

**KNOWLEDGE ABOUT MENOPAUSE, SIGNS AND SYMPTOMS
EXPERIENCED AND THE COPING MECHANISMS OF
MENOPAUSAL WOMEN IN SELECTED URBAN
AND RURAL AREAS IN ILOILO**

A THESIS

Presented to

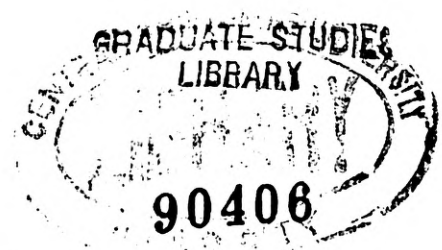
**the Faculty of the School of Graduate Studies
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MASTER OF ARTS IN NURSING**

by

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ABSTRACT

This study was designed to determine the level of knowledge of menopausal women about menopause, the sign and symptoms experienced by them and the various coping mechanisms they utilized. It also intended to find out whether knowledge and coping mechanisms vary when these women were grouped according to selected characteristics such as age, civil status, educational attainment, work status, and residence. Furthermore, this study intended to find out whether knowledge and coping mechanisms are related when signs and symptoms of menopause is controlled.

This descriptive relational study utilized quantitative approach. The study sample consisted of 178 menopausal women from two selected urban and rural communities namely: Sambag, Jaro, Iloilo and Barangay Anilao, Pavia respectively. The sample was drawn using the simple random sampling. The number of sample from the two communities were proportionately allocated using stratified sampling. The sample distribution are as follows: 121 from the urban and 57 from the rural.

The instrument used was a structured interview schedule adopted from the way of coping checklist by Folkman and Lazarus. In-depth interviews were done to obtain qualitative data to supplement the study.

The data was processed and analyzed using the SPSS PC+ for windows software. Statistical tools such as frequency percentages, mean, Z-test of proportion, t-tests, eta, Cramer's V and Pearson r were used to analyzed the data. Interpretation were based on Garrett's interpretation of the levels of association between variables. The level of significance was set at 0.05 level.

Findings of the Study

A typical menopausal woman in this study was in her late 40's, married and non-working and resides in urban community. The respondents had relatively low level of education and had moderate or average knowledge about menopause. The most common signs and symptoms reported by menopausal women were scanty menstruation, profuse but irregular menstruation, hot flushes, vertigo and cold-hands and feet.

The respondents of the study had used the four coping mechanisms namely; planning and hoping, seeking social support, cognitive and emotional suppression. However, planning and hoping and seeking social support were singled out to be most helpful.

Knowledge about menopause vary according to respondent's education and residence. However, it is independent of age, civil status and working status.

On the other hand coping mechanisms of menopausal women was influenced by civil status and residence and not by age, education and working status. Moreover, signs and symptoms experienced by menopausal women tended to vary according to their knowledge about menopause and coping mechanisms utilized. However, regardless of knowledge about menopause menopausal women tended to cope similarly. When signs and symptoms experienced was controlled, the relationship between knowledge about

menopause and coping mechanisms weakened. This indicates that signs and symptoms experienced an intervening variable between knowledge about menopause and coping mechanisms experienced.

Based on the significant findings of this study, the following conclusions and generalizations were derived:

1) on the whole, the menopausal women on this study had average knowledge about menopause. This can be explained by the finding that most of them moderately knew about the meaning of menopause, the signs and symptoms of menopause and the hormonal changes during this state. However, highly educated menopausal women residing in the urban community tended to know more about menopause than those who are less educated. This supports the long accepted cognitive theory and well established norm that education increases ones knowledge about certain issues.

2) The hypothesis that knowledge varies with age, civil status, and work status was not affirmed in this study, since menopausal women of all ages, whether married or non-married and working or non-working had more or less the same knowledge about menopause.

3) Eventhough menopausal women knew more about menopause, it does not necessarily follow that they will experience many signs and symptoms of menopause. This explains the physiological basis of menopause which states that symptoms are physiologically based and not cognitively. Perception of the signs and symptoms of menopause has a little bearing if any on the felt manifestations of menopause.

4) Regardless of menopausal women's knowledge about menopause, planning and hoping was the predominant coping mechanism. However there was a strong

tendency for menopausal women to seek social support as an adjunct coping strategy to supplement planning and hoping. This is consistent with Lazarus report on the coping behavior of women whose husbands were abroad.

5) As menopausal women face the physiological and psychological demands of menopause, they employed variety of coping strategies. The younger menopausal women's need for greater support system is evidence by a greater percentage of them who sought for advice and professional help from psychiatrist or of psychologists,. Similarly, non married, non-working and urban menopausal women found it helpful to do volunteer services at church and go out with friends and family. These group of menopausal women and more free time to employ the coping strategies mentioned above, because of less personal, social and familial constraints.

6) A virtually higher percentage of menopausal women who had come to the Lord in prayer supports the long accepted nature of Filipino women as religious and God-fearing.

7) The greater proportion of early menopausal women who planned and hoped optimistically to cope with the demands of menopause supports the fact that young women tend to take things one step at a time, prepare for the future, engage in self-development activities, and believed that life would be better in the future.

8) The significantly higher proportion of menopausal women with many signs and symptoms of menopause than with few signs and symptoms who have utilized the following emotional suppression strategy such as coming to the Lord in prayer, relaxing in bed and listening to music implies that as stress or demands increase, the individual is more motivated to cope and increase more efforts to deal with them. This conclusion,

negates to some extent the belief of some women that as they are bombarded with so many stress and crisis they would succumb to nervous and mental breakdown.

9) On the whole, coping mechanisms of menopausal women is significantly influenced by their work status and residence. This is supported by a significantly higher proportion of non-working and urban menopausal women than working and rural menopausal women who utilized the four major coping mechanisms such as seeking social support, emotional suppression, cognitive suppression and planning and hoping. These data lend support to Glass and Singer assumption that there is a strong link between the quality of physical environment such as residence, population and noise. In addition, non-working menopausal women had to develop more coping strategies than the working ones, since they are less preoccupied with professional responsibilities.

10) Civil status has no bearing on the coping behaviors of menopausal women. This means that whether menopausal women are single or married, they tended to cope similarly.

11) The relationship between knowledge about menopause and coping mechanisms of menopausal women is to a slight extent influencing the relationship between knowledge about menopause and coping mechanisms of menopausal women. This is consistent with Sister Callista Roy's Adaptation Theory, which states that the coping mechanisms adapted by the individual is affected by the information of knowledge that the individual received and by the magnitude of stimuli that enters the system.

Recommendations

In view of the above-mentioned conclusions, the following recommendations are hereby given:

1) Since menopausal women had an average knowledge about menopause , it is recommended that information, education and communication be intensively done by the Department of health through menopause clinics and Gynecology and Obstetrics departments of the hospitals.

2) More visual aids be prepared and distributed through these clinics at the barangay level in order that more number of women can be reached out.

3) Qualified health care providers be trained to disseminate this information in the field using simple language understandable by the least educated ones.

4) Organize women's support groups or core groups who have this kind of problem in order that common problem can be discussed and focused with. This core group can be utilized by the counselors, practitioners in imparting information about menopause. Lectures can be organized at the barangay level in order to eliminate erroneous beliefs and myths about menopause and to improve life expectancy and health of these menopausal women.

5) Menopause clinics should be manned by qualified counselors and equipped with facilities and equipment that could help in easing out the difficulties and problems met by menopausal women.

6) A spiritual adviser who has a good background of information and facts about menopause should be tapped to help in this program.

7) Training of health care workers especially to work with menopausal women should be conducted by the Department of Health.

8) Husbands of menopausal women should be encouraged to attend group discussion on their responses as to the behavior of their menopausal wives.

9) Topics on menopause and how to cope with these problems be integrated in the curriculum of the Colleges of Nursing and Medicine.

10) A similar study should be conducted focusing on other internal psychological factors that may affect coping mechanisms. Moreover, a wider scope may be considered and other women with more or less the same psychological problems like broken marriages, single motherhood etc. should be considered as research participants.