

Knowledge, Attitude and Practices towards menopausal symptoms and challenges in seeking treatment among rural women in north India: A cross sectional study

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KEYWORDS

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ABSTRACT:

Background: Menopause is associated with various physical and emotional changes resulting from hormonal shifts after a certain age. Understanding the various effects of menopause and their impact on quality of life is essential, as it highlights the need to raise awareness and provide appropriate support to women during the crucial transition. The present study aims at assessing the gap in knowledge, attitude and practices of rural women towards menopausal symptoms.

Methods: A Cross sectional study among post menopausal women above 40 years of age in the Rural Field Practice area of Northern Haryana. A total of 307 women were enrolled for this study. Questions on socio-demographic characteristics, severity of menopausal symptoms as perceived by the women (Greene Climacteric Scale), questions on knowledge (7 questions), Attitude (8 questions), Practices (8 questions) regarding this menopausal transitions were asked.

Results: The mean age at which menopause was attained was 48 ± 2.4 years. 27.7% of menopausal women had good knowledge, 21.8% had average knowledge and 50.5% had poor knowledge regarding menopausal symptoms. In Greene Climacteric Scale, high mean scores were observed for feeling tired or lacking in energy (2.01), muscle and joint pains (1.75) and loss of interest in sex (1.56).

Conclusion: Focus on improving knowledge, early identification along with prevention of problems, encouraging positive attitudes, promoting healthy practices and seeking timely advice by gynaecologist can help in smooth transition during this phase.

INTRODUCTION

Menopause represents a major transition in a woman's life, signifying the conclusion of her reproductive years. This natural biological process usually takes place in the late 40s or early 50s, though the timing differs for each individual. It leads to the end of menstruation and is associated with various physical and emotional changes resulting from hormonal shifts.

Menopause is defined as the complete absence of menstruation for a duration of one year. In Indian women, the average age of menopause is 45.59 ± 5.59 years, which is earlier than that observed in developed countries (1). The natural process of menopause is linked to various vasomotor, psychosocial, physical, and sexual symptoms, resulting from hormonal and biological changes in the body (2). During menopause, the ovaries gradually reduce hormone production, particularly estrogen and progesterone, resulting in various symptoms such as hot flashes, night sweats, mood swings, vaginal dryness, and changes in libido. Other frequent complaints among postmenopausal women includes sleep disturbances (62.7%), muscle or joint pain (59.1%) Psychological symptoms, especially anxiety, are the most common, with a higher prevalence among rural women compared to their urban counterparts. These symptoms can significantly affect a woman's quality of life, often requiring management and support. (3). On average, women spend one-third of their lives in the menopausal stage. Therefore, understanding the various effects of menopause and their impact on quality of life is essential, as it highlights the need to raise awareness and provide appropriate support (4). A study conducted in Haryana found that approximately 70.2% of menopausal women experience a poor quality of life during menopause (5). Understanding menopause requires acknowledging its diverse effects on a woman's health and well-being, as well as the varied ways it manifests in different individuals. Despite being a universal phase in a woman's life, menopause is often surrounded by a negative narrative and a significant lack of awareness among the general population (6). A considerable number of women seek more information about menopause, and health education interventions have been proven to improve women's attitudes towards this phase. Therefore, it is essential to ensure that women are well-informed about menopause, as it is a natural process that nearly every woman will go through (7).

Not many studies have been done to assess the knowledge, attitude and current practices towards climacteric symptoms during menopause, especially among women living in rural areas. Also, there is no health program that caters to the specific health needs of postmenopausal women.

Therefore, the present study aims at assessing the gap in the knowledge ,attitude and practices of rural women towards menopausal symptoms, to assess the common menopausal symptoms and specific health needs of postmenopausal women and to identify, the challenges in seeking treatment for the same.

MATERIAL AND METHODS

A community based Cross sectional study was conducted among 307 participants. Sample size was calculated by using the formula: $(n = Z^2 pq/d^2$ with Prevalence (p) = 0.50 , absolute error(d) = 0.06 (6%) and taking 15 % as anticipated non response rate).

Study was conducted for a period of 6 months after obtaining ethical approvals. Postmenopausal women above 40 years of age in the Rural Field Practice area, RHTC, Thol, Department of Community Medicine and Department of Obstetrics and Gynae Adesh Medical College Mohri, Shahabad (M) were taken in the study. The Rural Health Training Centre (RHTC) Thol has a population of 5764. There were a total of 1010 houses and 15 wards in rural area of Thol as per Haryana government record. A multistage random sampling method was used. In the first stage, out of 15 wards in the rural area of Thol , 7 wards were randomly taken using the draw of lots. In the 2nd stage, out of the selected wards, houses were selected by systematic random sampling. The first house was selected using random number table. Subsequently, every 3rd house was selected. If there was no eligible woman in the house, adjacent house was taken till eligible woman was identified. However, this did not affect the choice for next house and subsequent house was continued as per previously decided sequence. Then from each of the selected house, one eligible woman was selected for the study. The study

subjects were contacted through house-to-house visit by the investigator himself till the required sample size was achieved.

Demographic details like age, socioeconomic status, age at marriage, severity of menopausal symptoms (Greene climacteric scale), questions about the knowledge, attitude and practices regarding menopausal transition were asked and responses were recorded in Google forms by the respective investigators with the below mentioned Inclusion & Exclusion criteria:

Inclusion criteria:

All menopausal women, defined as those who had permanent cessation of menses for 12 months and is not associated with any pathology were enrolled, after obtaining informed written consent.

Exclusion criteria:

1. Women < 40 years of age with premature menopause.
2. Women diagnosed with a pre-existent psychiatric disease and taking anxiolytics, antidepressants and other such drugs .
3. Women on Hormone replacement therapy .
4. Women having amenorrhea for > 12 months due to some physiological/pathological condition other than menopause.

Data Collection Tools:

Part A :

This section contained sociodemographic characteristics which included patient related variables such age , religion, education, , age at menarche , age at marriage , type of menopause , education , employment status , number of living children, living with Husband , SE status (as per Kuppaswamy scale 2024). It also contained information regarding co- morbidities, alcohol use , h/o use of anti-anxiety or anti- depressants medications .

Part B : This section contained questions on severity of menopausal symptoms as perceived by the patient according to **Greene Climacteric Scale**. Severity of problem is scored as Not at all =0, A little =1, Quite a bit= 2, extremely= 3. The first 11 questions look at psychological symptoms, (12-18 items) is physical symptoms and 19-20 relates with vasomotor symptoms. Women who score over 12 on the scale are more likely to be menopausal.

Part C- This section contained questions on Knowledge (7 questions), Attitude (8 questions), Practices (8 questions) regarding menopause.

Data Analysis:- The responses obtained were recorded in the software (SPSS) and data analysis was done using descriptive statistics and represented with appropriate graphs where necessary. Categorical variables were summarized as percentages and quantitative variables were summarized as mean with standard deviation (SD).

RESULTS

Table 1. Socio-Demographic profile of study participants

Characteristics	Number of participants	Percentage
Religion.		
Hindu	273	88.9
Muslim	33	10.7
Sikh	1	0.3
Type of Menopause		
Natural	245	79.8
Surgical	62	20.2
Education Status		
High School	111	36.2
Illiterate	188	61.2
Postgraduate	2	0.7
Senior Secondary	6	2.0
Employment Status		
Home maker	303	98.7
Working	4	1.3
Number of Living Children		
<2	33	10.8
2-4	254	82.7
>4	20	6.5
Living with Husband		
No	57	18.6
Yes	250	81.4
H/O Diabetes.		
No	272	88.6
Yes	35	11.4
H/O Hypertension		
No	231	75.2
Yes	76	24.8
H/O Thyroid Disease		
No	276	89.9
Yes	31	10.1
H/O any fracture in the past		
No	302	98.4
Yes	5	1.6

The study population included 307 women above the age of 40 years. In our study the mean age at which menopause was attained was 48 ± 2.4 years. Majority of women were hindu (88.9%) , homemaker (98.7%), 61.2% were illiterate, 36.2% were educated up to high school and only 0.7% were graduates. Most of the women had attained natural menopause 245(79.8%), only 62 (20.2%) had surgical cause for menopause. Among 307 menopausal women under study, 35 (11.4 %) had Diabetes, 76 (24.8 %) had Hypertension , 31(10.1%) had Thyroid Disease and 5 (1.6%) had history of fracture in the past (Table-1).

Figure 1. Knowledge regarding Menopause among study participants

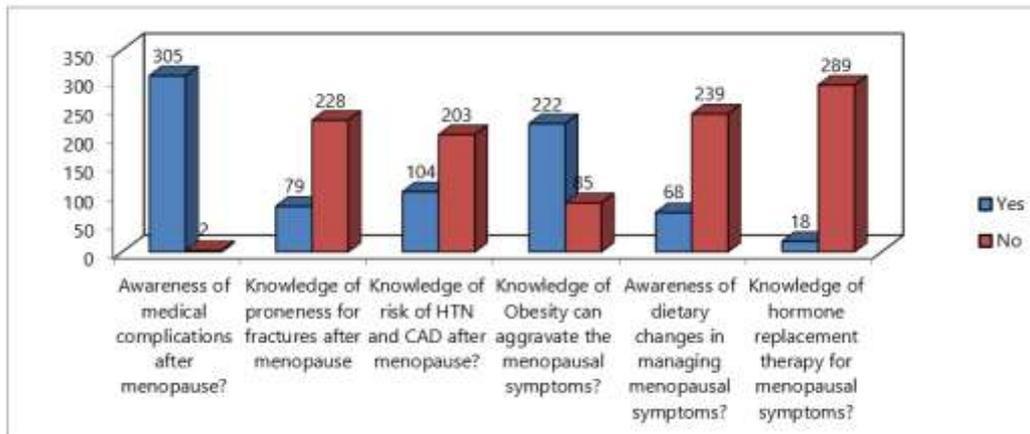


Table 2. Knowledge regarding Menopause among study participants

Knowledge Level	Number of participants(n)	Percentage(%)
Poor	155	50.5
Average	67	21.8
Good	85	27.7
Total	307	100.0

In the present study, 27.7% of women had good knowledge, 21.8% had average knowledge and 50.5% had poor knowledge regarding menopausal symptoms (Table 2).

Table 3. Attitude towards Menopause among study participants

Parameters	n=307	
	Yes; n(%)	No; n(%)
Menopausal transition phase is critical for a women's health	190 (62.9)	117 (37.1)
Women who attain menopause should consult a Gynaecologist for advice	98 (32.0)	209 (68.0)
Does your husband or other family member encourage you to consult a doctor regarding menopausal symptoms	53 (17.3)	254 (82.7)
Do you have negative body image of yourself after menopause	52 (16.9)	255 (83.1)
Do you discuss menopausal problems (if any) with your spouse	118 (38.4)	189 (61.6)
Do you think Menopause means end of sexual life?	134 (43.6)	173 (56.4)
Do you think absence of Menstruation in post Menopausal period is a relief	206 (67.1)	101 (32.9)

Majority 190 (62.9 %) of women think menopausal transition phase is critical for their health. 98 (32.0 %) women have a thinking that women who attain menopause should consult a Gynecologist for advice. Only 53 (17.3%) women were encouraged by their husband or other family member to consult a doctor regarding menopausal symptoms. 52 (16.9 %) women had

negative body image of themselves after menopause. Only 118 (38.4 %) discuss menopausal problems with their spouse. 134 (43.6 %) of women think menopause means end of their sexual life and 206 (67.1 %) think that absence of menstruation in post-menopausal period is a relief.

Table 4. Practice towards Menopause among study participants

Parameters	Yes; n=307, n(%)	No; n=307, n(%)
Have you ever visited a <u>gynecologist</u> for menopausal symptoms	28 (9.1)	279 (90.9)
Have you consulted a female health worker/Asha/ANM/ Ayurveda or homeopathy practitioner for menopausal symptoms	156 (50.8)	151 (49.2)
If no, What is the reason	Numbers	Percentage
	Never had any major symptoms	30 19.9
	Hesitant to discuss with a doctor	18 11.9
	Financial constraints	12 8.0
	Not aware if any treatment is available	45 29.8
	Do not know whom to consult	46 30.4
	NA	156 -
Have you taken any calcium and vitamin supplements for menopausal symptoms	Yes, Regularly	20 6.2
	Yes, Irregularly	91 30.0
	Never	196 63.8
Do you get your routine blood and urine tests done for the menopausal symptom?	Yes, Regularly	6 2.0
	Yes, Irregularly	153 49.8
	Never	148 48.2
Do you walk or exercise daily to prevent weight gain (apart from household chores)?	Yes, Regularly	10 3.3
	Yes, Irregularly	77 25.1
	Never	220 71.6
	Yes; n=307, n(%)	No; n=307, n(%)
Have you ever had episode of bleeding after menopause? (Bleed after 1 year of menopause)	39 (12.7)	268 (87.3)
If yes, did you consult a doctor for the same	23 (58.9)	16 (40.1)

Approximate 9.1% of the women did not consult any Gynecologist for Menopausal related problems. Half of the women (50.8%) consulted either a female health worker or any other practitioner (Ayurveda/ homeopathy) for Menopausal symptoms. Some of the reasons for not consulting a doctor or health worker were ; women never had any major symptoms (19.9%) , hesitant to discuss with a doctor (11.9%), financial constraints (8%), not being aware if any treatment is available for issues related with this phase (29.8%) and 30.4 % did not knew whom to consult.

When enquired about any intake of supplements; 6.2 % women were taking calcium and vitamin supplements regularly, 30% had taken supplements Irregularly and 63.8% never took them during menopause. 2% women got their routine blood and urine tests done for the menopausal symptoms regularly. 49.8% got tested Irregularly and 48.2 % never got these tests done. 3.3% women walk or exercise daily to prevent weight gain, 25.1% exercised Irregularly and 71.6% women never did any sort of exercise to keep their weight in check . 39(12.7 %) women had episode of bleeding after menopause, among them 23 (58.9%) consulted a doctor for the same.

Table 5. Descriptive statistics of Greene Climacteric Scale

Parameters	Min	Max	Mean	SD
Heart beating quickly or strongly	0	0	0	0
Feeling tense or nervous	1	2	1.19	0.44
Difficulty in sleeping	1	3	1.27	0.36
Excitable	0	1	0.78	0.14
Attacks of anxiety or panic	0	2	1.16	0.42
Difficulty in concentrating	1	2	1.29	0.41
Feeling tired or lacking in energy	1	3	2.01	0.44
Loss of interest in sex	0	2	1.02	0.39
Feeling unhappy or depressed	0	2	0.85	0.50
Crying spells	0	1	0.06	0.27
Irritability	0	2	1.05	0.32
Feeling dizzy or faint	0	1	0.18	0.32
Pressure or tightness in head	0	1	0.56	0.51
Parts of body feel numb	0	1	0.01	0.12
Headaches	0	2	1.08	0.31
Muscle and joint pains	1	3	1.75	0.44
Loss of feeling in hands or feet	0	0	0	0
Breathing difficulties	0	1	0.21	0.32
Hot flushes	0	3	1.11	0.58
Sweating at night	0	1	0.40	0.46
Loss of interest in sex	0	3	1.56	0.81

In Greene Climacteric Scale, Maximum mean scores were observed for feeling tired or lacking in energy (2.01), muscle and joint pains (1.75), loss of interest in sex (1.56), difficulty in concentrating (1.29) , feeling tense or nervous (1.19), attacks of anxiety or panic (1. 16), hot flashes (1.11), headaches (1.08) Irritability(1.05). Other less common symptoms observed were feeling unhappy or depressed(0.85), crying spells (0.06) , feeling dizzy or faint, pressure or tightness in head (0.56), feeling of numbness in body parts, breathing difficulties, sweating at night (0.40). None of the women complaint of symptoms like heart beating quickly or Loss of sensation in hands or feet.

DISCUSSION

In our study the mean age at which menopause was attained was 48 ± 2.4 years. This was similar to study by Geetika Syal et al (47.9 \pm 3.42 years) (8). Sociodemographic characteristics of our study are similar to findings of a study done in Jaipur in which majority of women were homemakers (78%) and were educated till middle school (40%) (9). These characteristics were also similar to the study conducted by Nimmy N et al. (10)

In our study 24.8 % women had Hypertension, 11.4 % women had Diabetes and 10.1% had Thyroid Disease . Associated co- morbidities are high in our study compared to the study by A bener et al in which the most common disease was found to be diabetes mellitus (10.3%), followed by osteoarthritis (7.7%), hypertension (7.2%) and asthma (6.2%), but the majority of subjects (68.7%) had no specific disease. (11) Co morbidities are influenced by a variety of factors, including genetics, lifestyle, diet, and access to healthcare.

In the present study, majority (50.5%) had poor knowledge regarding menopause, only 27.7% of menopausal women had good knowledge of menopausal symptoms. In a similar study by Tarq B et al , most women had limited knowledge and negative attitudes towards the menopause, leaving them unprepared to cope with the physical and psychological changes associated with this stage of life . They often enter this critical life stage with a lack of knowledge, support and appropriate healthcare (6). These findings are similar to a cross-sectional study conducted in rural area of kerala in which women were less informed about the aspects of menopause, their signs and symptoms as well as their treatment (10).

The majority of women did not feel informed at all or only had some knowledge of the menopause . This is congruent with the growing body of evidence indicating that women generally have a low level of knowledge pertaining to the menopause and its treatments

(12,13).

Similar results were seen in study done by Shahzad et al which showed majority (498, 82%) of participant women had fair to poor overall knowledge on menopause. The greater the knowledge on menopause, the lesser are challenges in seeking treatment. Education was the primary factor that played a significant role in having better knowledge or attitudes (14). Studies suggest that educated women tend to have a greater knowledge regarding menopause. So higher level of education tends to improve the quality-of-life by decreasing the problems of menopause stage and lowering their intensity.

In our study majority, 190 (62.9 %) of women think menopausal transition phase is critical for a women's health. But only 32 % women have a thinking that women who attain menopause should consult a Gynecologist for advice and only 17.3% women were encouraged by their husband to consult a doctor regarding menopausal symptoms. This shows women accept the changes as a part of transition, without any intervention. These findings are similar to result of three surveys by Richard-Davis et al in which participants did not feel the need to actively seek symptom relief reported due to reasons such as menopause is a natural part of life (34%), symptoms are not that bothersome (32%), non-medical methods for symptom relief in use (eg, yoga, prayer, home remedies, family traditions, or lifestyle remedies;18%), concern about safety of available medications (17%), and insurance/cost challenges (13%).

In our study 52 (16.9 %) women had negative body image of themselves after menopause. Only 38.4 % discussed menopausal problems with their spouse. 43.6% women think menopause means end of sexual life. This is similar to findings of a study by Nimmy N et al in which outcome on the attitude towards menopause reveals that around 77 (51.3%) perceive menopause as loss of youth and 91 (60.6%) think menopausal psychological symptoms affect quality of life, 76 (50.6%) thinks that menopause means end of sexual life followed by 73 (48.6%) think that changes of menopause are inevitable and hence acceptable (10).

The societal stigma and shame surrounding menopause can foster negative attitudes towards it. This not only reinforces these negative perceptions but also contributes to lack of education by creating a barrier that prevents women from gaining the necessary knowledge about menopause (16).

Findings of our study aligns with numerous studies which show that the menopause can decrease quality of life and sexual wellbeing. Difficult menopausal symptoms contribute to more negative attitudes towards the menopause (17). This transition will always elicit certain negative emotions due to the association of periods with youth and identity, as identified in other studies (18).

Majority of the women (67.1 %) in our study think that absence of menstruation in postmenopausal period is a relief. This is similar to the survey by Tariq, B et al which found that one aspect of the menopause which women generally had positive attitudes was the onset of amenorrhoea (6). In a similar study around 42.6% of women think that absence of menstruation in postmenopausal period is a relief (10). The majority of women described themselves as feeling happy at the thought of no longer having periods; this finding has also been observed in similar studies (17). A woman's attitude toward menopause is heavily influenced by the social, cultural, and economic context in which she lives. These factors can also shape the way symptoms are perceived and the types of treatments available or chosen.

In our study approximate 91% of the women did not consult any Gynecologist for menopausal related problems. These findings are similar to a study done in rural Karnataka, in which observation on practices of women showed that around 64 % were not willing to consult a physician at the onset of menopause, around 34% showed compliance with

treatment/advice, 36% were willing to undergo any physical examination/investigation at onset of menopause and only 37.3% adopted favourable practices in postmenopausal years (10).

In Greene Climacteric Scale (GCS), high mean scores were observed for feeling tired or lacking in energy (2.01), muscle and joint pains (1.75), loss of interest in sex (1.56). This is similar to finding in study by Geetika Syal et al in which the most frequently reported symptoms as per the GCS were muscle and joint pains, loss of interest in sex, headaches, feeling tired or lacking in energy, difficulty in concentrating, attacks of anxiety and difficulty in sleeping and hot flushes (8).

The experience of menopause is shaped by societal beliefs, cultural values, a woman's background, and her approach to this life transition. It is important to recognize and address the needs of menopausal women by considering their individual perspectives. Providing adequate support during this phase remains essential (18). Enhancing health programs and facilities for postmenopausal women, along with raising awareness about menopausal symptoms, will improve their quality of life by promoting early recognition and timely access to healthcare services (9). Prioritizing health services for postmenopausal women is crucial, as maintaining optimal physical functioning is essential for ensuring independence in later years of life (19).

Recommendations

Healthcare providers need to prepare tailored postmenopausal educational interventional programs for further educating women and preparing them for this phase of their lives.

1. *Hosting educational workshops* or seminars at community centers or health clinics to provide information on menopause symptoms, treatments, and resources.
2. Distribute educational materials such as pamphlets, brochures, and books in local languages that discuss menopause and provide tips for managing symptoms.
3. *Open communication, education,* and access to supportive resources are key in addressing the diverse needs and experiences of menopausal women.
4. Providing access to *specialized health services* or *dedicated menopausal clinics* for menopausal women and addressing their core issues by counselling and screening for nutritional deficiencies and Osteoporosis risk.
5. *Hormone replacement therapy* can be prescribed to manage menopause symptoms such as hot flashes and night sweats after investigating individual patient.
6. *Lifestyle changes:* Making changes to diet, exercise, and sleep habits can help mitigate menopause symptoms.
7. *Mental health support:* Therapy or counselling can be beneficial for women who are experiencing depression or anxiety related to menopause.
8. *Counselling for Family Support:* Counselling for family to support her in this phase of life can make a difference in her life. Understanding her needs and emotional support of Family.

CONCLUSION

Focus on Improving knowledge, early identification and prevention with promoting positive attitudes, healthy practices and seeking timely advice by the gynaecologist. Customised approach rather than the standard approach towards menopause can contribute to better quality of life for woman navigating this natural transition.

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