



Assessment Of Knowledge And Attitude Towards Menopause Among Perimenopausal Women At Coimbatore District

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Abstract:

Background: Menopause is a significant physiological milestone in a woman's life often accompanied by a range of physical, emotional and psychological changes.

Aim : This cross sectional study aimed to assess the level of knowledge and the prevailing attitudes towards menopause among perimenopausal women residing in Coimbatore district, Tamilnadu

Objective: To assess the knowledge and attitude towards menopause among perimenopausal women in Coimbatore district .

Methods: A descriptive cross sectional study was conducted among perimenopausal women aged 40-45 years in selected areas of coimbatore district .A structured questionnaire was used to evaluate the knowledge and attitude regarding menopause.data were analysed using descriptive and inferential statistic

Results: The study examined the relationship between knowledge and attitude, found a statistically significant correlation, with a p-value of 0.010 indicates there is a meaningful link between how much women know about menopause and how they feel about it. Women who were more informed about menopause tended to have a more positive or balanced attitude, while those with less knowledge were more likely to hold negative or uncertain views. This finding reinforces the importance of health education and open conversations. By increasing awareness and providing accurate information, can help women approach menopause with more confidence and less fear, leading to better mental and physical health outcomes during this important life stage.

Conclusion: The study highlights the need for community-based awareness health related programs to educate perimenopausal women about menopausal improving knowledge can foster positive attitudes and better coping strategies, ultimately enhancing women's quality of life during this transitional period

Index Terms-Perimenopause, Attitude, Knowledge, Amenorrhea, Dyspareunia and Anovulation

I. INTRODUCTION

Menopause, a natural biological transition in a woman's life, typically occurring between the ages of 45 and 55 years and it marks the end of the reproductive phase. Menopause is defined as the cessation of the menstrual cycle due to anovulation. It is verified retrospectively after one year of amenorrhea. Menopause causes the body to undergo a number of physiological and psychological changes, and the age at which menopause occurs is becoming more widely accepted as a predictor of future health consequences. When women enter the menopausal transition, their sleep habits tend to deteriorate, with alterations starting in their 40s. In 2005, an NIH workshop associated three cardinal symptoms with the menopausal transition: hot flashes, poor sleep, and vaginal dryness/dyspareunia. (Multiple, A.2005). Several years later, adverse mood also became appreciated as being linked to the menopausal transition. Freeman EW, Sammel MD, Lin H, et al. (2007).

Perimenopause, is the transition period leading up to menopause, is characterized by hormonal fluctuations, physical symptoms, and emotional changes. Genetics, medical issues, and lifestyle choices are among of the variables that influence this typical aspect of aging. Despite being a universal experience, menopause remains shrouded in myths, misconceptions, and stigma, particularly in Indian society. Nonetheless, a lot of women going through the perimenopausal stage might not fully comprehend the changes they go through, and this can affect how they feel about menopause. A higher quality of life during this stage and better self-management might result from having a thorough grasp of menopause. A significant portion of women are unaware of menopause and perimenopause; for instance, 56% in Gurugram had not heard of these terms (Nath et al., 2024). Women's physiological functioning is drastically altered throughout menopause, and those who are unaware of these changes may experience depression. Therefore, it is crucial that women going through menopause have sufficient knowledge and a positive outlook on the transition, as this may help them accept life's unavoidable changes and losses and identify their strengths.

In a study of internal medicine, family medicine, and obstetrics and gynecology trainees, only 6.8% felt prepared to manage menopausal symptoms, and 20% did not receive any teaching on menopause during residency (Kling JM, MacLaughlin KL, Schnatz PF, et al, 2018).

Prevalence

A meta-analysis of 10 studies found that the prevalence of depression in perimenopausal and postmenopausal women in India was 42.47%

Prevalence of menopausal symptoms in Coimbatore

A study of 390 rural menopausal women in Coimbatore found that 86% experienced anxiety, 82% experienced sleep problems, 41% experienced hot flashes, and 60% experienced mental exhaustion.

Prevalence of perimenopausal syndrome

The prevalence of perimenopausal syndrome increases with age, with 1.79% of women in the 40–45 age group experiencing it, 7.98% in the 45–50 age group, 13.33% in the 50–55 age group, and 17.54% in the 55–60 age group([vedapatti study](#)).

Prevalence of premature menopause

A study of 302,557 women in India found that 3.7% experienced premature menopause, with 2.1% experiencing natural menopause and 1.7% experiencing surgical menopause. The prevalence of premature menopause was highest in the southern region of India. Trupti Meher, T. and Sahoo, H. (2021). 2 Premature menopause among women in India: Evidence from National Family Health Survey-IV. J Obstet Gynaecol Res. 2021 Dec;47(12):4426-4439. doi: 10.1111/jog.15041. Epub 2021 Sep 27.

Phases of menopause comprised of pre-menopause, perimenopause, menopause and post-menopause suggest to a female's conceptive life from the primary bleeding time phase at full length

Perimenopause would be denoting and harder to treat than post menopause altogether influencing impacted female's personal contentment. Side effects and seriousness can swap and practically 90% of these females will seek psychological intervention for their physiological problem to overcome on signs and symptoms.

Based on the signs symptoms Perimenopause is divided into two phases. Beginning phase of perimenopause start with female in their 30's. However, it most effectively begins in women between the ages of 40 and 44. End phase of Perimenopause largely happen when a female is in her late 40s or mid 50s. In this phase of transition, females emerge missing the periods till they long last stop. On the whole, it endures for 4.5 years fairly.

Objectives:

- To assess the level of knowledge regarding menopausal among perimenopausal women in coimbatore district.
- To evaluate the attitude of perimenopausal women towards menopausal
- To determine the associate between level of selected demographic variables with knowledge and attitude towards Menopause among perimenopausal women in coimbatore district.

- To identify the need for educational interventions to improve awareness and promote a positive outlook towards

Hypothesis:

- Therebe a significant difference between the knowledge and attitude towards Menopause among perimenopausal women in Coimbatore district
- Therebe a significant association between the selected demographic variables with knowledge and attitude towards Menopause among perimenopausal women in coimbatore district.

METHODOLOGY

1. **Research design :** A descriptive cross sectional study design was adopted to assess the knowledge and attitude towards menopausal among perimenopausal women .
2. **Study setting:**The study was conducted in selected urban areas of Coimbatore district, Tamilnadu.
3. **Population:** The target population included perimenopausal women aged between 40-55 years residing in Coimbatore.
4. **Sample size:** A total 100 perimenopausal women were selected for the study.
5. **Sample technique:** A non- probability purposive sampling technique was used to selected the participants based on inclusion and exclusion criteria.
6. **Data Collection Tool**

Study used a structured questionnaire to gather information. A structured questionnaire was developed consisting of three sections.

Tool Description

Section A : Comprised of demographic profile (age,education , occupation etc)

Section B :Knowledge assessment regarding menopause (multiple choice or yes/no question)

Section c: Attitude scale (likert type scale to assess the attitude towrds menopause

Data Collection Process

Data were collected over a two-month period, through face-to-face interviews conducted in Tamil and English by trained female interviewers. This approach helped ensure that participants felt comfortable and were able to share their views openly. Interviews were held in private settings, typically in the participants' homes.

Ethical Considerations

The study was approved by the Institutional Ethics Committee . All participants were informed about the purpose of the research, their rights, and how their data would be used. Confidentiality was strictly maintained, and written informed consent was obtained from each woman before the interview.

Data Analysis

Once collected, the data were entered into SPSS version 25.0 for analysis. We used simple statistical tools like percentages and averages to describe the data. We also looked for associations between

demographic variables (like age or education) and the levels of knowledge or attitude using chi-square tests.

A p-value of less than 0.05 was considered statistically significant.

Results

TABLE 1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SUBJECTS AS PER THEIR SOCIO-DEMOGRAPHIC PROFILE N=100

| Characteristics | Urban N=100 |
|----------------------------|-------------|
| Age in years | |
| 40 - 45 | 37 |
| 46 – 50 | 63 |
| Religion | |
| Hindu | 41 |
| Christian | 35 |
| Muslim | 14 |
| Any Other | 00 |
| Educational Status | |
| Illiterate | 20 |
| Primary | 28 |
| High school | 32 |
| Higher secondary | 30 |
| Occupational status | |
| Working | 43 |
| House wife | 57 |
| Income | |
| Less than Rs.10000 | 64 |
| More than Rs.10000 | 36 |
| No of pregnancies | |
| Upto two | 61 |
| More than two | 39 |
| Menopause status | |
| Since five years | 09 |
| More than five years | 91 |
| Physical Exercise | |
| Regular | 22 |

| | |
|-------------|----|
| Irregular | 33 |
| No exercise | 48 |

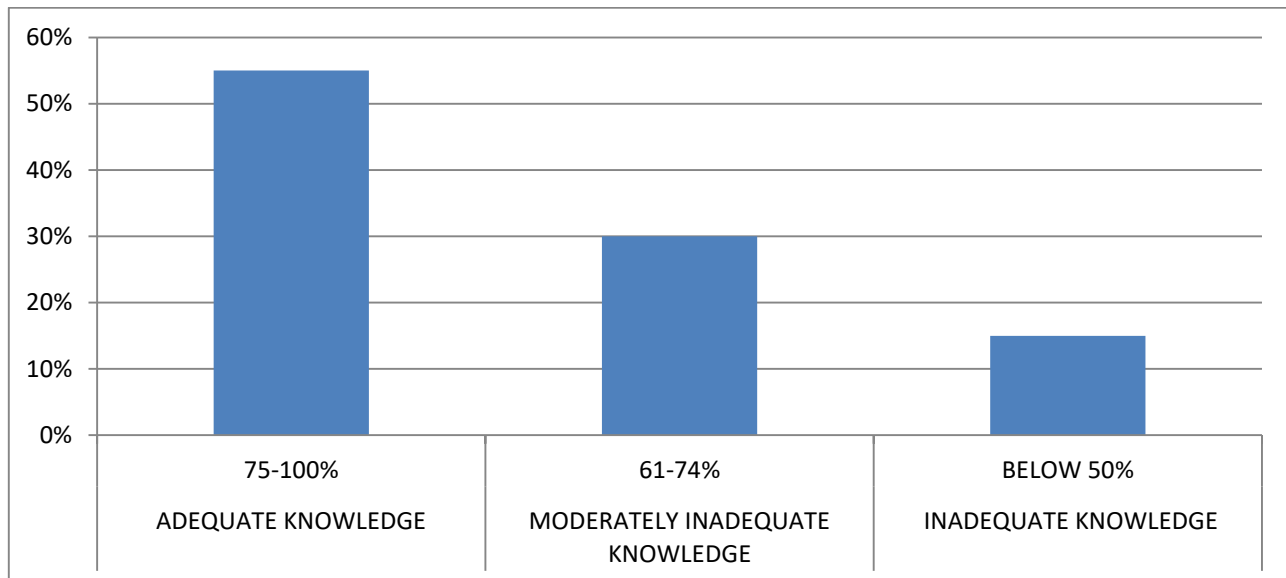
The demographic profile of the 100 urban women included in this study offers valuable insight into the lives and experiences of perimenopausal women in Coimbatore. A closer look at the data helps us understand how factors like age, education, religion, and lifestyle may influence their knowledge and attitudes toward menopause. Most of the participants (63%) were between **46 and 50 years old**, which is consistent with the typical age range for the perimenopausal or early postmenopausal phase. When it came to **religious background**, the majority of women identified as Hindu (41%) and Christian (35%), with a smaller representation from the Muslim community (14%). The women showed a fairly diverse range of **educational backgrounds**. About 30% had completed higher secondary education, and another 32% had studied up to high school level. Encouragingly, only 20% were illiterate. This relatively good educational spread among urban participants may contribute to better awareness and openness around menopause compared to rural counterparts. Previous studies, such as Nath et al. (2024), have shown that higher education levels are often linked with better knowledge of menopausal health.

In terms of **occupation**, a little under half of the women (43%) were employed, while the majority (57%) identified as housewives. Having a job might offer women greater access to health-related information either through workplace awareness sessions or peer discussions which can influence their understanding of menopause. A notable finding was that **64% of the women belonged to lower-income households**, earning less than Rs. 10,000 per month. Financial limitations often create barriers to accessing healthcare services, especially when it comes to non-urgent concerns like menopausal symptoms, which are often normalized or dismissed. Looking at reproductive history, **61% had up to two pregnancies**, while 39% had more than two. Although the number of pregnancies may not directly relate to menopause itself, it can influence how women perceive their reproductive journey and how prepared they feel for the end of it.

A striking observation was that **91% of participants had been postmenopausal for more than five years**, while only 9% had reached menopause within the past five years. This means many of these women may already have experience managing symptoms, which can affect how they reflect on the transition—either with acceptance or with lingering concerns. **Physical activity levels** were quite low among the group. Nearly **half (48%) did not engage in any regular exercise**, and only **22% reported exercising regularly**. Since physical activity is known to reduce common menopausal symptoms like joint pain, weight gain, and mood swings, this lack of exercise may contribute to discomfort or negative attitudes during menopause. Similar patterns have been noted in other Indian studies, where urban lifestyles often involve sedentary routines (Jindal et al., 2025).

TABLE: 2 : SCORING AND INTERPRETATION OF KNOWLEDGE TOWARDS MENOPAUSE AMONG PERIMENOPAUSAL WOMEN

| SCORES | Level of knowledge |
|---------|-------------------------------|
| 75-100% | Adequate knowledge |
| 50-71% | Moderately adequate knowledge |
| ≤50 | Inadequate knowledge |



The Table shows that **55%** of individuals possess **Adequate Knowledge** (75–100%), while **30%** have **Moderately Inadequate Knowledge** (61–74%). A smaller portion, **15%**, demonstrate **Inadequate Knowledge** (below 50%). This indicates that the majority have a strong understanding knowledge about menopause.

TABLE 3: SCORING AND INTERPRETATION OF ATTITUDE TOWARDS MENOPAUSE AMONG PERIMENOPAUSAL WOMEN

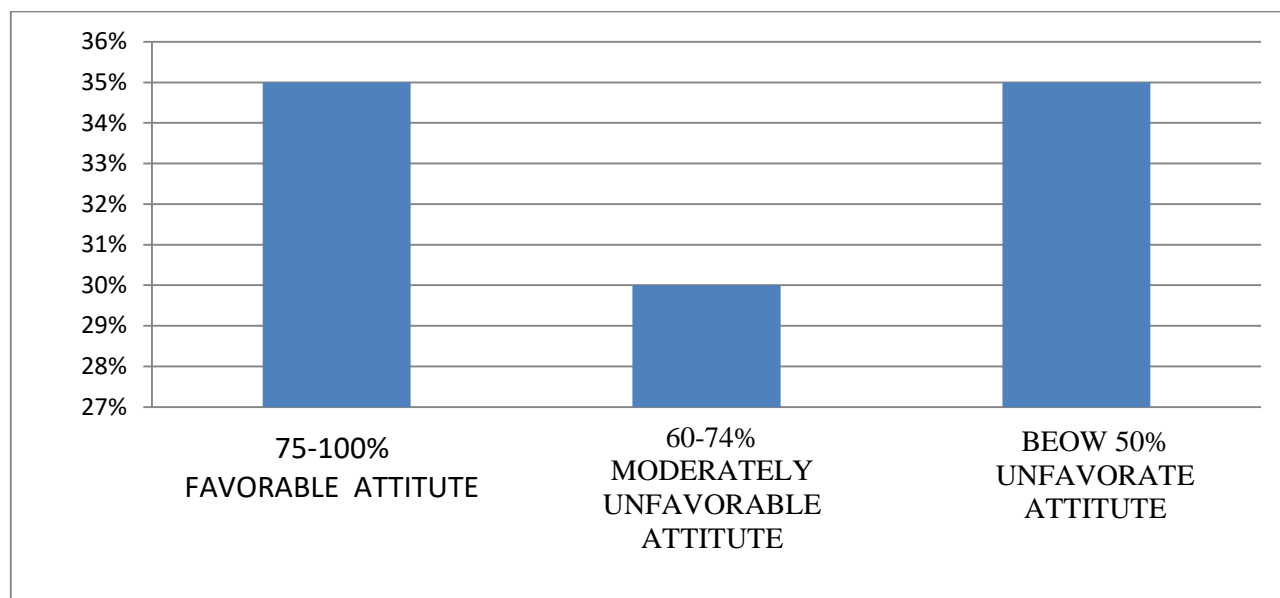
Section – Assessment of attitude (4-Point Likert Scale)

- Response options: Strongly Agree (4) – Agree (3) – Disagree (2) – Strongly Disagree (1)

| | Strongly agree | Agree | Disagree | Strongly disagree |
|--------------------|----------------|-------|----------|-------------------|
| Positive statement | 4 | 3 | 2 | 1 |
| Negative statement | 1 | 2 | 3 | 4 |

The raw score had been converted into% to interpret the level of attitude

| SCORES | Level of Attitude |
|---------|---------------------------------|
| 75-100% | Favorable attitude |
| 60-74% | Moderately unfavorable attitude |
| ≤50 | Unfavorable attitude |



The table categorizes attitudes into three groups based on percentage scores **35%** of individuals show a **Favorable Attitude** (75–100%), while **30%** fall under **Moderately Unfavorable Attitude** (61–74%). Another **35%** display an **Unfavorable Attitude** (below 50%).

Table 4 Correlation of mean differed knowledge and attitude towards Perimenopausal Women.

N = 100

| Test | Mean | SD | p Value |
|-----------|-------|------|---------|
| Knowledge | 10.88 | 3.00 | 0.326 |
| Attitude | 18.71 | 6.38 | 0.010* |

In this study involving 100 perimenopausal women, looked at how their level of knowledge about menopause might be related to their attitude towards it. The average knowledge score was 10.88, with a standard deviation of 3.00, showing that most women had a moderate understanding of menopause—some knew quite a bit, while others had only basic awareness.

The attitude score was a bit higher, averaging 18.71 with a standard deviation of 6.38, indicating that women's feelings and perspectives about menopause varied even more widely. While some women viewed menopause as a natural or even freeing phase of life, others may have approached it with confusion, anxiety, or negative expectations.

When the study examined the relationship between knowledge and attitude, found a statistically significant correlation, with a p-value of 0.010 (which is less than the standard threshold of 0.05). This means there is a meaningful link between how much women know about menopause and how they feel about it. Women who were more informed about menopause tended to have a more positive or balanced attitude, while those with less knowledge were more likely to hold negative or uncertain views.

This finding reinforces the importance of health education and open conversations. By increasing awareness and providing accurate information, we can help women approach menopause with more confidence and less fear, leading to better mental and physical health outcomes during this important life stage.

Conclusion :

The study revealed that a significant porportion of perimenopausal women in the coimbatore district had inadequate knowledge and mixedd attitude towards menopause. Many women were in aware of the physiological and psychological changes associated with this transitional phase, and their attitude were after influence by cultueal beliefs, misconceptions and lack of proper imformation . A positive correlation was observed between levels of attitude, indicating that better awareness could lead to more positive perceptions of menopause . The findings highlighty the urgent need for targeted educational intervention and community based awareness programs empowerment with accurate information,promote healthy attitudes and support them through the menopausal transition.

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