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## **A descriptive study to assess the level of attitude and coping strategies regarding menopause among postmenopausal women residing in selected rural and urban areas at Jagadhri, Yamuna Nagar, Haryana with viewed an informational booklet**

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### **Abstract**

Menopause is a milestone in a women's life which affect women's health and well-being and experiences symptoms ranges from mild to severe. Positive attitude towards menopause and by adopting coping strategies, can improve women's sufferings and alleviate menopausal symptoms.

**Objectives:** The objectives of study was to assess the level of attitude and coping strategies among postmenopausal women towards menopause and to find out the association between demographic variables and attitude of women towards menopause. To determine the association of demographic variables with coping strategies and find out the correlation between attitude and cope strategies.

**Materials and Methods:** A descriptive study design was adopted for the current study. The study was conducted at selected rural and urban areas at Jagadhri, Yamuna Nagar, Haryana. 100 post-menopausal women were selected using convenient sampling technique. Self-structured rating scale was used to assess the attitude and checklist for coping strategies. Data was analyzed by using SPSS.

**Results:** The study findings show that, majority (83%) of respondents had moderately favourable attitude towards menopause whereas study found that (79%) adopting average practicing of coping strategies

**Conclusion:** It is concluded that most of the women having moderately favourable attitude towards menopause and adopting average healthy coping strategies. Hence, there is need to enhance the awareness of women towards menopause and provide education regarding how to cope with stressful symptoms of menopause.

**Keywords:** Attitude, coping strategies and postmenopausal women

### **Introduction**

Natural menopause is a biological aging process caused by declining ovarian activity resulting in loss of fertility and other influencing variables that affect women's health. Postmenopausal women experience menopausal symptoms such as hot flashes, memory loss, sleep disturbances, urogenital problems, psychological symptoms and sexual dysfunction range from mild to severe. The incidences of menopause rise quickly. The prevalence of these symptoms varies with ethnicity, demography, sociocultural, and biological factors <sup>[1]</sup>. Indian women aged 50 and over will increase from 95 million in 2010 to 168 million in 2030 <sup>[2]</sup>.

A study signifies that women who knew about menopausal symptoms were more likely to manage them while those with a negative attitude towards menopause found negative experiences of menopausal symptoms <sup>[3]</sup>. According to a model designed by Foxy Yang to measure women's attitudes towards menopause signifies that women with positive attitudes experience fewer problems as compared to those with negative attitudes. Women whoever aware of menopausal issues and alternative therapies to overcome these symptoms <sup>[4]</sup>.

A recently published study reveals that women adopt various coping strategies such as exercise, a healthy diet, yoga, and health education to reduce discomfort and alleviate symptoms of menopause. Health education intervention and alternative strategies for improving women's attitudes and coping with menopausal symptoms. And hormonal

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replacement therapy (HRT) as medical treatment is used by 10% of women worldwide and 12.3% of women in Turkey. Women used alternative medicines to cope with the stressful symptoms of menopause [5].

### Methodology

A quantitative research approach with descriptive research design was adopted for the study to assess the attitude and coping strategies among postmenopausal women regarding menopause. 100 postmenopausal women were recruited by convenient sampling technique. The study protocol was approved from high authorities of nursing college. Formal permission was obtained from Municipal Counsellor and village Sarpanch and informed consent was taken from subjects. Data was obtained using socio-demographic variables and rating scale for attitude and checklist was used to assess the coping strategies. Data was analysed using

descriptive and inferential statistics.

### Result and Discussion

In the present study, out of 100 post-menopausal women, 82 (82%) women have moderately favourable attitude, 17 (17%) have favourable attitude, 1 (1%) have unfavourable attitude and 79 (79%) women were adopting average practices, 15 (15%) adopting good practices and 6(6%) women adopting poor practices.

The study was supported by Chen *et al.*, 91.7% midlife Chinese women in Taiwan perceive menopause as a natural phenomenon and most of these women have positive attitude [6].

Similarly, a study conducted by kaur kiranpreet on coping strategies stated that majority (74%) of postmenopausal women adopted adequate coping strategies [7].

**Table 1:** Analysis related to overall frequency and percentage distribution, Mean, Median, Mode and SD

S. No.	Category	Range	Frequency	Percentage	Mean	Median	Mode	SD
<b>Attitude</b>								
	Unfavorable attitude	24-56	1	1	2.16	2.00	2	0.395
	Moderately favourable	57-88	82	82				
	Favourable attitude	89-120	17	17				
<b>Coping strategies</b>								
	Poor practice	0-9	6	6	2.09	2.00	2	0.452
	Average practice	10-18	79	79				
	Good practice	19-27	15	15				

**Table 2:** Showing association between attitude score of women regarding menopause with socio- demographic variables.

S. No	Socio-demographic variables	(F)	(%)	Chi square( $\chi^2$ )	DF	P value	Level of significance
<b>1 Age</b>							
	< 40	10	10	9.124	8	0.332	Non-significant
	40-45	15	15				
	46-50	22	22				
	51-55	20	20				
	56-60 & above	33	33				
<b>2 Educational status</b>							
	Illiterate	46	46	28.576	6	0.000	Significant
	Primary education	19	19				
	Secondary education	20	20				
	Graduation	15	15				
	Post-graduation	00	00				
<b>3 Occupational status</b>							
	Homemaker	73	73	18.941	10	0.041	Non-significant
	Govt. job	1	1				
	Private job	8	8				
	Retired	7	7				
	Business	1	1				
	Labor	10	10				
<b>4 Marital status</b>							
	single	00	00	3.494	4	0.479	Non-significant
	married	78	78				
	divorced	1	1				
	widow	21	21				
<b>5 Socio economic status</b>							
	Upper high(10,000&above)	37	37	18.814	10	0.043	Non-significant
	high(5,000-9,999)	15	15				
	upper middle(3,000-4,999)	26	26				
	lower middle(1,500-2,999)	13	13				
	poor(500-1,499)	5	5				
	very poor or BPL(below 500)	4	4				
<b>6 Area of residence</b>							
	urban	48	48	2.153	2	0.341	Non-significant
	rural	52	52				
<b>7 Year of since menopause</b>							

	<5 year	29	29	3.559	2	0.169	Non-significant
	>5year	71	71				
<b>8 Age at menarche</b>							
	11-12	6	6	28.867	4	0.000	Significant
	13-14	40	40				
	15-16	54	54				
<b>9 Menopause attained by</b>							
	Naturally	80	80	5.488	2	0.064	Non-significant
	Surgically	20	20				
<b>10 Smoking status</b>							
	Non smoker	95	95	0.438	4	0.979	Non-significant
	Past smoker	4	4				
	Current smoker	1	1				
<b>11 History of any disease</b>							
	Yes	41	41	1.675	2	0.433	Non-significant
	No	59	59				
<b>12 Previous awareness regarding menopause</b>							
	Television	3	3	33.790	8	0.000	Significant
	Internet	1	1				
	Health campaign	9	9				
	Self-aware	28	28				
	Having no knowledge	59	59				

Table no. II depicts that the association of attitude with demographic variables reveals significant values i.e educational status (p value=0.000, highly significant), age at menarche (p value=0.000, highly significant), previous awareness (p value=0.000, highly significant), and there is no significant association of attitude of women towards

menopause with demographic variables (age, occupational status, marital status, socio- economic status, area of residence, year of since menopause, menopause attained by, smoking status, and history of any disease). The calculated chi square values were less than table values at the 0.01 level of significance.

**Table 3:** Showing association between coping strategies score of women regarding menopause with socio- demographic variables.

S. No	Socio-demographic variables	(F)	(%)	Chi square( $\chi^2$ )	DF	P value	Level of significance
<b>1 Age</b>							
	< 40	10	10	10.966	8	0.204	Non-significant
	40-45	15	15				
	46-50	22	22				
	51-55	20	20				
	56-60 & above	33	33				
<b>2 Educational status</b>							
	Illiterate	46	46	32.679	6	0.000	Significant
	Primary education	19	19				
	Secondary education	20	20				
	Graduation	15	15				
	Post-graduation	00	00				
<b>3 Occupational status</b>							
	Homemaker	73	73	49.349	10	0.000	Significant
	Govt. job	1	1				
	Private job	8	8				
	Retired	7	7				
	Business	1	1				
	Labor	10	10				
<b>4 Marital status</b>							
	Single	00	00	18.750	4	0.001	Significant
	Married	78	78				
	Divorced	1	1				
	Widow	21	21				
<b>5 Socio economic status</b>							
	Upper high (10,000&above)	37	37	45.822	10	0.000	Significant
	High (5,000-9,999)	15	15				
	Upper middle (3,000-4,999)	26	26				
	Lower middle (1,500-2,999)	13	13				
	Poor (500-1,499)	5	5				
	Very poor or BPL (below 500)	4	4				
<b>6 Area of residence</b>							
	Urban	48	48	6.463	2	0.039	Non-significant
	Rural	52	52				
<b>7 Year of since menopause</b>							

	<5 year	29	29	1.160	2	0.560	Non-significant
	>5year	71	71				
<b>8 Age at menarche</b>							
	11-12	6	6	23.109	4	0.000	Significant
	13-14	40	40				
	15-16	54	54				
<b>9 Menopause attained by</b>							
	Naturally	80	80	4.602	2	0.100	Non-significant
	Surgically	20	20				
<b>10 Smoking status</b>							
	Non smoker	95	95	19.328	4	0.001	Significant
	Past smoker	4	4				
	Current smoker	1	1				
<b>11 History of any disease</b>							
	Yes	41	41	0.646	2	0.724	Non-significant
	No	59	59				
<b>12 Previous awareness regarding menopause</b>							
	Television	3	3	40.783	8	0.000	Significant
	Internet	1	1				
	Health campaign	9	9				
	Self-aware	28	28				
	Having no knowledge	59	59				

Table No. III: depicts the association of demographic variables with menopausal coping strategies reveals significant values i.e educational status (p value=0.000, highly significant), occupational status (p value=0.000, highly significant), marital status (p value=0.001), socio economic status (p value=0.000, highly significant), age at menarche (p value=0.000, highly significant), smoking status (p value= 0.001), previous awareness (p value=0.000, highly significant), and there is no significant association of coping strategies with demographic variables (age, area of residence, year of since menopause, menopause attained by, and history of any disease). The calculated chi square values were less than table values at the 0.01 level of significance.

**Table 4:** Level of correlation between attitude and coping strategies regarding menopause among postmenopausal women

S. No.	Variables	Attitude	Coping strategies
1.	Attitude	1	0.655
2.	Coping strategies	0.655	1

### Correlation is significant at 0.01 level Conclusion

The present study reveals that majority (82%) of women have moderately favourable attitude and (79%) adopting average practicing of coping strategies in selected rural and urban areas of Jagadhri, Yamuna nagar. The study shows an association of demographic variables with attitude and coping strategies. Health workers must provide health education regarding menopause so as to modify the perceptions of women towards menopausal problems.

### Conflict of Interest

Not available

### Financial Support

Not available

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