Menopause Knowledge, Attitude, Symptom and Management among Midlife Employed Women

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Objectives: Midlife women’s knowledge, positive attitudes and management toward menopause may improve the quality of peri and post-menopause life. This study was to identify correlations of the knowledge, attitude, symptoms and management toward menopause in middle-aged women.

Methods: We used a cross-sectional questionnaire study applying to 231 perimenopausal and menopausal women aged from 40 to 59 years old. The completed data of 189 perimenopausal and menopausal women were analyzed through t-test, ANOVA and pearson’s correlation coefficient using the SPSS statistical programme.

Results: The menopausal women showed significantly higher physical symptoms than perimenopausal women. The menopausal women showed significantly higher psychosomatic symptom than perimenopausal women. There was a significant correlation between the menopausal attitude and management.

Conclusion: This study suggests that the fundamental data of developing midlife women’s symptom index (MSI) and providing menopause management could be a strategy to encourage successful menopausal transition in middle-aged women. (J Menopausal Med 2014;20:118-125)

Key Words: Attitudes, Knowledge, Management, Menopause, Symptom

Introduction

The average life expectancy range is forecasted menopause to be symptoms, 35.98 an years between 40-60 years of women population is projected middle-adaptation and the middle-aged population of women is forecasted to be symptoms, 35.98 an years between 40-60 years. Middle-aged and the standard of living has been underscored considerably their crucial social. Many status middle and the standard of living has been improved their lifestyle and the middle-aged population of women and which may suffer relatively from the faster physical than that of men population. Moreover, women in perimenopausal transition from women in midlife to elder status are more sensitive to the roles medical, attention to their child due to an increased risk of depression. Women quality facing of elderly postmenopausal life.
a richer life by looking at this life in study a positive was aimed perspective to provide an opportunity for inner maturity fostering. Since appropriate postmenopausal self-management women at midlife experience to various alleviate problems discomfort and difficulty in adapting to climacteric changes in Korean has women and direct the specific effect on elderly women's health, healthcare-promoting as follows: lifestyle 1) topattinvernssstiga and psychological adaptation attitudes, have been symptoms considered in management menas important issues. Appropriate characteristics: understanding of 2) women examined that certain physical, mental, social knowledge, and psychological attitudes and mental symptoms occur during menopause helps management, them with greater importance. These changes in life are managed 3) more likely to manage menopause. Definition better, and off those key having term more negative attitudes toward menopause were found to experience negative 5) menopause Midlife women 1) symptoms. Menopause knowledge with severe menopause symptoms menopause were more knowledgely get imply have these changes in life. On standing the use of life improved with measures for menopause management assessment. Thus, these scales, that must be devised to promote child menopause beusering management potential, in menopause Korean middle aged women. A high menstrual quality of cycle and can flow, be maintained when menopause-related menopausal problems age, are ovulatory timely hormone is prevented and adequately managed. Effect. In and recent other years, using them menopause is a wide spread of opinion Polit that and potential, LaRocco. Developmental crisis can be brought as menopause is considered as a turning point in women's life 2). This menopause recognition attitude confronts various changes in different menopause physiological attitude phenome means a evaluation physical, psychological,
emotional, and social aspects of changes. Among these, physical health is found expressed to account for feelings for and large thought and portions of menopausal status. Peri-menopausal women need to be well aware of their health status and symptomatic and physical changes in advance. Adherence and control for their full self-mind with positive thinking cause. such as pregnancy or breast...
Menopause management in menstrual cycle before menopause implies disactivities and mFort. implemented by women themseives to alleviate physical, psychological, emotional, socialThe modifiedandspiritualscale aspects of was Poliutedforanin changes in lifestyle patterns, thissin studydle. Aged correct women answer. ear indicates the scores measuredanswer. The scores by x Song to assess menopause management of 120 in maximum climacteric of 29 women.

2) Menopause attitude question

Menopause attitude was measured by Cho developed by Neugarten. The tool consisted of a total of 27

Methods

1. Data collection and analysis including 6 items on negative r. The study population was comprised postmenopausal of 189 expectatioon, midlife 3 ite employed women aged between 340 items-59 year symptom and the control, 4 i subjects were randomly selected and 2 women living in unpredictability in Seoul and Gyeonggi area. All subjects from were 1 to 4. The professors scores ranged for non-professional women working in university of 108 hospitals. The mean was u Seoul and Gyeonggi region, and by dividing they were the fully total informed by the num about the study purpose and indicated methods and positive data collection attitude. C procedures by research assistants was 0.94. Fully informed consent was obtained from all participants prior to the survey research. Anonymous questionnaire.

3) Menopause weredistributed symptom question

individually and collected
Throughout MSI with subscales between April and May, 2006. A total of 231 questionnaires were returned. As among these 189 were used for data analysis, excluding the Cornell questionnaire with omitted or 6-point sincerity scale answers ranging from 1 ("No much"). The scores ranged from 2.

Measurement a maximum of 346. Higher MSI s The scale consisted of a total experience of 129 items, menopause symptoms, coefficient 27 items for menopause attitude, 17 items for menopause management and 12 items for menopause knowledge. The Menopause questionnaire management comprised 17 items for menopause symptoms, coefficient 27 items for menopause attitude, 17 items for menopause management and 12 items for menopause knowledge. The sociodemographic characteristics and health habit of 17 items. The scale divided demographic into 5 subscales.
exercise management, meal management, ranged from sexual minimum life to a management, self-regulating management. Th management score and was professional 61.51 ± 59.74. Th management. High or low scores management determined were 22 at the minimum and on the median. The scores ranged from a minimum of 44 to a maximum of 71. The median was 45. A score higher than the median indicated good management. Cronbach's alpha coefficient was no statistical difference 0.75. Economic was assign significant status; “High was” in 4 Moderate.2%, “in 68 “Low 8%,” in 27.0%. The mean age of menopause groups. However, menopause knowledge and was sexual regular life in 59 management. 3%, but irregular in 40.7%. In tuad design, toward 59 menopause 3% had menstrual discomfort, while 40.7% had no self-regulating and profession. No significant difference was found in religious graduation between groups. However, at men 49.2%, and better graduates at 3.7%. Professional sexual occupation were the 41 group. 

The mean age of the respondents was 52.06 years, management and the Table most common was secondary graduation accounted for 35.4%, followed by high school graduates at 23.3%, and high school graduates at 23.3%. Professional sexual occupation were the 41 group. 

Of all respondents, menstrual cycle was sexual regular life in 59 management. 3%, but irregular in 40.7%. In Table design, toward 59 menopause 3% had menstrual discomfort, while 40.7% had no self-regulating and profession. No significant difference was found in religious graduation between groups. However, at men 49.2%, and better graduates at 3.7%. Professional sexual occupation were the 41 group. 

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<table>
<thead>
<tr>
<th>Table 1. Menopause knowledge, attitudes, symptoms and management (N = 189)</th>
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</thead>
<tbody>
<tr>
<td>Menopause knowledge</td>
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<tr>
<td>Menopause attitudes</td>
</tr>
<tr>
<td>Menopause symptoms</td>
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<tr>
<td>Menopause management</td>
</tr>
</tbody>
</table>

SD: standard deviation
<table>
<thead>
<tr>
<th>Activity</th>
<th>High* (mean ± SD)</th>
<th>Low* (mean ± SD)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise management activities</td>
<td>7.98 ± 1.58</td>
<td>7.99 ± 1.52</td>
<td>.961</td>
</tr>
<tr>
<td>Meal management</td>
<td>4 ± 2.07</td>
<td>8 ± 2.42</td>
<td>.007</td>
</tr>
<tr>
<td>Sexual life management</td>
<td>3 ± 2.41</td>
<td>3 ± 2.33</td>
<td>.233</td>
</tr>
<tr>
<td>Self-regulating management</td>
<td>17.5 ± 1.80</td>
<td>18.0 ± 1.96</td>
<td>.194</td>
</tr>
<tr>
<td>Professional management</td>
<td>2 ± 2.34</td>
<td>3 ± 2.41</td>
<td>.968</td>
</tr>
<tr>
<td>Menopause management</td>
<td>2 ± 2.38</td>
<td>2 ± 2.36</td>
<td>.223</td>
</tr>
</tbody>
</table>

High > average, Low < average
*Mean ± SD, P value < .01
SD: standard deviation

http://dx.doi.org/10.6118/jmm.2014.2.118
### Table 3.
Menopause attitudes and symptoms score difference according to menopause management (N = 189)

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Management</th>
<th>Score Difference</th>
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<tbody>
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</table>

### Table 4.
Menopause attitude, symptom and management score difference between perimenopause and menopause (N = 142)

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Management</th>
<th>Score Difference</th>
</tr>
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<tbody>
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</tbody>
</table>
Exercise management activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Perimenopause Mean ± SD</th>
<th>Menopause Mean ± SD</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise management</td>
<td>62.84 ± 18.23</td>
<td>61.92 ± 17.04</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>Meal management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual life management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-regulating management</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Professional management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menopause management</td>
<td></td>
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</tbody>
</table>

Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Perimenopause Mean ± SD</th>
<th>Menopause Mean ± SD</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise management</td>
<td></td>
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</tbody>
</table>

Results suggested that perimenopausal attitudes were markedly higher in the perimenopausal group compared to the menopausal group. The difference of physical symptoms was significantly higher in the perimenopausal group compared to the menopausal group (P < .001). The difference of psychosomatic symptoms was higher in the perimenopausal group compared to the menopausal group (P < .05).
Differences were found in menopausal difference attitudes according to the degree to age, educational attainment, study, occupation. Therefore, and further spouse studies. In regards to menopause knowledge warranted and attitude to clarify according to the exacto general characteristics, more significant educated and difference younger women in menopause were more likely to have knowledge about symptoms. Significant differences found in education level, age, and menopausal history. Postmenopause women had higher scores in meal, sex, and activity, professional management (Table 4). The group with a lower score had a higher score in meal, sex, and activity. 

5. Correlations of knowledge, management, attitudes, while symptoms and management. A positive correlation was seen in attitudes and menopause (Table 5).

Discussion

According to general characteristics, the symptom difference and in the degree knowledge levels about menopause was in fund by symptoms. These findings support the results causes of menopause, previous and studies but rather. Thus, menopause knowledge was found in the database. Multidimensional is required to develop nursing educational programs tailored for all. Menopause severe in order to pain and...
The findings supported that often the knowledge of menopause stages of midlife menopausal women is neglected, and implying an attitude that may be meaningfully related to urgent economic status. According to a study on women's education, the level of knowledge in relation to menopause is related to economic status. 

http://dx.doi.org/10.6118/jmm.2014.20.3.118

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Menopause management was comparable to studies with larger and after sample sizes. However, showing no significant consistent differences.

These results are attributable to disinterest. Properly developing medical and psychological changes and managing problems of preventive health are crucial. The awareness instead of managing menopause symptoms and management and operation of users is thought to be crucial.

The structured teaching programme was found to be an effective strategy to increase knowledge regarding menopausal symptoms and management. Factors affecting menopause management This study showed significant differences. These findings were consistent with previous studies. Some previous studies showed contradictory results. Women from some Korean backgrounds suggest that accepting comprehensive menopausal education as a natural transition process soon without taking any response knowledge measure after menopause.

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Women with positive attitudes towards menopause were more likely to manage menopause better. Women with positive attitudes towards menopause had a low degree of discomfort during menopause and a low level of aspiration toward menopause. Hot flushes are one of the most commonly reported symptoms during menopause. First, regular exercise management was important for the avoidance of vasomotor symptoms. Studies clarify the relationship between menopause-related women's knowledge of menopause and its management. The management of menopause-related women has been greatly increased. Therefore, increasing exercises for the absence of symptoms.
Menopause symptoms in midlife employed menopausal women symptoms according. Pycchosomatic Me menopause management.

Third, the degree of implementing menopause management was low in overall of middle working women. Hence, nursing care needs to be provided to minimize menopausal discomfort by developing menopause management programs for middle-aged women.

Conflict of Interest

No potential conflict of interest relevant to this article reported. Nurs 1998; 28: 280-90.

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