INTRODUCTION

Changes in health and illness of individuals create a process of transition, and clients in transition period tend to be more vulnerable to risks that may in turn affect their health. Uncovering these risks may be enhanced by understanding the transition process. Menopause may be viewed as a transition from middle age to old age by many women. Although some may look upon with pleasant anticipation, many women fear this period because of the anticipated losses.¹

The word ‘menopause’ derives from Greek word ‘men’, which means ‘month’ and ‘pausis’, which means cessation. Thus, menopause refers to permanent cessation of menstruation at the end of reproductive life due to ovarian follicular inactivity.²

Menopause is an extremely important yet complex period of time during which many changes occur in a woman in an unpredictable way. It is essential to ensure that a woman understands that the menopause represents a change of life and not an end of life, and that, unless she allows it to do so, it will not result in her suddenly becoming aged and unattractive. Menopause does cause radical alterations in women’s physiological functioning and can cause anxiety in women who do not understand the changes that are taking place. Thus, it is important that women during menopausal period have adequate knowledge and positive attitude regarding menopausal transition that may enable them to accept inevitable changes and losses and recognize qualities and capabilities.³

DESIGN

Descriptive survey design
METHODS

Present study was done on 100 married women aged between 40-50 years belonging to the urban and rural areas of Mangalore, Karnataka.

Tool Description

Tool 1: Comprised of demographic data and structured interview schedule.

Tool 2: Attitude scale.

A structured interview schedule to assess the knowledge of married women regarding menopause. It had 33% knowledge items 43.4% comprehension items and 23.6% application items covering all aspects of menopause. Each question has one or more than one correct answer. Each correct answer was scored one and incorrect answer was scored zero.

Attitude scale having five options (that is strongly agree, agree, uncertain, disagree, strongly disagree) was used to assess attitude of married women regarding menopause. The minimum score is 16 and maximum score is 80. The scale consists of 8 positive statements and 8 negative statements, and were respectively scored 5, 4, 3, 2, 1 and 1, 2, 3, 4, 5 for the positive and negative statements.

ANALYSIS

Analysis was done by using descriptive and inferential statistics.

RESULTS

The data on sample characteristics revealed according to Table 1. The data presented in Table 1 indicates that a majority of women both in rural area (60%) and urban area (58%) belonged to age group of 40-45 years. Maximum number of women from both rural area (58%) and urban area (62%) belonged to Hindu religion. Greater percentage of women in rural area (40%) were illiterates. In the urban area (28%) each belonged to illiterates, primary and graduates, 14% had higher secondary and only 2% had professional education.

Knowledge and attitudes of married women regarding menopause.

Knowledge Score

The findings of knowledge score (Table 2) show that most of the women in rural area (76%) had average level of knowledge score and majority of women in urban area (62%) had satisfactory knowledge scores. These findings are supported by Standberg (1997), WHO reported that 80% of the women wanted to know more about menopause. Polit (1980) indicated that women employed and with higher levels of education have greater knowledge than less educated women.

Attitudes Score

The findings attitude score (Table 3) show that most of the women in rural area (84%) and urban area (98%) had favorable attitude toward menopause. The findings are supported by Summer and Avis, et al (1999). They found that in general women’s attitudes toward menopause range from neutral to positive. The contradictory findings are of Standberg (1997), who revealed that 60% of the women in his study had negative attitude towards menopause.

Knowledge and attitude scores of rural and urban married women.

The study findings reveal that there was a significant difference between knowledge scores and attitude scores of rural and urban married women. Polit (1980) revealed that women who were employed and of higher levels of education had greater knowledge. There was significant difference between knowledge scores ($t_{100} = 5.77$, $p < 0.05$ tabled value 1.98) and attitude scores ($t_{100} = 8$, $p < 0.05$, tabled value 1.98) of rural and urban married women regarding menopause.

SUMMARY

To summarize major findings are as follows.

Most of the women in rural area (78%) had average level of knowledge (36-50%) and a majority of women in urban area (62%) had satisfactory knowledge (51-75%) regarding menopause.

The mean knowledge score on menopause was comparatively higher in urban area (54.33%) than in rural area (44.47%).

Most of the women in rural area (84%) and urban area (98%) had favorable attitude towards menopause.

The mean attitude score on menopause was comparatively higher in urban area (87.72%) than in rural area (78.82%).

CONCLUSION

The result of the present study showed that women in the rural area lack knowledge regarding menopause compared to the
A Study on Knowledge and Attitude Regarding Menopause among Rural and Urban Married Women in Mangalore

Table 1: Frequency percentage distribution of rural and urban married women on the basis of their demographic data

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Variables</th>
<th>Rural (f)</th>
<th>Percentage (%)</th>
<th>Urban (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>40-45</td>
<td>30</td>
<td>60</td>
<td>29</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>46-50</td>
<td>20</td>
<td>40</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>2</td>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hindu</td>
<td>29</td>
<td>58</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>12</td>
<td>24</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Christian</td>
<td>9</td>
<td>18</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Illiterate</td>
<td>20</td>
<td>40</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Primary</td>
<td>18</td>
<td>36</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Hr. Secondary</td>
<td>8</td>
<td>16</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Graduate</td>
<td>4</td>
<td>8</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Professional</td>
<td>–</td>
<td>–</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 2: Frequency and percentage distribution of women according to their knowledge scores

<table>
<thead>
<tr>
<th>Level of knowledge</th>
<th>Rural (f)</th>
<th>Percentage (%)</th>
<th>Urban (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below average (&lt; 35%)</td>
<td>1</td>
<td>2</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Average (36-50%)</td>
<td>39</td>
<td>78</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Satisfactory (51-75%)</td>
<td>10</td>
<td>20</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td>Good (76-100%)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

Table 3: Frequency and percentage distribution of the women according to their attitude scores

<table>
<thead>
<tr>
<th>Attitude scores</th>
<th>Rural (f)</th>
<th>Percentage (%)</th>
<th>Urban (f)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favorable (59-80)</td>
<td>42</td>
<td>84</td>
<td>49</td>
<td>98</td>
</tr>
<tr>
<td>Neutral (38-58)</td>
<td>8</td>
<td>16</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unfavorable (16-37)</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

itself can develop positive attitude towards menopause and prevent old age disabilities in women. Thus, old age can be comfortable, independent and a healthy era in a woman’s life.

RECOMMENDATIONS

- A comparative study may be conducted between unmarried and married women.
- A study may be carried out on psychoeducational program for improving women’s attitude and coping with menopause symptoms.

REFERENCES

3. Choi MW. The menopausal Transition; change, loss and adaptation (CD-ROM), Holistic Nursing practice 9(3):53-62