

## Knowledge and Attitude towards Menopause among Middle-Aged Women

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### ABSTRACT

This qualitative study aimed to explore the knowledge and attitude toward menopause among women. Data was collected through semi-structured interviews with 20 women aged 40-60 years who were experiencing or had experienced menopause. Thematic analysis was used to identify key themes and patterns in the data. The results revealed that women had limited knowledge about menopause and most of their knowledge came from their own experiences or the experiences of family members and friends. Women also reported negative attitudes towards menopause, viewing it as a time of loss and decline. However, some women also reported positive attitudes towards menopause, viewing it as a natural transition and an opportunity for personal growth. The findings of this study highlight the need for education and support to improve women's knowledge and attitudes toward menopause and suggest the need for continued research to better understand the experiences of women during this transition.

**Keywords:** Menopause, Knowledge, Attitude, Middle-Aged Women

Menopause, which signifies the end of a woman's reproductive phase, is vital in a continuum of life stages. Although it's important to understand that the regularity and length of the menstrual cycle may vary across a woman's reproductive life span. Some women experience menopause earlier (before 40 years of age), which is known as "premature menopause," which may be caused by certain chromosomal abnormalities, autoimmune disorders, or other unknown causes. Natural menopause is deemed to have occurred after 12 consecutive months without menstruation for which there is no other obvious physiological or pathological cause and in the absence of clinical intervention. Menopause can also be induced as a result of surgical procedures that involve the removal of both ovaries and medical interventions that cause cessation of ovarian function. Many women have stopped menstruating before menopause, including those who have undergone certain surgical procedures (such as a hysterectomy or surgical removal of their uterine lining), as well as those who use certain hormonal contraceptives and other medications that cause infrequent or absent periods (World Health Organization: WHO, 2022).

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For most women, menopause is marked by the end of monthly menstruation (also known as a menstrual period or "period") due to loss of ovarian follicular function, which means that the ovaries stop releasing eggs for fertilization.

The menopausal transition most frequently begins between periods 45 and 55. It generally lasts seven times although it can last up to fourteen times. This period can be challenging for women as it can impact their quality of life, social functioning, and emotional well-being. The process is further explained through stages of perimenopause, as well as other stages which are as follows.

During perimenopause, the body's production of estrogen and progesterone, two hormones made by the ovaries, varies greatly (NIH, 2021). Hot flashes, night sweats, vaginal dryness, and sleep disturbances become more common during the late menopausal transition stage and continue into the postmenopausal period. Hot flashes bother about 40% of women. In the postmenopausal and late menopausal transitional periods. Through the menopausal transition and postmenopausal stages, sleep issues appear to rise linearly. In contrast to the late reproductive and early and late menopausal transition stages, vaginal dryness and other sexual problems are more common during postmenopause. It is unknown whether issues with low mood, urinary control, cognitive function, and aches and pains in the muscles and joints differ during the menopausal transition stages. The severity of symptoms (hot flashes, night sweats, vaginal dryness, and sleep issues) increases during the late menopausal transition stage and postmenopause; however, it is uncertain how long symptoms last afterward due to the lack of follow-up data. The physiological occurrences preceding and following the final menstrual cycle that signals the beginning of ovarian function reduction are referred to as climacteric.

### *Symptoms Associated with Menopause*

#### **Physical symptoms**

The most typical medical complaint among peri- and postmenopausal women is vasomotor complaints. Other physical signs include palpitations, headaches, bone and joint pain, asthenia, exhaustion, and breast tenderness. It has been hypothesized that women's experiences with vasomotor symptoms during the menopausal transition are related to polymorphisms in estrogen production and metabolism pathways. A woman's capacity to work, sense of well-being, social life, and psychological health can all be negatively impacted by persistent vasomotor symptoms. Compared to women who do not suffer from hot flashes, women who experience them are more likely to have trouble sleeping, depressed symptoms, and severe declines in quality of life (Bruce & Rymer, 2009).

Further studies expanded the literature on the physical symptoms of menopause. Al-Olayet et al. (2010) found very little awareness about menopause in Saudi ladies. Also, they found that a few symptoms like hot flashes and excessive sweating were few of the most severe symptoms and caused much stress among the women. In contrast, changes in mood, sleeping disorders, and constant worrying were a few common symptoms faced by women going through their perimenopausal phase. There were some studies concerning the physical symptoms of menopause. Som et al. (2014) evaluated the relationship between menopausal status and the specific quality of life experienced by women during this time. Research indicates that Indian women's physical health declines after menopause; however, few studies on perimenopausal women make it difficult to explain the current findings. Due to a lack of knowledge and the absence or rising expense of the medical and social support systems, most Indian women continue to be unaware of menopausal issues.

### Psychological symptoms

Around menopause, psychological issues are regularly noted. Depression, memory loss, impatience, lack of focus, fatigue, and loss of confidence are among the symptoms. Women experience depressive illness more frequently than men, and perimenopause worsens it. There is not enough proof that an estrogen shortage causes these symptoms. Oestrogen, progesterone, and testosterone receptors are present in several brain regions. Thus, it is likely that a hormonal imbalance during menopause could result in psychological disorders.

Additionally, estrogen has been shown to have distinct effects on several neurotransmitters. These effects include enhancing the effects of glutamate, increasing catecholamine sensitivity, inhibiting glutamate-decarboxylase, and lowering the production of gamma-aminobutyric acid, which may affect mood. This is a highly challenging subject because many interrelated circumstances can influence mood. For example, a woman may experience difficulty during menopause because it not only signifies the end of her ability to conceive children but may also be accompanied by changes in her domestic situation and emotions of loss of youth and femininity. Additionally, a study done by Erbil (2018) talked about how body image and depression had a relationship when it came to menopause, and the findings said that women who approach menopause with optimism are more likely to have a favourable body image and experience less despair. Therefore, women's views regarding menopause, improvements to their body image, and a reduction in depressive symptoms can all be positively impacted by encouraging them to participate in various activities during menopause.

### Knowledge and Attitude

Women's discomfort and concerns can be reduced by detecting clinical signs and symptoms early. Women encounter a wide spectrum of menopause symptoms, making lifestyle choices and modifications to one's physical, psychological, social, and spiritual well-being especially important. After menopause, many middle-aged women worry that they will no longer be attractive and feminine and experience the physical symptoms of menopause. From one population to another, perceptions, attitudes, and knowledge regarding menopause may vary. For instance, Gebretatyos et al. (2020) focused on middle-aged teachers in elementary, junior, and secondary schools in Asmara, Eritrea, and how their knowledge and attitude toward menopause. The authors discussed how even though all women go through some similar experiences during menopause, teachers face more difficulties than other female employees due to the nature of their roles. As it was an experimental study, there was a change in attitude after the intervention, and they discussed how having a positive attitude towards menopause can improve the quality of life among women. When it came to knowledge, women had very limited knowledge about menopause and the related symptoms before the intervention. Another such study by Mackey et al. (2013), contributing to the literature on menopause and its impact on women's health and well-being, aimed to examine the knowledge and attitude towards menopause in middle-aged women in Singapore, which was a qualitative study had kind of the same results as the previous studies that are women had limited knowledge of menopause and its related health issues. Also, this study found that they had a negative attitude toward menopause and its symptoms. They also found that women, even though they thought of it as a natural phenomenon, believed that it was the end of their youth, and a lot of fear attitude was also generated by the term menopause. These fear attitudes or negative attitudes are mostly held by younger women than older women. The study provides a direct or highlights focus on health-promoting activities and clinical practice intervention. From one population to another, perceptions, attitudes, and knowledge regarding menopause may vary. Collins et al. (2000) had a study that spoke more about the

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concept of attitude and how it could be of three types that are positive, negative, and neutral. Many women spoke about feelings of loss, such as the development of physical complaints, a decline in vitality, a loss of femininity and sexual attractiveness, and a decline in health. Despite these drawbacks, many women expressed pride in their accomplishments and felt more comfortable expressing their thoughts and opinions. Therefore, it is important to consider stereotypes and societal attitudes about older women as risk factors for symptoms. Additionally, Hye-Jin Lee et al. (2018) found a significant correlation between education level and menopause knowledge, with women with higher education levels having higher knowledge about menopause. The study contributes to women's health by highlighting the importance of education and knowledge about menopause in shaping women's attitudes towards the transition. The findings suggest that targeted education and awareness programs can be crucial in reducing the stigma and negative attitudes towards menopause and increasing women's willingness to seek help and support.

Memon et al. (2014) study stated that even though most women felt well informed and had a good attitude towards menopause, there was a strong need for more information to be available. The use of various educational resources and media, including the Internet, should be used by public health care systems to increase women's awareness of and knowledge about menopause-related changes. To provide the best information and assist women in developing good attitudes and healthy perceptions of menopause, healthcare practitioners should be aware of how women feel about menopause. To empower and enhance the quality of life of menopausal women, health professionals could create specialized clinics, while therapy also plays an important role here. Various therapy choices can also help manage menopause symptoms and enhance the quality of life, so women should discuss any symptoms they have with their healthcare professionals. For instance, hormone therapy can reduce hot flashes and other symptoms by boosting the body's levels of estrogen and progesterone. Lifestyle changes, such as regular exercise, a healthy diet, and stress reduction, can help alleviate symptoms and promote overall health during menopause (Mayo Clinic Staff, 2021).

### ***Relevance In India***

According to studies, Asian women are just as likely as women in Western nations to develop psychiatric disorders. However, once women are postmenopausal, menopause is also seen favourably in various Western populations. The attitude of Indian and Southeast Asian women has been significantly shaped by factors including freedom from many taboos associated with menstruation, achieving greater social recognition or empowerment at an age when menopause is reached, greater economic productivity, and newly acquired self-esteem.

Menopause is becoming a significant problem in India in this rapidly changing demographic environment. Although important, there are very limited studies in India done in the context of menopause, and the Indian literature on menopause emphasizes knowledge and attitude among women toward menopause.

For instance, in rural India, where the vast majority of the population previously resided, the prevailing attitude of women remained either indifferent or positive about menopause, and it never really developed as a problem. The purdah system, illiteracy, lack of access to health facilities, and economic hardship are partly to blame for their unhealthy health-seeking behavior. A study by Pathak et al. (2017) also found that most women view menopause negatively as a sign of aging and a time when they are more vulnerable to health issues. This

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demonstrates the need for enhanced IEC (information, education, and counseling) understanding of menopause to assist women in leading more healthy, active lives throughout their postmenopausal years.

Teaching our diverse society about having a "better quality of life" throughout and after middle age is one of the largest difficulties we face today. Between the empirical data about some Western drugs and the conventional Indian beliefs and treatments, a synergistic theory needs to be developed.

### **METHODOLOGY**

#### **Statement of Problem:**

1. To explore the knowledge of menopause among women.
2. To explore the attitude towards menopause among women.

#### **Objectives**

1. The research aims to understand the knowledge and attitude of middle-aged women going through their menopausal phase.
2. To study how knowledge about menopause affects woman going through their perimenopausal or menopausal phase.
3. The research also aims to understand how women holding positive or negative attitudes towards menopause can affect their overall well-being during the phase.
4. The study also tries to understand the coping strategies used by middle-aged women during their menopausal phase.

#### **Research question**

The central question that ultimately led to this research was:

1. "How is knowledge affecting middle-aged women going through their menopausal phase?"
2. "How is the attitude of middle-aged women during this phase affecting their overall well-being?"

#### **Research design**

The current research study uses a qualitative approach with a phenomenological design. Phenomenological design tries to study the life experiences of a particular group of people and it's a method of direct investigation and description of a particular phenomenon.

#### **Sample and Techniques**

The study consisted of women currently in their perimenopause or are already done with their menopause and are living with their families. The time when your body approaches menopause naturally, marking the end of the reproductive years, is referred to as "perimenopause," which means "around menopause." The menopausal transition is another name for the perimenopause. Women begin perimenopause at various ages.

Purposive sampling was used to choose the sample. Those participants who were willing to be a part of the present research on the condition of confidentiality, and were willing to share their personal experiences with the investigator were chosen for this study. Informed consent was taken from each participant before data collection. Ethical guidelines for the research were adhered to. The participants were also permitted to quit the study at any point in time they wished.

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### **Inclusion criteria:**

The inclusion criteria were that the women should be married for at least 5 years or more and be living with the family. Participants aged 35-50 were included in the study.

### **Exclusion criteria:**

The exclusion criteria applied were the participants who were single, divorced, or widowed also the women who had a history of surgical, chemical, or another induced menopause.

### ***Procedure***

Data collection for the present study started by getting consent from the participants. A few questions were asked before starting the semi-structured interview to make sure they are in the inclusion criteria. The phone call interview or face-to-face interview was recorded after getting consent from the participants. Basic socio-demographic details were collected during the interview. The questions were asked in a semi-structured interview format. The responses of the participants were then transcribed for analysis.

### ***Tools for the study***

**1) Demographic data sheet** - This questionnaire was created by the researcher to obtain important demographic details of the patient and the caregiver and was used to determine the inclusion of the participants. (The sheet is attached in the Appendix).

**2) Semi-structured interview**- the researcher made a list of questions to ask the participants. The themes of interview questions were selected from the existing literature on menopause. The validity was established by using expert judgment, by giving to a panel of clinical psychologists. The changes were suggested in the questions which were made accordingly.

The tool which was used for the data collection was a pre-set semi-structured interview constructed by the researcher. The interview was conducted through face-to-face interviews and phone call interviews by adhering to the ethical considerations of the American Psychologist Association (APA). The demographic information was collected through Google Forms, which included questions about their name, age, email address, area of residence, and how long they have been married.

### ***Qualitative analysis***

The interviews were recorded with the permission of the participants and then the audios were transcribed. The method of thematic analysis was used. Braum and Clarke (2006) define thematic analysis as “A method for identifying, analyzing, and reporting patterns within the data.” This method allows the researcher to take their theoretical framework and it provides a detailed description of the data. The process of thematic analysis involves a series of stages. First, the researcher should get familiarized with the data, through the process of transcribing, reading, and rereading it. Once the researcher gets familiarized with the data, its major patterns, etc, the researcher can start generating initial codes and reviewing the themes, again and again, to check if the themes are relevant and to generate a thematic map. The final stage is to define and name the generated themes and analyze the themes. The same technique was followed here.

**RESULT AND DISCUSSION**

*Table 4.1: Shows Demographic details*

Variable	Categories	N
Marital status	Married	20
	Unmarried	0
Age	41-55	19
	55+	1
Occupation	Working	13
	Non- working	7

Twenty participants were enrolled in this study, in which all twenty females were married. The age of the participant was divided into 2 groups 41-55 and 55+ in which 19 of the participants were from the age group of 41-55 and one participant was from the age group 55+. Talking about occupation there were 13 working females and 7 non-working females.

*Table 2: Themes and Subthemes*

Themes	Subthemes
1. Awareness	1.1. Myths associated 1.2. Emotional misgiving
2. Self-perception	2.1. Body Image 2.2. Self Esteem 2.3. Freedom from restrictions
3. Psychological Well Being	
4. Perceived social support	4.1. Peer and family support 4.2. Avoid social gathering
5. Given one more chance	5.1. Sense of guilt and regret
6. Coping behaviors	

**1. Awareness:**

Middle-aged women’s awareness of menopause was seen as an important factor affecting their overall well-being. Awareness is mainly the kind of knowledge they hold about menopause or their understanding of it. There were a lot of women who had scientific knowledge about menopause but the majority of women in the study had either the knowledge that they got from their ancestors or from various other sources which could be misleading or false at times.

**1.1. Myths associated**

There are a lot of myths associated with menopause which make the participant perceive it as a threatening event and feel the pressure of going through menopause. Few of the common myths associated with menopause are being more prone to diseases, weight gain because of the waste not flushing out of the body, and feeling heavy.

*DG shared, “Freedom toh mil gaya but yeh jo saath mai usse related jo bhi symptoms hai jaise ki hot flashes yaa kachra jo bhi nikalna hai voh nikalta nahi toh problem create ho jata hai kyuki uske vajah se sab bimari hona start ho jaata hai”.*

Translation- I got the freedom but the symptoms related to menopause that is the hot flashes and the impurities in my body not getting removed would create a problem and I will be more prone to diseases.

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The participant Dg had an unclear opinion about menopause, that is there is a freedom that is added but according to the participant the symptoms related to menopause like hot flashes and waste not getting removed from the body can make them more prone to diseases. Similarly, participants KV and PC had the same views.

This is the most common myth about menopause which is the dirt not getting removed from the body which in turn leads to weight gain. A few of the articles mentioned the common myths associated with menopause about how people think that weight gain is inevitable in menopause, they said that complaints of weight gain may be common but not inevitable as there is a drop in estrogen level which creates hormonal imbalances. During this time the most important thing to do is to eat! Good nutrition helps women to balance their hormones and overcome menopause weight (Nmd, 2023).

### 1.2. Emotional misgivings

There is a lot of information about menopause which is given by different sources that is from family members, peers, and social media. A lot of information is at times according to the experiences that other people have had and it at times is associated with the people going through menopause relating their symptoms to the different sources. A lot of articles spoke about it as well, that is people have the perception that the menopausal experience is the same for everyone. The article spoke about how not everyone has the same symptoms or the same level of severity. There are a lot of cultural norms, personal beliefs, and income levels as well which is influencing the experiences of menopause (Pietrangelo, 2022).

*AM shared, “pehle toh suna tha kahi suni sunai baate ki menopause mai mood acha nahi hota hai mood swings hote hai and bimariyan hoti hai”. Similarly, PS shared “sunna bahut tha jaise mood swings, irritation ho jata hai mujhe jab tak yaad hai mujhe itna kuch zyada hua nahi hai”*

Translation- At first, I heard that in menopause, the mood is not good, there are mood swings and diseases that happen. Similarly, PS shared there was so much to hear like mood swings and irritation, I can't remember how much has happened to me.

They are told a lot about how severe the symptoms are and how difficult the phase is but even these participants have accepted their symptoms and are not influenced by what the other middle-aged women have faced.

### 2.1. Body image:

Most of the participants in the study spoke about their body image issues. How they felt pressured when it came to maintaining themselves during this phase.

*JU said “weight gain ke vajah se mujhe bohot lag raha hai mere sir pe voh pressure hai par mai nahi kar pa rahi hu toh yeh weight gain itna ho gaya hai pressure lag raha hai”.*

Translation- I feel pressured because of the weight gain.

Here most of the participants go through the same feeling that is feeling pressure because of the weight gain during the menopausal phase. They talk about how they had to start being more active during the phase which is to work out more to maintain themselves. How they are not as beautiful as they were before they feel more conscious and don't like the way their body looks.



### 2.2. Self-Esteem:

Their self-esteem or self-confidence takes a toss during the menopausal phase, because of the weight gain, aging, and lack of understanding from other people's part. It is closely associated with the body image issues that they have, which makes them more conscious leading them to have low self-confidence.

*AS said, "the whole thing is in your mind but your confidence definitely goes down because your body is not like a youngster anymore and also because the agility is not there and then you start judging everything and every behavior in that process you feel different and like nobody understands you". "You tend to compare and also like there are certain norms like beauty standards that you have to look a certain way and be thin and all".*

They have mentioned that menopause is a realization for them that they have aged and when they don't look in a certain way the society wants them to they feel underconfident also with the people around not understanding what they go through during the phase their confidence goes for a toss.

### 2.3. Freedom from restrictions:

Participants also talk about how menopause adds more freedom which gives them a little confidence and views menopause in a positive light. In Indian culture when women are menstruating, they are not allowed to go near any temple or even kitchen for that matter, free from the restrictions of visiting a temple, which gives them relief. They also mentioned how they can go for any occasion or vacation without worrying about periods ruining it.

*PS shared "yeh plus point hai ki abhi tension nahi hai kidhar mandir mein jao ya kidhar koi function hoga toh tension nahi hoga".*

Translation-The positive part about it is that now I don't have to worry about my periods when I have to go to a temple or any occasion.

A woman has to spend on their pads every month which makes it a positive transition. There is a lot of acceptance that comes in for a woman who is going through the menopausal phase, accepting the changes in their body, and realizing that they are aging, these things give them hope to look at this transition positively which in turn increases their confidence.

### 3. Psychological well-being:

Psychological well-being is defined as both inter- and intra-individual positive functioning, which can include interpersonal connectedness and self-referential attitudes such as self-actualization and personal development. The components of affective life satisfaction evaluations are reflected in subjective well-being. Middle-aged women going through their menopausal phase go through a lot of psychological issues.

Participants have majorly spoken about feeling depressed, anxious, lonely, and having crying spells. They also have mood swings and get irritated quickly.

*PC shared how mentally draining this phase is "Major is anxiety kabhi kabhi bohot akela feel hota hai andar se kuch bohot ajeeb sa feel hota hai gussa bhi bahut hota hai, depression jaisa lagta hai. "Emotionally weak mehsus hota hai you want someone to care for you and that emotional support".*

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Translation- The major part during this phase is anxiety and you feel lonely and there is a weird feeling, I feel angry and depressed. You are emotionally weak during this phase so you want someone to care for you and want that emotional support.

Few of the studies commented on how attitudes towards aging and menopause play a role in their psychological well-being. Women can experience changes in their well-being around this time because of hormonal changes. One surprising finding was that menopause and vasomotor symptoms may be associated with psychopathology. (Brown et al., 2015).

### 4. Perceived social support:

When someone is in need, they regard their friends, family members, and other people as being able to provide them with material, emotional, and all-around support. This is referred to as "perceived social support". During the menopausal phase, social support and the understanding of other stakeholders towards women is very crucial. Positive social support from family members, partners, and peer support can help them go through this phase smoothly.

#### 4.1. Family and peer support:

Family and peer support are the primary sources of support. Participants spoke about how their kids, husbands, and peers' support is much needed during this point in time. Many of them talk about the lack of support and understanding from the partner's end.

*DG said "Main definitely manungi ki ek women bohut hi lonely feel karti hai kyuki family members ko exactly pata nahi hota ki hamare andar chal kya raha hai ya kya feel ho raha hai...yeh menopause ladies ko pata hota hai gents ko toh jyada pata nahi hota agar hume support nahi milta ya koi samajh nahi pata toh jyada feel hota hai".*

Translation- I will definitely agree that a woman feels very lonely because family members don't exactly know what is going on inside and what we are feeling...women know about menopause but the gents don't know about menopause so if we don't get enough support and if people don't understand how we feel that hurts.

According to the participants in the study, their peer group and female members of the family gave them strength and support as they understood what they were going through, whereas, they were not getting enough support from their partner and felt that male members are not given enough information about menopause. There are a few types of research that talk about the importance of males knowing the menopausal phase. Men are aware of the changes women go through during the menopause transition, but more education and/or resources for men (such as pamphlets, websites, and materials in doctors' offices) would be very helpful for menopausal women as well as their male partners in coping with the condition. Male partners can present a special chance to spread knowledge about menopause and effective treatments for uncomfortable symptoms while also enhancing the health and well-being of women in their mid-life (Parish et al., 2019).

#### 4.2. Avoid social gatherings:

Menopause can also have an impact on social life and relations during this phase at times goes for a toss. People around at times don't understand how they are feeling during their menopausal phase and they become very sensitive during this phase, because of a lack of understanding they also avoid social gatherings.

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*RA shared, "You feel like you don't want to go out, you don't want to talk to people, you don't want to go to the places where there are a lot of people".*

More research is necessary in this area, but in this mid-aged female sample loneliness and life satisfaction were influenced by personal and partner issues, which appear to play a much more relevant role than biological aspects (Fernández-Alonso et al., 2012)

There is a requirement for the partners to be more understanding of the things that women have to go through during this phase. Social support for women in their midlife becomes very important.

### 5. Given one more chance:

The seventh stage of Erik Erikson's theory of psychosocial development is generative vs. stagnant. Middle adulthood, or about the ages of 40 and 65, is the time frame for this stage. During this time women think and introspect about a lot of things, look back in time, and think things through. With that, it would be either a sense of satisfaction that comes along or a sense of guilt and regret and thinking about how they would have done things differently.

#### 5.1. Sense of guilt and regret

Some people could go through what is frequently referred to as a "midlife crisis" at this stage of their lives. They could evaluate their future course, look back on their accomplishments, and lament options they didn't take, like going to school, following a particular career, or starting a family.

*PS shared "Young age mai jab socha tha ki mujhe yeh karna hai woh karna hai toh ghar ka mohol main hi bandh gaye usse aacha mai agar thoda aur padhai karti toh high post mai hoti kuch acha achieve karptai yeh phase mai jyada thoughts aate hai".*

Translation-When I was young, I had a lot of plans I wanted to achieve a lot but because of family responsibilities I wasn't able to do anything if I would have focused on my study more I would have been on the high post and could have achieved a lot.

### 6. Coping strategies:

There are a lot of coping strategies like exercise, meditation, walking, yoga, and self-affirmations that they are trying to inculcate in their daily life and which gives them a sense of confidence and help them have a healthy lifestyle. They also try to engage in more religious activities, household chores, and the workplace to distract themselves from the pain that they are experiencing during this phase.

*AM mentioned the positive impact of exercising and how it helped her "Walking aur woh sab activity mai main involve hui toh symptoms vagera focus se bahar chala gaya tha mai itna nahi sochti uske baare ma...main meditation karti thi busy rehti thi toh jyada feel nahi hua".*

*Main affirmations mai bohot believe karti hu and subah usse hi start karti hu toh isliye mujhe positive feel hota hai".*

Translation- When I involve myself in walking and other physical activities the focus shifts from the symptoms to positive things.

Even researchers have supported that exercise may be effective in reducing the symptoms of depression, weight gain, bone and muscle loss, the risk of coronary artery disease, and

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possibly vasomotor symptoms that are connected to menopause and midlife (Shangold et al., 1998).

### CONCLUSION

This study aimed to understand the knowledge and attitude among middle-aged women toward menopause. The study explores various perspectives of women in their perimenopausal and menopausal phases and also the kind of awareness they have about the phase. The consent from all the 20 participants was taken and after that, the interview was conducted. The data collected was recorded, transcribed, and thematically analyzed manually after coding.

Menopause must be viewed as merely one step of a continuum of life stages. Previous health and reproductive history, lifestyle choices, and environmental factors all play a significant role in a woman's health state as she enters the perimenopausal stage. Menopause-related changes will have an impact on a woman's health as she ages, and perimenopausal and postmenopausal symptoms can interfere with a woman's domestic and professional lives. As a result, perimenopausal care is crucial for promoting quality of life and good aging. Both from a social and a biological viewpoint, menopause can be a significant transition. Gender norms, familial and sociocultural factors, including how female aging and the menopausal transition are perceived in her society, may socially influence a woman's experience of menopause.

By the current findings it was seen that in the main theme awareness, it was found that a lot of participants in the study had certain myths associated with menopause and also had their knowledge about menopause from severely different sources such as their closed ones and perceived their menopausal phase to be as difficult as theirs by that there was a lot of emotional misgiving as well during this phase. Another significant finding from the research was that a lot of participants had a negative attitude towards menopause which in turn led to them having low self-esteem, because of the weight gain during this phase many participants felt pressured to maintain themselves and had body image issues, they also felt conscious when they had to wear certain clothes that were not fitting that is the reason they felt conscious stepping out of the house. It also took a toll on their mental health as expressed by a few of the participants who started having social anxiety and also went through depression and mood swings. They also spoke about having crying spells. They had difficulty stepping out of their houses because of how sensitive they felt during this phase and the participants mentioned that because of their mood swings they snapped at people without reason. Few participants spoke about the positive side to the menopausal phase too, that was how they do not have to worry about periods when they have to go for a vacation or a function, and also spoke about no restrictions on going to the temple or any religious places. Perceived social support was the one factor playing an important role, as they mentioned how they got peer support as they were also going through the same phase, they also highlighted how men or partners because of their lack of knowledge about menopause didn't understand what they were going through which also affected women going through that phase wanting the support from their partners. Some participants shared about getting one more chance at life and how they see themselves aging during this time which makes them go back in time and think about the things that they could have changed. There were a lot of different coping mechanisms seen in participants, some believed in yoga and meditation, some in affirmations, and few distracted themselves from the thought of it by working more be it in the workplace or doing household chores.

### *Implications*

Based on the findings of this study and the themes generated from the study each factor influencing women during their menopausal phase can be assessed separately. Factors that make them perceive this phase negatively should be considered. There are a lot of myths associated with menopause and menstruation as well, and the need to improve awareness in society is essential. Topics like menopause and menstruation should be discussed in schools and colleges openly to end the cycle of myths and stereotypes associated with it. In the current study, women also spoke about how menopause is taking a toll on their mental health, help-seeking behavior can be inculcated by spreading more awareness about mental health issues and ending the stigma of not going to a psychologist or a psychiatrist when in distress. Awareness programs for men regarding menopause and menstruation, what they go through, and how to give them emotional support during these times are also a necessity. The development of new interventions and spreading awareness about the available interventions should be the priority.

One suggestion might be to set up menopausal clinics in the neighbourhood with public education materials readily available in both English and the local dialect. In order to improve the information supplied to menopausal women, physicians should organize seminars and lectures on this topic more frequently or change existing consultations. Media could also play a more active role in disseminating information regarding menopause and its management.

### *Limitations and recommendations*

For a more extensive study knowing family members' and partners' views on this phenomenon can be included. As the research conducted was on Married women a study on Single, Divorced, and Unmarried Women's knowledge and attitude towards menopause can be conducted.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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