

A Study on Knowledge and Practice of Post Menopausal Women on Health Maintenance in A Selected Rural Community of Mangalore Dakshina Kannada District, Karnataka

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Abstract

Introduction: Menopause is a biological certainty and universality, but every woman's experience is unique. Many of the problems can be prevented or delayed and women can continue to live active, healthy lives if proper attention is given to their health needs.

Aim and Objective: To determine the knowledge and practice of post menopausal women on health maintenance.

Material and methods: Eighty post-menopausal rural women were selected randomly. Cross section design was used. Knowledge on health maintenance was determined using a structured knowledge questionnaire. Breast self examination and Kegel exercise (simulated) were determined using an observation check list.

Result: Seventy five percent subjects had good knowledge on health maintenance, 1.25 % had very poor knowledge. There was no association observed between knowledge score and selected demographic variables. Practice score obtained were very poor (mean % 0.48). There was positive correlation between pre-test knowledge and practice of subjects.

Conclusion: Avoiding smoking excess salt, sugar, caffeine and adequate intake of calcium, vitamin D, lifestyle modification, exercises, and good awareness would keep oneself healthy in the rest of the life.

Keywords: Knowledge, practice, health maintenance, post menopausal women, rural community.

Introduction

As women age, their health is influenced by factors such as career, diet, physical activity level, the socioeconomic status and environment. These changes together with natural menopause, process of aging and hormonal changes in the reproductive system affect the well being of women. The differences in socio economic, nutritional status and physical activity level between the urban and rural population might influence post menopausal women health more significantly than the hormonal changes. Menopausal status is accompanied by unfavourable levels of cardio vascular risk factors like changes in body fat abnormal plasma lipids, increased sympathetic tone, vascular inflammation etc.¹ Post menopausal women in India are said to enjoy a higher social status assigned to aging women. However medical opinion has always projected menopause as a malady because of its association with a variety of acute and chronic conditions both physical and psychological². The rate of bone loss accelerates during the early post menopausal years. Calcium and Vitamin D supplementation are the first line strategy for the management of osteoporosis³.

In our health system women of the reproductive age group are given more importance. The post menopausal women (more than 45 years) in both the urban and rural areas are neglected⁴. It has been estimated that in 2025, the geriatric population in India would reach the mark of 168 million. Another issue is lack of standard data related to post menopausal women in India, especially rural areas where lack of service has been huge issue and where most of the women of this age group are expected to reside⁵. Generally women from developing countries tend to view menopause and its symptoms as a natural process that does not require medical care. So they are less aware about the health related issues of menopause⁶.

Materials and methods

Eighty post-menopausal rural women were selected randomly. Cross-section design was used. Knowledge on health maintenance was determined using a structured knowledge questionnaire with 20 items based on the domains - lifestyle, prevention of coronary heart diseases, prevention of cancer, prevention of osteoporosis. In order to determine the practice on health maintenance an observation check list was used with

21 items. Breast self examination and Kegel exercise (simulated) were assessed under the practice on health maintenance. Split half technique was used to determine the reliability of the knowledge questionnaire correlation coefficient was calculated ($r=0.88$). The reliability of the practice checklist was determined using rater inter-rater method the value obtained was 0.94. The sample comprised of postmenopausal women who were not on HRT and those who attained menopause naturally since 12 months.

Analysis and interpretation

Demographic findings

Most of the subjects (27.5%) were belonging to 56 -60 years of age group. Majority (72.5%) attained menopause at 41-50 years of age. Majority (68.8%) were of nuclear family. Eighty percent of the subjects were married. Most of the subjects (47.5%) had two children. Majority (61.5%) had secondary education. Majority (72.5%) were housewives. Most (37.5%) had income Rs. 3000-5000. Majority (95%) were non-vegetarians. 62% had naval girth more than 88 cm.

Table 1: Area-wise mean and standard deviation of pre-test knowledge score of subjects.

N=80

	Max. score	Range	Mean	SD	Mean %	Inference
Lifestyle	7	1-7	4.85	1.351	69.3	Good
Prevention of CHD	4	0-4	2.66	0.993	66.5	Good
Prevention of Ca	5	1-5	2.45	1.030	49.0	Average
Prevention of osteoporosis	4	0-4	3.01	1.025	75.3	Excellent
Total	20	7-18	12.98	2.516	64.9	Good

In the domain of prevention of osteoporosis, the subjects had excellent knowledge (mean % 75.3), They had average knowledge (mean % 49) In the domain prevention of cancer.

Table 2: Association between knowledge score and selected demographic variables

N=80

Variable	χ^2 value	df	P value	Table value
Age	2.464	3	0.519	7.81
Age at menopause	2.480	1	0.115	3.84
Type of family	0.431	1	0.512	3.84
Marital status	0.450	1	0.502	3.84
No. of children	1.607	2	0.448	5.99
Education	2.036	2	0.361	5.99
Occupation	0.359	1	0.549	3.84
Income	2.101	2	0.350	5.99
Type of diet	0.000	1	1.000	3.84
Body image	0.210	1	0.884	3.84

There was no association between mean overall factor score and selected demographic variables since the calculated Chi-square values were less than the table value at 0.05 level of significance.

Table 3: Area-wise mean and standard deviation of pre-test practice score of subjects

N=80

	Max. score	Range	Mean	SD	Mean %	Inference
Breast self-examination	19	0-2	0.10	0.44	0.53	Very poor
Kegel exercise	2	0	0.00	0.00	0.00	Very poor
Total	21	0-2	0.1	0.44	0.48	Very poor

Data presented in Table 3 show that breast self examination and Kegel exercise practice was very poor among the subjects (mean % 0.53 and 0.48 respectively).

Table 4: Correlation between knowledge and practice of subjects

N=80

Variables	'r' value	P value	Inference
Pre-test knowledge	0.278	0.013	Significant correlation
Pre-test practice			

There was significant correlation between pre-test knowledge and practice of subjects on health maintenance.

Discussion

A study on factors associated with attitudes of rural women towards cervical cancer screening indicated that 72% of the total women were aware of the cervical cancer and had knowledge of treatment possibilities. Occupation of women as housewives was associated ($P < 0.05$) with visiting government hospital⁷. In this study women had good knowledge (mean % 64.9) on health maintenance and they had very poor practice (mean % 0.48). A study on prevalence of cardio vascular risk factors in post menopausal women revealed that 96% of women were affected by menopause related problems. Only 9% were aware about their menopause, 3% for importance of lifestyle modification, weight and dietary management programs to ameliorate menopause or menopause - or compounded CVRFs⁸. In this study 75% of the subjects had good knowledge on post menopausal health maintenance. Practice of Kegel exercise and BSE were very poor. The reason was lack of knowledge regarding the performance of the procedure.

A study on awareness and practice of BSE among women in Nigeria revealed that 0.4% of the subjects knew the correct frequency of BSE and also did it regularly⁹. A study to determine the level of knowledge on breast cancer among women in Mumbai revealed that 38% had never heard of BSE and 15% out of these were regular while 23% were irregular performers. Not knowing the correct method was the most frequently reported reason for non performance¹⁰. A study on knowledge, attitude and preventive practices of south Indian women towards breast cancer highlighted that the participants had poor knowledge of breast cancer. 4.58% of the participants were aware of the procedure. None had clinical breast examination done¹¹. In this study practice of BSE and Kegel exercise was very poor (mean % 0.53 and 0.48, respectively).

Conclusion

Adequate intake of calcium (1000-1500 mg of elemental calcium per day) and vitamin-D (800-1000 IU per day) is necessary for bone loss beginning at age 40 years women should be screened for breast cancer every 1-2 years women who are or who have been sexually active and who have a cervix should be routinely screened for cervical cancer. Beginning at age 50 years women should be screened for colorectal cancer. Post menopausal women should be counselled regarding lifestyle modification, including smoking sensation and regular physical activity. All women should receive periodic measurement of blood pressure and lipids¹².

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