

# A Study to Assess the Menopause and Menopausal Symptoms Among Women Attending at Mahila Mandal Bagalkot, Karnataka

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**Abstract:** ***Introduction:** Menopause is a physiological event, experienced by every woman in her lifetime. World Health Organization (WHO) defines it as the time there has been no menstrual periods for 12 consecutive months and no other biological and physiological cause can be identified. It is the point in time when menstrual cycles permanently cease due to the natural depletion of ovarian follicle from aging. It marks the permanent end of fertility. Menopause usually starts between the ages of 40 -58 years in developed countries, and the average age is 51 years. Sometimes, it will occur earlier due to a medical condition or treatment, such as the removal of the ovaries. (Carolyn Key 2020). As menopause approaches, the remaining eggs become more resistant to FSH, and the ovaries dramatically reduce their production of estrogens hormone. Loss of estrogen can cause of many symptoms associated with menopause. Estrogen affects many parts of the body, including the blood vessels, heart, bone, breasts, uterus, urinary system, skin, and brain. (Traci C. Johnson2020) There are some changes can be noticed at midlife of women. Some may be the part of aging rather than directly related to menopause. Even though majority of the women have undergone at least one or more symptoms like hot flashes, night sweats, irregular vaginal bleeding, vaginal dryness, painful intercourse, weight gain, mood swings and urinary incontinence. More than 80% of women above 45 years of age, experience these symptoms in the transition period leading to menopause. **Methods:** The dates of the descriptive study were MARCH 21, 2025 to APRIL22, 2025. Using the stratified random sample procedure, 120 study participants were chosen. The research was carried out in ahila mandala, Bagalkot. The study involving 120 menopause women. Data were collected with a structured questionnaire and variables including socio demographic characteristics.*

**Keywords:** Knowledge, menopause, menopausal symptoms

## 1. Objectives

- To assess the knowledge regarding menopausal symptoms among menopausal women at mahila mandal bagalkot.
- To find out association between the knowledge regarding menopausal symptoms with their selected socio demographic variables.

## 2. Materials and Methods

The present study was a cross-sectional study, conducted from MARCH 21, 2025 to APRIL22, 2025 among 120 postmenopausal women attending Mahila mandal for various reasons being randomly included into the study.

**Source of data-** The present study collected data from menopausal women.

**Research Approach-** The descriptive research methods are developed when the purpose of the research is to describe the knowledge of the phenomenon or to estimate the phenomenon's value to society. The main objective of this study is to evaluate the symptoms of menopause among menopausal women, Bagalkot.

**Research Design-** All plans designed by a researcher to answer research questions or test research findings are called research design. A descriptive design means the study involved a one-time data analysis on menopausal women. The research design represents the population, sample size,

variables, data collection tools and methods, and data analysis plan.

## 3. Variables

**Dependent Variable** – menopausal symptoms

**Socio-Demographic Variables-** menopausal women's sociodemographic traits are the sociodemographic variables. Age, religion, type of family, education, have you received any information menopausal symptoms from any where, sources of information, Family history of menstrual diseases, previous intervention related menopausal symptoms.

**Setting of Study-** Setting is the environment in which information is gathered. The current investigation was carried out Mahila mandal's of Bagalkot. The convenience of the investigator and the availability of menopausal women's from were taken into consideration when choosing the study setting.

### Population

**Target Population-** This study refers to a group of menopausal Women's in Bagalkot

**Accessible Population-** This study refers to women who are in the state of menopausal symptoms of Bagalkot, India.

**Sample and Sample Size-** Subjects drawn from units that make up the study's population constitute a sample. The

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sample size for this investigation is (n=120). Sample including menopausal womens at Mahila mandala of Bagalkot, India.

**Sample Technique-** The sampling technique is the researcher's procedure to select the study samples. The sample for the present study is 120 womens who are members of Mahila mandala Bagalkot, , India. The stratified sampling technique was used to select samples for the present study. The menopausal womens were selected through stratified sampling method according to duration and who met both the in-sampling technique and the procedure that the researcher adopted in selecting the inclusion and exclusion criteria of the study.

**Data Collection Tool-** The methods or equipment the researcher employs to measure or observe the important variables in the research problem are known as data collection tools. The data for this study were gathered using a common Knowledge instrument.

**Statistical analysis-** The methodical arrangement and synthesis of research data, as well as the application of the data to test research hypotheses, constitute statistical analysis. Both descriptive and inferential statistics were used in the analysis of the data. Distributions of percentages and frequencies were used to assess the demographic data. The Womens had their scores evaluated using the mean and standard deviation. menopausal symptoms from levels were compared to a set of chosen sociodemographic characteristics using a chi- square test.

## 4. Results

### Description of socio- demographic characteristic of sample

- Percentage wise distribution of menopausal women's according to their age in years that out of 120 menopausal women's, highest percentage (65%) of menopausal women's in the age of 38and 40 (55%) of menopausal women's are in the age of 45 years & above.
- Percentage wise distribution of menopausal women's according to their religion shows that out 120 menopausal women's, highest percentage (88%) of menopausal women's are Hindu, (32%) of menopausal women's are Muslims, (0%) of menopausal women's are Christians and others.
- Percentage wise distribution of menopausal women's according to their year of study out 120 menopausal women's highest percentage (45%) of menopausal women's primary, (40%) secondary (35%) illiteracy 35%
- Percentage wise distribution of menopausal women's according to their family monthly income of menopausal women's out 120 menopausal women's, below RS 15000 (88%) highest percentage (15%) of menopausal women's's15000-30000 and (17%) more than 30000.

**Table 1:** Frequency and percentage distribution of socio-demographic variables

Socio-demographic factor	Frequency	Percentage (%)
<b>1. Age</b>		
a) 38-40 years	65	54.16%
b) 45 and above	55	45.83%
<b>2. Religion</b>		
a) Hindu	108	90%
b) Christian	01	0.83%
c) Muslim	11	9.16%
d) Any other	0	0%
<b>3. Type of family</b>		
a) Nuclear	77	64.16%
b) Joint	43	35.83%
<b>4.Education status</b>		
a) primary	40	37.5%
b) secondary	40	33.33%
c)illiteracy	35	29.16%
<b>5. Occupational status</b>		
a) Private employee	25	20.83%
b) Govt emolyee	16	13.33%
c) Business	29	24.16%
d) Agriculture	50	41.66%
<b>6. Occupational status of husband</b>		
a) Private emolyee	12	10%
b) Govt employee	06	5%
c) Agriculture	102	85%
<b>7. Monthly family income</b>		
a) <15000	88	73.33%
b) 15000-30000	15	12.5%
c) >30000	17	14.66%
<b>8.diet</b>		
a)Veg	05	4.16%
b)Non veg	20	16.66%
c)mixed	95	79.16%
<b>9.place of residence</b>		
a)Rural	82	68.33%
b)Urban	38	31.66%

menopausal women's mean percentage of Knowledge score on menopausal symptoms, mean and SD, show that the overall mean percentage of knowledge score was 11.6with mean and SD of Knowledge 8.019713, which are 11.6±8.019713.

(Table-2).

**Table 2:** Area-wise mean, SD, and mean percentage of Knowledge score on menopausal symptoms

Area	Maximum score	Mean	SD	Mean (%)
Knowledge on menopasal symptoms,	1392	11.6	8.019713	58%

The results of the study on the relationship between menopausal women's Knowledge. they chose to analyse indicate that there is a significant association between menopausal women's Knowledge and socio demographic variables about menopausal women's and age ( $\chi^2=1.07$ ;  $p=0.3009$ ), Religion ( $\chi^2=0.38$ ;  $p=0.9443$ ), Education ( $\chi^2=7.05$ ;  $p=0.0295$ ), Occupationai status of father( $\chi^2=1.25p=0.741$ ), Occupational status of mother( $\chi^2=0.26p=0.8781$ ),monthly family income( $\chi^2=0.3p=0.86070$ ),diet( $\chi^2=0.17$   $p=0.9185$ ),type of family( $\chi^2=0.01$   $p=0.9203$ ) place of residence  $\chi^2=1.39$   $p=0.2384$ ).

**Table 3:** Association of Knowledge of menopausal women's of with their selected socio-demographic variables

S.NO	Socio-demographic variable	chi square	df	P
1	<b>Age</b> 38-40years 45 and above	1.07	1	0.3009
2	<b>Religion</b> a) Hindu b) Christian c) Muslim d) Any other	0.38	3	0.9443
3	<b>Type of family</b> a) Nuclear b) Joint	0.01	1	0.9203
4	Education status a) Primary B) Secondary C) Illiteracy	7.05	2	0.0295
5	<b>Occupational status of husband</b> a) Private employee b) Govt employee c) Business d)Agriculture	1.25	3	0.741
6	<b>Occupational status</b> a) Private employee b) Govt employee c) House wife	0,26	2	0.8781
7	<b>Monthly family income</b> a) <15000 b) 15000-30000 c) >30000	0.3	2	0.8607
8	<b>Diet</b>	0.17	2	0.9185
9	<b>Place of residence</b>	1.39	1	0.2384

The results pertaining to the correlation between menopausal women's and the chosen socio demographic variables indicate that there is a noteworthy relationship between menopausal women's menopausal symptoms and age ( $\chi^2=1.07$ ;  $p=0.3009$ ), Religion ( $\chi^2=0.38$ ;  $p=0.9443$ ), Family monthly income ( $\chi^2=0.3$ ;  $p=0.8607$ ), Educational ( $\chi^2=7.05$ ;  $p=0.0295$ )

In this study association in all the sociodemographic is < 10 poor knowledge ,11-20 Good knowledge. as

**Age wise** 38to 40 age groups are 13 is poor knowledge, 45 and above 30 is poor knowledge and age 38to 40 group 32 are good knowledge highest 45 and above 45 womens have good knowledge.

**Religion**<10 poor Hindu 33, were as Christian 00, Muslim 14, and 11-20 Good Hindu 55, Muslim 18and others 00.

**Type of family**<10 Poor nuclear family 14, and joint family 35,.and 11-20 Good nuclear family having good knowledge 21 is joint family has 50.

**In educational status** Primary 22 poor and secondary 23 poor, illiteracy 10 poor good knowledge Primary 15 good knowledge and secondary 25 good knowledge and illiteracy 25 having good knowledge

**Occupational Status:** Poor Occupation status private 08 and good occupational status of 17, in govt employee 0f poor 05and good 11, in business poor11 and good18, in house wife poor 13 and good37,

**Occupational status of husband:** Poor occupational status of husband private 5 and govt 2, and good occupational status of husband 7, in govt employee of poor 2 and good 04, in agriculture of poor 35 and good 67

## 5. Discussion

This study aims to measure Knowledge of menopausal symptoms among menopausal women's at mahila mandala of bagalkot. The discussion highlights the main findings of these study and how those findings compare with findings from similar study conducted on the subject menopausal symptoms. cross- sectional study was conducted for a period of one year on 200 postmenopausal women attending Gynaecology outpatient department to evaluate the age at menopause and prevalence of menopausal symptoms, also to determine the awareness and attitude towards menopause and the treatment seeking behavior among these women. Eligible women were interviewed using a pretested, self-designed oral, interview based questionnaire. In the present study the mean age at menopause was 46.35 (Standard deviation = 4.07) years. 80.5% of women had one or more menopausal symptoms. The common symptoms of menopause seen in this study were muscle and joint pain (63%), fatigue (55.5%), hot flush (52.5%), insomnia (52%) followed by night sweat (48.5%). Other comorbid conditions were found to be hypertension 23%, dyslipidemia 14%, diabetes 9% and arthritis 24.5% women. Vasomotor, psychosomatic and urogenital symptoms were more prevalent among women in the early postmenopausal period whereas psychological symptoms were more prevalent in the late postmenopausal period. Majority of the women 63.5% were unaware about menopause. About 58.5% perceived

menopause in a positive attitude. Only 30.5% took treatment for menopausal symptoms. Education, occupation, lifestyle and income had statistically significant association with menopausal symptoms. The high prevalence of menopausal symptoms observed in this study proves that menopausal symptoms are common but due to lack of awareness, they do not seek medical advice. Hence priority lies on generating awareness among women about menopause and menopausal symptoms and establishment of dedicated menopause clinic to help these women live a healthy and comfortable life.

The findings of the background characteristics show that 41.7% of participants were of 17 years of age and the mean age of 16.7 years with a standard deviation of 0.922. More than half (55.8%) of the participants were of Chhetri ethnicity. The majority (66.7%) of the participants were students of science faculties and 53.3% of the students were from class 11. More than half (51.7%) of the source of information about breast self-examination were health personnel. A similar study done in Ahmadabad, India supports that Health professionals (34.4%) were the main source of information on the knowledge about BSE [17].

In our study, 25% of the participants had a family history of breast cancer, among them only 9.2% had a positive for maternal family history. Similar findings were seen in a study done in Malaysia where about 20% of the participants had a family history of breast cancer [18]. In this study 67.5% of participants had knowledge about breast cancer and 40% had knowledge of breast self-examination. Another supporting data was similar to a study conducted in North West Ethiopia, subjects had a family history of breast cancer and were directly associated with breast self-examination practices [16]. This finding is in contrast with a related study done at Abuja, Nigeria where 56% of participants had knowledge of breast cancer, while 75.6 had the knowledge of breast self-examination [19].

The reason for contradictory result could be due to difference in the knowledge level of respondents of both studies as this study is done among the participants of the higher secondary school students and the study of Nigeria is done on the participants who were secondary level students, and also because the main source of information in this study is health personnel and in Abuja, it is the mass media.

The result of the study showed that 27.8% of participants stated enlargement of the lymph nodes is abnormal breast as the breast cancer can spread to lymph nodes. This study also revealed that according to 29.8% of the participants the purpose of breast self-examination is to identify the early stage of breast cancer. This finding is also supported by the study done at Oyo State, Nigeria resulted as only 22% understood breast self-examination helps in early detection [20]. In this study 54.7% of participants answered that breast cancer is curable and preventable if diagnosed in the early stage of life. Regular breast self-examination is important to improve the quality of life was believed by 11.7% of the participants.

Nearly half of the participants strongly supported that women should perform monthly breast self-examination to detect early changes in the breast that help to reduce

mortality and morbidity of females. The finding of the study showed that the majority of participants (61.7%) answered that the breast self-examination should be started after menarche, 32.5% stated. The findings of the background characteristics show that 41.7% of participants were of 17 years of age and the mean age of 16.7 years with a standard deviation of 0.922. More than half (55.8%) of the participants were of Chhetri ethnicity. The majority (66.7%) of the participants were students of science faculties and 53.3% of the students were from class 11. More than half (51.7%) of the source of information about breast self-examination were health personnel. A similar study done in Ahmadabad, India supports that Health professionals (34.4%) were the main source of information on the knowledge about BSE [17].

## 6. Conclusion

The key strategy to early detection of diseases and subsequently critical for effective treatment and cure of the disease. The findings this study have shown significant low levels of awareness menopausal symptoms among menopausal women's in Karnataka region. This pattern may be similar to other rural communities across the region. The need to create awareness and to educate adolescent girls on importance of menopausal symptoms as preventive measure of menopausal diseases is paramount.

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