 10% of women said that they have developed dyspareunia since menopause and got relieved with some medications (HRT, vaginal lubricants).

DISCUSSION

Menopause is called 'change in life', as it a harbinger of many emotional, social, physical and hormonal change.²

Life expectancy of general population is rising not only in the developed world but also in the developing countries.

This is increasing the proportion of postmenopausal women. Hormone replacement therapy provides some benefit to postmenopausal women although it has been surrounded by some controversies as discussed above in the introduction.

The attitude of menopausal women is influenced by various factors, cultural, social, individual, family and economic factors. This is because many women from a particular cultural segment present s with entirely different menopausal symptoms than others. The requirement for the HRT also depends upon the attitude of the patient and cultural influence. ¹ Among Caucasian women night sweats and hot flushes are the commonest presentation. ¹⁷ In Japanese women presentation of menopausal symptom is significantly lower than Caucasian women. ¹⁸

60% of women have heard about menopause which is in contrast to other studies in which almost 95% women have heard about menopause, which could be explained by the fact that our age range of participants was 35-55. 40% of women were aware of symptoms of menopause. None of the participants were aware of long term consequences of menopause.

Only 2% of women were aware of HRT and that is because they were prescribed from some referring health centre. Lack of knowledge about HRT was more frequent among illiterate and poor class. Majority of Indian women felt that menopause is part of aging process and not unnatural. Therefore they did not think it was a 'negative phenomenon' in their life. 66% of women were sexually active. Nearly 10% of women said that they have developed dyspareunia since menopause and got relieved with some medications (HRT, vaginal lubricants).²⁰

CONCLUSION

The above questionnaire based study reveals that a good proportion of women in our study were not aware of HRT and also only 60% were aware of menopause. In the modern era HRT has a beneficial role for postmenopausal women. We should make an active effort to educate our society not only the rich class but also the middle and lower class. Media has also got a role to play and deliver the right message across to the society. We feel that with full information and background knowledge women will be able to make informed decision/choice which will help them with their mental, emotional and sexual health and well-being.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the

institutional ethics committee

REFERENCES

- 1. Pam HA, Wu MH, Hsu CC, Yao BL, Huang KE. The perception of menopause among women in Taiwan. Maturitas. 2002;41:269-74.
- 2. Jin Yong Lee, Chang Suk Suh. The attitudes of postmenopausal women towards hormone replacement therapy (HRT) and effects of HRT on

- lipid profiles. In: Jin Yong Lee, Chang Suk Suh, eds. Proceedings of the First Consensus Meeting on Menopause in East Asian Region. May 26-30, Geneva: Switzerland: East Asian Region; 1997.
- 3. Avis NE. Women's perceptions of menopause. Eur Menopause J. 1996;3:80-4.
- 4. Avis NE, Mckinly SM. A longitudinal analysis of women's attitude towards the menopause, results from the Massachusetts women health study. Maturitas. 1991;13:65-79.
- Cowan G, Warren LW, Young JL. Medical perceptions of menopausal symptoms. Psychol Women. 1985;9:3-14.
- Shafi S, Samad Z, Syed S, Sharif A, Khan MA, Nehal US, et al. Hormone replacement therapy menopause with a better future-A survey of views on hormone replacement therapy (HRT). J Pak Med Assoc. 2001;51:450-3.
- Rowan T. Chlebowski, Susan L. Hendrix, Robert D. Langer, Marcia L. Stefanick, Margery Gass, Dorothy Lane, et al. Influence of estrogen plus progestin on breast cancer and mammography in healthy postmenopausal women: the women's health initiative randomized trial. JAMA. 2003;289:3243-53.
- 8. Collaborative Group on Hormonal Factors in Breast Cancer. Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease. Lancet. 2002;360:187-95.
- 9. Million Women Study Collaborators. Breast cancer and hormone replacement therapy in the Million women study. Lancet. 2003;362:419-27.
- 10. Banks E, Reeves G, Beral V, Bull D, Crossley B, Simmonds M, et al. Impact of use of hormone replacement therapy on false positive recall in the NHS breast screening programme: results from the Million women study. Br Med J. 2004;328:1291-2.
- 11. Horner E, Fleming J, Studd J. A study of women on long-term hormone replacement therapy and their attitude to suggested cessation. Climacteric. 2006;9:459-63.
- 12. Obel EB, Munk Jenson N, Svenstrup B, Bennett P, Micic S, Henrik-Nielsen R, et al. A two year double blind controlled study of the clinical effect of combined and sequential postmenopausal hormone replacement therapy and steroid metabolism during treatment. Maturitas. 1993;16:13-21.
- 13. Nir-Caein R, Nahum R, Yogev Y, Rosenfeld J, Fisher M, Kaplan B. Ethnicity and attitude towards menopause and hormone replacement therapy in Northern Israel. Clin Exp Obstet Gynaecol. 2002;29:91-4.
- 14. Maharaj NR, Gangaram R, Moodley J. The Menopause, hormone replacement therapy and informed consent: are women in an under resourced country adequately aware? J Obstet Gynaecol. 2007;27:300-4.

- Lam PM, Leung TN, Haines C, Chung TK. Climacteric symptoms and knowledge about HRT among Hong Kong Chinese women aged 40-60 years. Maturitas. 2003;45:99-107.
- 16. Ettinger B, Genant HK, Cann CE. Long term oestrogen replacement therapy preventing bone loss and fracture. Ann Int Med. 1985;102:319-24.
- 17. Bosworth HB, Bastion LA, Kuchibhatia MN, Steffens DC, McBride CM, Skinner CS, et al. Depressive symptoms, menopausal status and climacteric symptoms in women at midlife. Psychosom Med. 2001;63:603-8.
- 18. Lock M, KauFert P, Glibert P. Cultural construction of the menopausal syndrome: the Japanese case. Maturitas. 1988;10:317-32.
- 19. Yahya S, Rehan N. Perceptions of menopause among rural women of Lahore. J Coll Physician Surg Pak. 2003;13:252-4.
- Kaufert P, Boggs P, Ettinger B, Woods NF, Utian WH. Women and menopause: beliefs, attitudes and behaviour. The North American Menopause Society 1997. Menopause Survey. Menopause. 1998;5:197-202.

DOI: 10.5455/2320-1770.ijrcog20141231 **Cite this article as:** Pandey U. Awareness of menopause and HRT among women attending OPD of University teaching hospital. Int J Reprod Contracept Obstet Gynecol 2014;3:1033-6.