

Knowledge, attitude, and experience of menopause of female prisoners

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ABSTRACT

BACKGROUND & OBJECTIVE: All women experience menopause in their late forties, sufficient knowledge and a positive attitude about menopause is essential for women to overcome the changes associated with menopause. Female prisoners have significant unmet needs related to transitional menopause experience because a majority of them are illiterate and from an underprivileged class and limited access to health services. Our objective is to explore the menopause experiences of women incarcerated in jail.

METHODOLOGY: A semi-structured questionnaire was used, 48 women were interviewed using face-to-face interview technique. Participants were selected by convenience sampling. The study was conducted in Kot Lakh Pat jail Lahore among female prisoners, age ranging from 40 to 60 years.

RESULTS: Mean age of women was 45.4 ± 4.6 years, about 44(91.6%) were aware of menopause, while only 4(8.3%) were aware of its health effects. 44(91.6%) of female prisoners viewed it as a natural process, and 4(8.3%) viewed it as a disease. 41(85.4%) of women are happy with the transition to menopause, while 7(14.5%) are anxious and want to menstruate again. There were statistically significant differences in the Somatic symptoms and psychological symptoms ($p < 0.05$).

CONCLUSION: The majority of female prisoners were concerned about symptoms even though they did not go for consultation due to a lack of information and health services in prison. To increase public health awareness and reduce the magnitude of menopause-related symptoms, there is a need to develop health care services in the context of treatment and prevention for women prisoners in their present locality.

KEYWORDS: Menopause, Aging, Incarceration.

INTRODUCTION

As life expectancy increases worldwide, there is an increase in the number of women living beyond the age of menopause and thus experiencing its long [1]. Menopause is a natural change in women's health, leading to a permanent suspension of the menstrual cycle. Natural menopause occurs between the ages of 35-60 and an average of 50 years. In Pakistan, the average age is 47.4 [2]. Premenopausal or Peri-menopause, or menopause transition, begins several years before menopause. It is the time when the ovaries gradually begin to produce less estrogen. It

usually starts in the late 40s [3].

Menopause is associated with a variety of physical and psychological symptoms and lasts for years that can significantly affect the health and well-being of women [4].

Various physiological symptoms like hot flashes, sweating, sleep disturbances, heart discomfort, risk of several chronic diseases including arthritis, psychiatric symptoms including mood swings, depression, loss of mental function, and symptoms of urogenital atrophy, and bladder problems. These symptoms may require specific medical services [5].

Numerous factors like education, social background, and physical and emotional health can influence women's

Kausar F, Sabha N, Latif R, Shahzadi A. Knowledge, attitude, and experience of menopause of female prisoners. *Journal of University Medical & Dental College*.2022;13(3):412-416.



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knowledge and beliefs about menopause [6].

We all know that social and cultural factors can change women's attitudes and experience signs of menopause. The prevalence of these symptoms is less common in communities where menopause is considered a positive rather than a bad event [7].

With the increasing number of older women in prison, it is needed to understand the menopause experiences and to identify gaps in access to and quality of care for the underserved. Older female offenders in the prison system should have an initial age-specific health assessment on arrival and regular assessments thereafter [8].

Previous information on menopause transitions will not only help women cope with these changes but will also improve their quality of life [9].

The lack of gender sensitivity to prison policies and practices leads to violations of women's rights, as well as failure to accept that imprisoned women have many complex and complex health needs, often related to physical, mental, and reproductive health [10].

In our research, we have examined the knowledge, attitudes, and practices of female prisoners towards menopause and climacteric symptoms.

METHODOLOGY

This descriptive study was conducted at the University of Health Sciences in collaboration with Kot Lakh Pat Lahore Prison. After approval by the Research Ethical Committee of the University of Health Sciences Lahore letter (NO. UHS/REG-20/ERC/3052 DATED 17-December-2020) and administrative permission from the Inspector General Prisoner's Kot Lakh pat Jail, data were obtained. The convenient sampling method was followed.

The 48 female offenders having age between 40-60 years were selected after meeting the eligibility criteria. Due to the small sample size, both premenopausal and postmenopausal were included in the study. Post menopausal females are those who have either natural or surgically induced menopause and residing in Kot Lakh pat jail for more than six months.

The exclusion criteria consist of participants who were unwilling to participate in the study & female if they could not confirm their menstrual history.

The predesigned questionnaire was used to gather information about women's social data, information and attitudes of women about menopause and health problems related to menopause, and women's knowledge about menopause signs.

Data were collected, coded, and analyzed using the Statistical package for the social sciences (SPSS) version 20.0. Descriptive statistics were used to describe the characteristic profile of the background of the respondents, while the mean \pm SD (standard deviation) was used for the quantitative variables. An independent t-test was used to check the significance of study ($p < 0.05$), and a 95% confidence level with a 5% margin of error was considered statistically significant.

RESULTS

In this study, the age of the women ranged from 40 to 60 years. The overall mean age of the women was 45.4 ± 4.6 years. The mean duration of stay in prison was 4.79 ± 2.33 . The majority, 41(85.4%) of them, were married. As shown in Table-I, 33 (68.7%) were illiterate and unable to read and write, while 12(25%) had primary education.

Table-I: Socio-Demographic Characteristic.

Variable	N(%)		N(%)	
Age (Years)	40-45 Years	28(58.3)	Unmarried	2(4.1)
	46-50 Years	13(27.1)	Married	41(85.4)
	>50 Years	7(14.6)	Divorce	3(6.2)
	-	-	Widow	2(4.1)
Education level	Illiterate	33(68.7)	Pre-menopausal	16(33.3)
	Primary	12(25)	Post-menopausal	32(66.6)
	Matric	2(4.1)	-	-
	Graduate	1(2.0)	-	-

As shown in table-II on the knowledge about menopause, a major portion 44(91.6%) was aware of menopause, but among them, only 4(8.3%) women had knowledge of the symptoms of menopause, 44 (91.6%) female prisoners considered it a natural process 4(8.3%) perceived it as a disease. 41(85.4%) women were happy with the cessation of menses, while 7 (14.5%) were concerned and wanted to have menses again.

Table-II: Knowledge & Attitude towards Menopause.

Knowledge About	n(%)
Basic knowledge about menopause	44(91.6)
Knowledge about symptoms of menopause	4(8.3)
Consider Menopause as:	n(%)
Natural Process	44(91.6)
Disease	4(8.3)
Happy about menstrual cessation	41(85.4)
Worried about menstrual cessation	7(14.3)

The frequency and percentage of symptoms experienced by women listed in Table-III, with respect to the most common somatic symptoms, 30(62.5%) experienced difficulty sleeping, followed by backache in 26(54.1%) and complained of hot flushes in 20(41.6%). Due to psychological symptoms, 25(52.0%) females experienced mood changes. Associated problems such as hypertension and diabetes Mellitus were present in 11(22.9%) and 10 (20.1%), respectively, women.

Table-III: Symptoms Experienced by Women.

Menopausal symptoms	Peri-menopause	Post-Menopause	Total (%)
Somatic Symptoms			
Hot flushes	8(16.7%)	12(25%)	20(41.7)
Night sweats	6(12.5%)	12(25%)	18(37.5)
Difficulty in Sleeping	12(25%)	18(37.5%)	30(62.5)
Backache, more tired than usual	5(10.4%)	21(43.7%)	26(54.1)
Irregular bleeding	6(12.5%)	2(4.1%)	8(16.6)
Breast tenderness	8(16.6%)	4(8.3%)	12(25)
Weight gain	5(10.4%)	11(22.9%)	16(33.3)
Psychological Symptoms			
Concentration difficulty	3(6.2%)	5(10.4%)	8(16.6)
Depressive mood	10(20.8%)	15(31.3%)	25(52.1)
Feeling more irritable anxious	3(6.2%)	5(10.4%)	8(16.6)
Decrease memory	4(8.3%)	7(14.6%)	11(22.9)
Uro-Genital Symptoms			
Need to urinate often	4(8.3%)	2(4.1%)	6(12.4)
Burning Micturition	2(4.1%)	3(6.2%)	5(10.3)
Vaginal Dryness/itching	3(6.2%)	5(10.4%)	8(16.6)
Associated Problem			
HTN	3(6.2%)	8(16.7%)	11(22.9)
Diabetes Mellitus	3(6.2%)	7(14.6%)	10(20.1)

An Independent t-test was used to compare the mean of both groups. A statistical significance was considered at a p-value of less than or equal to 0.05. There were statistically significant differences in the Somatic symptoms and psychological symptoms of perimenopause and menopause ($p < 0.05$) and shows non-significant difference in the Uro-genital symptoms of perimenopause and menopause.

Table-IV: Knowledge about Consequences of Menopause.

Symptoms	n(%)
Increases the chance of genital infections	2(4.1)
Weight gain	4(8.3)
Osteoporosis	1(2.0)
Skin gets wrinkled and dry	2(4.1)
Increase risk of breast cancer.	1(2.0)
Increases risk of cardiovascular disease	1(2.0)
Decrease the power of concentration and memory	3(6.2)
Not any knowledge about consequences of menopause	34(70.8)

Table-V: Comparison of symptoms in peri-Menopause and Menopause.

Symptoms	Peri-menopause n=16 Mean \pm SD	Post-Menopause n=32 Mean \pm SD	p-value
Somatic symptoms	7.1 \pm 2.4	11.4 \pm 6.8	0.018
Psychological symptoms	5 \pm 3.3	8 \pm 4.7	0.027
Uro-genital symptoms	3 \pm 1	3.3 \pm 1.5	0.474

DISCUSSION

Although a small number of prisoners were interviewed, it provides important perspectives on the unmet needs of women experiencing incarceration. Although a small number of prisoners were interviewed, it does provide important insights into the unmet needs of women facing detention. In our study, we found that 44 inmates (91.6%) were aware of menopause, but only 4(8.3%) were aware of the symptoms of menopause and the health effects. Most women were illiterate and did not know about the signs of menopause. Knowledge and education have a direct relationship with understanding the situation. A similar study^[11] conducted in Pakistan showed that 79% of illiterate women and 21% of educated women were capable of menopause and its effects. Another cross-sectional study^[12] from Pakistan found that 74.3% of the respondents had heard and knew about menopause, while only 10% knew about the symptoms of menopause. The experience and perception of menopause are different diversity for women from different nationalities and living in different countries.

Influenced by social and cultural beliefs and ideologies, people have come up with incredible ideas and ideas. In our study, 44 (91.6%) women perceived menopause as a natural process and 41 (85.4%) were satisfied with menopause, and these women did not want to have a menstrual cycle again. In eastern societies^[13,14] women view menopause as a natural process and a positive attitude, a study^[15] reported that 91.7% of middle-aged women view menopause as normal and may experience menopause. Similar findings from India in^[16] that 57% of women saw menopause as appropriate. Similar results from western countries^[17], women are more sensitive to menstruation and view it as a natural process of aging.

Symptoms reported in different regions of Pakistan, where different. In our study, the frequency of menopausal symptoms varied from insomnia to back pain, 30 (62.5%), 26 (54.1%), respectively. Similar findings were observed in Pakistan with typical symptoms^[18] reported as 65.4% fatigue, 56.2%, and 50.8% nausea. Unlike our study from Pakistan^[19], 86% body pain, 86% fever, and 65% irritability in the Asian region found in India^[20], Rajput women had very few complications during menopause.

In Japanese women [21] the most common symptoms were 50% shoulder stiffness, 2% fatigue, 30% headache, and 28% fever. Symptoms experienced by Thai middle-aged women [22] were dizziness, fatigue, difficulty sleeping, back pain, and joint pain.

In the present study, mood swings and short memory were reported at 52.2% and 22.9%, respectively. This figure is higher than other Asian subjects. This may be due to changes in lifestyle and other routine activities.

In our study, vasomotor symptoms with fever in 41.6% of the participants and night sweats were reported. This is more than reported by [23].

In our study, a number of prisoners experienced the most severe symptoms of menopause, such as fatigue, forgetfulness, depression, insomnia, and fever.

Approximately 22.0% of the women had high blood pressure, and 20.1% had diabetes. Our results are supported [24], while urban women report 31.5% of HTN and 51% of women with diabetes.

Similar to the traditional Asian response, the woman did not worry about the symptoms of menopause and consulted a doctor. They did not take any medication to control the symptoms. This is similar [25], many women view menstruation as a natural process of aging and believe that such problems are a normal part of life [26].

Preliminary findings, to our knowledge, there were no support programs specific to menopause offered in correctional settings. Improving the health care system in jail facilities and health education programs can empower women to seek health care and may offer mortality benefits beyond improvements in quality of life.

CONCLUSION

Most women were aware of menopause, but the information on the signs, symptoms, causes, and treatment of menopause was limited due to illiteracy and limited information. There have been gaps in access to reproductive health. Participants reported that they felt like the medical staff did not believe their concerns and dismissed their complaints. It is important to encourage medical providers to educate women about menopause, its symptoms, long-term effects, and treatment options. It will help to increase awareness and significant improvements in both life expectancy and quality of life.

RECOMMENDATIONS: Incarcerated women have a disruptive and negative experience and low management of menopause-related symptoms. There is a need to treat menopause symptoms with hormone replacement therapy and provide alternative therapies to improve vasomotor symptoms. Provide comprehensive care by gynecologists, at their current location or referral, with abnormal uterine bleeding, pelvic pain, and other gynecologic conditions.

This work will center on the experiences of this growing and underserved population to support the development and implementation of policies and programs to address their unique needs.

DISCLAIMER: The text is based on an academic thesis.

ACKNOWLEDGEMENT: None.

CONFLICT OF INTEREST: None.

GRANT SUPPORT & FINANCIAL DISCLOSURE: None.

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Author's Contribution:

Firdos Kausar: Substantial contributions to the conception or design of the work.

Najam-ul-sabha: Drafting the work or revising it critically for important intellectual content.

Rifat Latif: Acquisition, analysis, or interpretation of data for the work.

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Submitted for publication: 20-12-2021

Accepted after revision: 01-08-2022