



## International Journal of Home Science

ISSN: 2395-7476  
IJHS 2016; 2(3): 80-84  
© 2016 IJHS  
www.homesciencejournal.com  
Received: 16-07-2016  
Accepted: 17-08-2016

**Dr. Chandrashree Lenka**  
Lecturer in Home Science R.D.  
Women's Junior College,  
Bhubaneswar, Odisha, India

### Knowledge, practice and life style management of postmenopausal women: A study in Odisha

**Dr. Chandrashree Lenka**

#### Abstract

The objectives of the present research was to study the life style, knowledge and practice of the adult women in managing their post menopausal health problems. One hundred and twenty respondents were selected by random purposive sampling method from urban areas of Bhubaneswar City, Odisha. Information on demographic profile, health problems, life style, knowledge on management of health problems and their practice in real life was collected by questionnaire cum interview method. The results of the study revealed that majority (78%) of the respondents had natural menopause and belonged to the age group of 45-55 years. Common health problems such as hot flash, sweating, loss of memory, mood swing, back ache, alopecia was found among majority of the respondents and 80% of them had perception that it is a natural process. Even though educated only 51.6% respondents were aware about its management and out of them only 35.8% did their regular health check up. Very few respondents were concerned about their eating habits. They ate different types of foods according to availability. Doing household activities (minimum 4 hrs/day) and brisk walking was done by majority of the respondents to stay active. Information on knowledge and practice of the respondents in managing health problems during post menopause was found to be not satisfactory which may be due to low level of education, low income and attitude of women towards their own health. Hence emphasis should be given on creating awareness among women regarding health affects of menopause & their management by counseling and imparting health education along with medical intervention to the women as well as the family members to prevent future health complications at old age.

**Keywords:** Menopause, hot flash, alopecia, mood swing

#### Introduction

Postmenopause may be defined as the point after twelve months of amenorrhea following the final menstrual period. It is also regarded as "Change of life", "a period of transition", or the "Climacteric". It is the consequence of the exhaustion of the ovarian follicles which results in a decreased production of estradiol and other hormones. The decrease in the levels of the sex steroid hormones during this period leads to various types of metabolic disorders in the body. The risk of osteoporosis, cardiovascular diseases, arterial hypertension, impairment of glucose metabolism, breast cancer and degenerative diseases rises. Different types of social and psychological problems are also observed among the postmenopausal women such as feeling isolated & neglected, loneliness, forgetfulness, madness, irritation, aggression etc. It was also noted that the symptoms of menopause are more severe and debilitating in case of surgical menopause than natural menopause because of dramatical decrease of hormonal out put. Even though menopause is a natural biological process in each and every women, still than most of the women are unaware about its management, which ultimately leads them to face serious health complications in their later life. Studies by Nusrat N (2008) showed that even most of the women bothered by menopausal symptoms, they did not go for consultation to doctor because of lack of awareness and poverty. Therefore herculean efforts should be taken in this direction as only a healthy women can build a healthy society and a sick old women becomes a burden for the family as well as for the society.

Keeping the above facts in mind the present research was designed to study knowledge, awareness and life style management of educated post menopausal women in Bhubaneswar, Odisha.

**Correspondence**  
**Dr. Chandrashree Lenka**  
Lecturer in Home Science R.D.  
Women's Junior College,  
Bhubaneswar, Odisha, India

The objectives of the study were -

1. To study the demographic profile of the respondents.
2. To know common health problems of the respondents.
3. To study life style of the respondents.
4. To asses knowledge & practice of the respondents in managing major menopausal symptoms.

**Methodology**

The area selected for the present research was Bhubaneswar city, Odisha. A total of 120 post menopausal adult women between the age group of 40 to 55 years having educational status above 10<sup>th</sup> standard were selected by random purposive

sampling method. Care was taken to see that all respondents should have completed minimum one year after their last menses. The data was collected with the help of predesigned and pre-tested questionnaire during May and June-2016. The information on their demographic profile, health problems, life style factors and knowledge and practices to deal with major symptoms of menopause were gathered with the help of questionnaire cum interview method by personal contact.

**Results and Discussions**

The results of the study were tabulated, statistically analyzed and were discussed below.

**Table 1: Demographic profile of the respondents**

Sl. No.	Characteristics		Frequency	Percentage
1.	Menopausal status	1. Natural	94	78.33
		2. Surgical	26	21.67
2.	Age	45-55 years	98	81.67
3.	Marital Status	Married	108	90.0
4.	Education	10 <sup>th</sup> to Graduation	68	54.17
		Above Graduation	52	48.33
5.	Occupation	Working	48	40
		Housewife	72	60
6.	Types of family	Nuclear	89	74.17
		Joint	31	25.83
7.	No. of family members	Less than 4	36	30
		4-6	78	65
		Above members	08	05
8.	Annual Income	Rs.1,00,000/- to Rs.2,00,000/-	22	18.3
		Rs.2,00,000/- to Rs.3,00,000/-	61	50.8
		Rs.3,00,000/- & Above	37	30.8

The results of the Table-1 depicts that menopause was natural in 78.3% and surgical in 21.7% respondents. Most of them belonged to the age group 45 to 55 years. 99% of the respondents below 45 years had undergone surgical menopause and natural menopause was found more among respondents above 48 years of age. 90% of the respondents were married and 60% of them were house wives. Nuclear family (74%) system having 4-6 members was found to be prevalent among the respondents. Data on family income of the respondents revealed that majority (50.8%) of them

belonged to middle income group and 30% of them belonged to high income group.

**Common Health problems**

The frequently reported complaints of the respondents were backache (61.7%), body ache (51.7%), joint pain (31.6%), hot flashes (81.7%), sweating (63.3%), loss of memory (35.8%), alopecia /loss of hair (84.2), dryness and itching of vagina (26.7%), migraine (37.5%), depression (45.8%), irritability (69.2%), weight gain (37.5%), swelling on feet (24.2%) and insomnia (18.3%) etc.

**Table 2: Common health problems of the respondents (n=120)**

Sl. No.	Health Problems	Frequency	Percentage
1.	Body ache	62	51.7
2.	Back ache	74	61.7
3.	Joint pain	38	31.6
4.	Hot flashes	98	81.7
5.	Sweating	76	63.3
6.	Loss of memory	43	35.8
7.	Alopecia/loss of hair	101	84.2
8.	Dryness & itching of vagina	32	26.7
9.	Irritability/Mood swing	83	69.17
10.	Weight gain	45	37.5
11.	Insomnia	22	18.3
12.	Swelling on feet	29	24.2

**Perception about Menopause**

**Table 3: Perception about menopause.**

Sl. No.	Perception	Frequency	Percentage
1.	Natural process	96	80
2.	Disease	24	20

Most of the respondents perceived menopause as a natural biological process where as only 20% respondents consider this as a disease.

## Life style factors of the respondents

Table 4(a): Life style management of the respondents (n=120)

Sl. No.	Characteristics	Frequency	Percentage	
1.	Awareness about management	Yes	62	51.6
		No	58	48.4
2.	Regular Health Check up	Yes	43	35.83
		No	77	64.17
	<b>If yes than</b>			
	Blood sugar	22	18.3	
	Blood pressure	38	31.67	
	Blood cholesterol	33	27.5	
	Thyroid	28	23.33	
	ECG	22	18.33	
	Haemoglobin	15	12.5	
	Bone density test	05	4.1	

Table 4(b): Eating behaviour of the respondents (n=120)

Sl. No.	Food stuffs	Daily	Weekly	Fort nightly	Rarely
1.	Fruits	12 (10)	23 (19.1)	34 (28.3)	51 (42.5)
2.	Leafy vegetables	26 (21.67)	50 (41.67)	17 (14.17)	27 (22.5)
3.	Milk & Milk product	66 (55)	28 (23.33)	18 (15)	10 (8.33)
4.	Small fish	13 (10.83)	15 (12.5)	35 (29.17)	57 (47.5)
5.	Pulses	93 (77.5)	27 (22.5)	-	-
6.	Calcium Tablet	12 (10)	-	-	-
7.	Iron Tablet	07 (5.83)	-	-	-
8.	Multivitamin Tablet	19 (15.8)	-	-	-
9.	2-3 litres of water	120 (100%)	-	-	-

N.B.: Numbers in parenthesis indicates percentage.

Table 4(c): Daily activities of the respondents (n=120)

Sl. No.	Activities	Frequency	Percentage
1.	Yoga	27	22.5
2.	Pranayam	18	15
3.	Brisk walking	69	57.5
4.	Aerobic exercise	15	12.5
5.	Doing household activities (minimum 3-4 hours per day)	93	77.5

Even though educated, it was surprising to note that only 51.6% respondents were aware about the management of menopause. Out of them only 35.83% respondents were doing regular health check up. Bone density test was found to be done by only 4% respondents as they were advised by the doctor but not as a routine check up. Regular blood pressure check up was found to be done by 31.67% respondents, thyroid and blood cholesterol check up was done by 23.3% and 27.5% respondents respectively. Most of the respondents were also doing their routine health check up because of their illness.

Information on eating behaviour of respondents to manage menopause revealed that very few respondents were concern about their eating habits. Daily consumption of fruits, leafy vegetables, milk and milk products, small fish and pulses was found only among 10%, 21.67%, 55%, 10.8% and 77.5% respondents respectively. Milk was commonly consumed in the form of tea/coffee. Calcium, iron and multivitamin tablets were taken daily by 10%, 5.83% and 15.8% respondents respectively because of doctor's advice, Centpercent

respondents were found to take 2-3 litres of water per day. Similar findings were also observed by Praveen (2015) [2] that only 11.67 percent postmenopausal women in urban area consume fruits daily and 47.33 percent respondents consume leafy vegetables weekly. Krishna (1988) [5] and Karuna (1993) [4] found that vegetables and fruits were rarely included in the diet of Kerala fisher women which were major sources of vitamins and minerals. In the studies of Puhazhandi and Satyasai (2002) [7] diet of the women belonged to low socio-economic group was deficient in fruits, milk and curd. The observations of the present research is also in concurrence with the above studies.

Reasons for low intake of fruits, vegetables, small fish, milk and milk products and pulses showed that respondents were quite ignorant about the importance of these food stuffs in their daily diet which will help them to manage their post menopausal life.

Information on daily activities of the respondents showed that 77.5% respondents were spending minimum 3-4 hours daily for household activities and brisk walking was done by 57.5%

respondents. Yoga, Pranayam and aerobic exercise was found to be carried out only by 22.5%, 15% and 12.5% respondents

respectively. Most of the respondents involved in the above activities to maintain an active life style.

**Knowledge and practice to manage with major symptoms of post menopause**

**Table 5: Knowledge and practice of the respondents to manage menopause (n=120)**

Sl. No.	Knowledge on management	Positive answers			
		Knowledge		Practice	
		Frequency	Percentage	Frequency	Percentage
1.	<b>Hot flashes</b>				
	• Wearing light clothes.	07	5.83	5	4.1
	• Avoid alcohol, caffeine and spicy food.	22	8.33	09	7.5
	• Minimize stress.	02	1.67	-	-
	Cumulative Mean	10.3	8.6	4.67	3.89
2.	<b>Insomnia</b>				
	• Practice slow, deep, meditative breathing.	16	13.3	9	7.5
	• Keep bedroom temperature cooler	31	25.8	31	25.8
	• Avoid alcohol/caffiene before 6 hours of bed time.	07	5.83	112	93.3
	• Maintain biological clock.	60	50	43	35.8
	• Avoid a relaxing pre bed time routine	05	4.1	-	-
	• Exercise regularly	22	18.3	18	15
	Cumulative Mean	23.5	19.5	35.5	29.5
3.	<b>Weight gain</b>				
	• Minimum 30 minutes brisk walk daily	98	81.67	69	57.5
	• Eat a balanced diet	102	85	83	69.2
	• Reduce intake of oil and fat	95	79.1	63	52.5
	• Includes more salads and fruits and leafy vegetables, whole grain cereals in diet	70	58.3	65	54.17
	Cumulative Mean	91.25	76.04	70	58.3
4.	<b>Osteoporosis</b>				
	• Eating adequate calcium rich diet like small fish milk & milk product & leafy vegetables	67	55.8	81	67.5
	• Exposure to sunlight	89	74.1	108	90
	• Taking Calcium & Iron tablets	57	47.5	29	24.17
	Cumulative Mean	71	59.1	72.67	60.55
5.	<b>Keeping a healthy heart</b>				
	• Regular exercise	93	77.5	53	41.17
	• Taking a balanced diet low in saturated fat	98	81.67	78	65
	• Eating plenty fruits and vegetables and whole grain cereals	47	39.17	29	24.17
	• Regular health check up	107	89.17	23	19.17
	Cumulative Mean	86.25	71.9	45.75	38.1
6.	<b>Staying mentally fit / reducing stress</b>				
	• Regular exercise	83	69.17	67	55.83
	• Taking balanced diet	73	60.83	64	53.3
	• Joining laughing club	88	73.3	02	1.67
	• Spent sometime with friends and family members	109	90.8	98	81.67
	• Share your worries and anxieties with near and dear one's	112	93.3	93	77.5
	• Consult psychologists	99	82.5	07	5.8
	Cumulative Mean	94	78.3	55.17	45.97
7.	Seeking Doctor's advice for health problem	Yes	69	57.5	
		No	51	42.5	

The results on knowledge and practice of respondents in managing menopause revealed that there was lacunae in the knowledge of the study participants and also in their practice. Even though very less number of participants aware about managing menopause, lack of practice was observed among the respondents. In some cases it was also observed that even though the respondents were unaware about some facts, they put those into practice as one of their routine work/habit. The cumulative frequency of positive answers for knowledge and practice of the respondents was calculated and found that only 8.6% respondents were aware about management of hot flash but out of them only 4.67% respondents put that into practice. Similarly 19.5% respondents had knowledge on management of insomnia, but it was observed that 35.5% respondents took proper steps to avoid insomnia because 93.3% respondents did

not have the habit of taking alcohol. It was interesting to note that maximum number of respondents had knowledge about how to manage with their mental fitness, weight gain and healthy heart heart i.e. 78.3%, 76.04% and 71.9% respectively but putting the knowledge into practice was observed only among 45.97%, 58.3% and 38.1% respondents respectively. Knowledge on managing osteoporosis was found only among 59% respondents but 60.5% respondents took steps to get rid of it as 90% of respondents got exposure to sunlight as a part of their routine life. Incase of serious complications only 57.5% respondents consulted doctor immediately. It was found that education, income & attitude played an important role in managing the complications related to menopause.

### Conclusion

Results of the study revealed that postmenopausal period is a period of transition in a women's life i.e. from fertility to infertility. It is closely associated with various health problems such as hot flashes, sweating, loss of memory, back ache, alopecia, weight gain etc. But the most pitiable thing is very few women were aware about its symptoms and management. It was observed that only 57.5% respondents seek doctors advice for their health problems and few respondent put their knowledge for management of menopause in to practice due to low income, level of education and attitude of themselves as well as the family members. Therefore, emphasis should be given on health education and counseling of the women at community level along with medical intervention to manage with problems related to menopause.

### References

1. Jandial Subhra, Kaur Gangadeep, Sushil Kumar, Prema Ram Choudhury. Study of Serum Calcium and Magnesium Levels in post menopausal women. *Indian Journal of Nutrition and Dietetics*. 2016; 51:76-81.
2. Praveena D. Dietary pattern of post menopausal women. *Food Science Research Journal*. 2015; 6(2):268-272.
3. Gopalan C, Sastri BVR, Balasubramaniam SC, Deosthale YG, Pant KC. Nutritive value of Indian Food, National Institute of Nutrition, 2004, 47-79.
4. Karuna MS. Nutritional status of women engaged in fish vending in Thiruvananthapuram district, Ph.D. (FS&N) Thesis, Kerala Agricultural University, Thrissur, 1993, 165.
5. Krishna S. Some observations on the food consumption pattern and nutrition pattern and nutritional status of marine fisherwomen community, Marine Fisheries Information Service, 1988.
6. National Nutrition Monitoring Bureau (NNMB) NNMB Reports. National Institute of Nutrition, Hyderabad, 2002, 1978-2002.
7. Puhazhandi V, Satyasai KJS. Empowerment of Rural women through Self Help Groups: An Indian Experience. *National Bank News Review*, Mumbai. 2002; 18(2):39-47.
8. WHO. Research on menopause (WHO Report series No.866) Geneva, Switzerland: World Health Organization, 1996.
9. Lenka Chandrashree, Swagatika Sundarray. Health problems of women after attaining menopause. A study in Bhubaneswar City. *Journal of Extension Education*. 2015; XX(1):171:176.
10. Stuenkel C, Gass M, Manson J. A decade after the Women's Health Initiative - the experts do agree. *Fertility and Sterility*. 2012; 98:2.
11. Joshi S, Khandwe R, Bapat D. Effect of yoga on menopausal symptoms. *Menopause International* 17:78-81. *Menopause*. 2011; 18(11):1172-1177.
12. Aguirre W, Chedraui P, Mendoza J, Ruilova I. Gabapentin vs. low-dose transdermal estradiol for treating postmenopausal women with moderate to very severe hot flushes: *Ecological Endocrinology*, 2010.
13. Managing the menopause. British Menopause Society Council consensus statement on hormone replacement therapy. *Journal of British Menopause Society*. 2003; 9(3):129-131.
14. Redriguez-Martinez MA, Garcia-Cohen EC. Role of Calcium++ and vitamin-D in the prevention and treatment of osteoporosis. *Pharmacol Ther*. 2002; 93:37-49.
15. Afonso R, Hachul H, Kozasa E. Yoga decreases insomnia in postmenopausal women: a randomized clinical trial *Menopause*, 2011.