Review Article

Knowledge, Attitude, Problems, and Coping Measures among Menopausal Women in Rural Punjab: A Descriptive Study

Jasbir Kaur
Department of Obstetrics and Gynecology, Sri Sukhmani College of Nursing, Derabassi, Punjab, India.

Abstract

Background: Menopause is a universal transition in women's lives, often accompanied by physical, psychological, and social challenges. In rural India, limited awareness and suboptimal coping strategies can adversely affect quality of life. This study aimed to assess knowledge, attitudes, problems faced, and coping strategies among menopausal women in rural Punjab, and to examine their associations with selected demographic variables.

Methods: A quantitative, non-experimental descriptive research design was adopted for the present study. The study was conducted in selected rural areas of Derabassi, District Mohali, Punjab. A total of 100 menopausal women were selected using purposive sampling technique. The conceptual framework was based on Roy's Adaptation Model. Data were collected using a semi-structured interview schedule and a five-point Likert attitude scale. Content validity was established through expert opinion, and reliability was assessed using test–retest and split-half methods. Data analysis was done using descriptive statistics (mean and standard deviation) and inferential statistics (Chi-square test and analysis of variance [ANOVA]).

Results: Knowledge 86% average, 9% good, 5% poor. Attitude 64% neutral, 32% positive, 4% negative. Common problems included night sweats (59%), hot flushes (56%), flatulence (53%), burning micturition (52%), weight gain (26%), palpitations (17%), chest pain (11%), dryness around genital organs (17%), constipation (13%), and joint swelling (12%). Education was significantly associated with knowledge ($P < 0.001$; ANOVA $P < 0.005$) and attitude ($P < 0.029$); source of information was associated with attitude ($P < 0.04$).

Conclusion: Rural menopausal women demonstrated limited knowledge and largely neutral attitudes, translating into inconsistent coping. Structured, nurse-led community education and counseling are recommended to improve adaptation and quality of life.

Keywords: Attitude, coping strategies, knowledge, menopause, rural women, women's health

Introduction

Every living organism in nature is subject to change. The flower that blooms today will wilt tomorrow, and similarly, human beings experience various developmental and transitional changes throughout the life span. These transitions are natural milestones that mark growth, maturity, and aging.

In a woman's life, two significant biological milestones represent major transition periods. The first milestone is menarche, which marks the onset of menstruation during early adolescence, usually around the age of 12 years. The second milestone is menopause, which marks the permanent cessation of menstruation, usually occurring around the age of 45–50 years. Menopause represents the transition from the reproductive phase to a phase characterized by relative hormonal stability and reduced ovarian activity, showing similarities to the life stage preceding menarche.[1,2]

Date of Submission: 08-01-2026
Date of Revision: 22-01-2026
Date of Acceptance: 05-02-2026

Access this article online
Website: https://innovationaljournals.com/index.php/ijns
ISSN No: 2581-463X **DOI:** 10.31690/ijns.2026.v011i01.001

Address for correspondence:
Jasbir Kaur, Department of Obstetrics and Gynecology, Sri Sukhmani College of Nursing, Derabassi, Punjab, India.
E-mail: jasbirkaur481@gmail.com

The term menopause was first introduced in 1816 by the French physician de Gardanne. It is derived from the Greek words meno (month) and pausia (cessation). Menopause is defined as the permanent cessation of ovarian function resulting in amenorrhea for twelve consecutive months, making it a retrospective diagnosis. Although menopause is a normal biological event and not a disease, it is often associated with a variety of symptoms due to declining levels of estrogen and progesterone.

Globally, a large proportion of women experience menopausal symptoms, with studies estimating that 75–85% of women report vasomotor symptoms such as hot flushes and night sweats. Other commonly reported symptoms include musculoskeletal pain, sleep disturbances, mood changes, urogenital symptoms, and cardiovascular discomfort. With increasing life expectancy, women now spend nearly one-third of their lives in the postmenopausal period, making menopausal health an important public health concern worldwide.

In India, menopause-related problems are emerging as a significant health issue. Studies indicate that Indian women tend to experience menopause at an earlier age (40–50 years) compared to women in Western countries, where the average age is around 51 years. Alarmingly, a considerable proportion of Indian women attain menopause prematurely, especially in socioeconomically disadvantaged and rural populations. Factors such as illiteracy, early marriage, repeated pregnancies, poor nutrition, and limited access to healthcare services contribute to this early onset and increased symptom burden.[3,4]

Despite the high prevalence of menopausal problems, awareness regarding menopause and its management remains low, particularly in rural areas. Cultural beliefs, normalization of suffering, and lack of health education further prevent women from seeking appropriate care. Many women continue to rely on informal sources of information and home-based remedies without professional guidance.

In a community-based study at Mumbai by the National Institute for research in reproductive health revealed that 32.7% of menopausal women had sudden cessation of menses while 67.3% experienced menstrual pattern change such as irregular cycles (11.2%), long cycles (27.7%), and short cycles (20.2%) which usually began about 2½ years before occurrence of menopause.[2,6] To assess the prevalence of menopausal symptoms, it has been reported that Mayan women did not report any symptom, 10–22% in Hong-Kong women, 17% in Japanese women, 23% in Thai women, 45% in North American and up to 80% in Dutch women.[3,5]

The British menopause society purports that 70% of women will suffer from menopausal symptoms, the short-term vasomotor symptoms being hot flushes, night sweats, vaginal atrophy, and sleeplessness.

Nurses and community health workers play a crucial role in addressing menopausal health issues. As frontline healthcare providers, they are ideally positioned to educate women, identify menopausal problems early, promote healthy lifestyle practices, and guide women regarding appropriate remedial and coping measures. Nurse-led educational and counseling interventions can significantly improve knowledge, attitude, and quality of life among menopausal women, especially in rural settings.[6,7]

However, a review of available literature reveals a significant research gap, particularly in rural areas of Punjab, where limited studies have explored menopausal women's knowledge, attitude, problems faced, and remedial measures adopted. Understanding these aspects is essential for planning effective nursing interventions tailored to the needs of rural women.

Keeping in view the growing population of menopausal women, the impact of menopausal symptoms on daily life, and the pivotal role of nurses in women's health promotion, the present study was undertaken to assess the knowledge, attitude, problems faced, and remedial measures adopted by menopausal women in selected rural areas of District Mohali, Punjab. Based on an accurate assessment of expressed clients, nurses must develop realistic, acceptable plans of care. Thus, greater knowledge and awareness about menopause and its management options can help every women handle it in a more informed and healthy manner.

Methodology

Design

This was a non-experimental descriptive study.

Setting

This study was conducted by Rural villages (Dera and Issapur) in Derabassi, District Mohali, Punjab.

Sample and sampling

This was a 100 menopausal women selected through purposive sampling.

Sample size justification

In our setting, a reliable sampling frame for rural menopausal women was unavailable. As the study required information-rich participants capable of providing detailed interview responses, purposive sampling was considered appropriate. This approach ensured inclusion of eligible community-dwelling women across age and education groups, although generalizability may be limited.

Inclusion criteria

Women with permanent cessation of menstruation for ≥12 months; age ≥35 years; willing to participate.

Exclusion criteria

Surgical menopause: severe comorbid illness that could confound responses.

Instruments

Semi-structured interview schedule for knowledge, problems, and remedial measures; 15-item 5-point Likert scale for attitude.

Validity and reliability

Content validity by expert panel; pilot tested on 10 women; test–retest reliability for knowledge schedule and split-half (Spearman–Brown) for attitude scale.

Analysis

Data were analyzed using descriptive statistics (frequency, percentage, mean±standard deviation) and inferential statistics, including the Chi-square test and One-way analysis of variance (ANOVA), to examine associations between selected variables.

Results

Demographic characteristics

Most of the menopausal women belonged to the age group of 49–51 years (50%). With regard to education, 47% were educated up to the primary level, while 16% were illiterate. More than half of the women (52%) were housewives. A majority (69%) belonged to joint families, and most women reported friends and relatives (51%) as their primary source of information (Table 1).

Knowledge regarding the menopause

The results showed in Table 2 that 86% of women had average knowledge, 9% had good knowledge, and 5% had poor knowledge regarding menopause. Item-wise analysis revealed that the highest knowledge score was related to the meaning of menopause (82%), while the least knowledge was regarding eligibility for hormone therapy (36%).

Attitude of menopausal women toward menopause

As shown in Table 3, the majority of women (64%) exhibited a neutral attitude towards menopause. A positive attitude was observed in 32% of participants, while only 4% demonstrated a negative attitude.

Problems faced by menopausal women

The common menopausal problems reported by participants are summarized in Table 4. The most frequently reported symptoms were night sweats (59%), hot flushes (56%), flatulence (53%), and burning during urination (52%). Other reported problems included weight gain (26%), palpitations (17%), and dryness around the genital organs (17%), constipation (13%), joint swelling (12%), and chest pain (11%).

Remedial measures adopted by menopausal women

Regarding night sweats, 53 women used fan and good ventilation, 33 wore cotton clothes, 16 drank plenty of water, and 15 took cold water baths as remedial measures. For irritability, 24 women tried to control their feelings, 19 relaxed and took rest alone, 18 practiced prayer or meditation, and 11 avoided interacting with others. Remedial measures for other menopausal problems included dietary modification, increased fluid intake, rest, yoga, meditation, consultation with doctors, and use of medications, as reported by the subjects.

Table 1: Sample characteristics (n=100)

Characteristic	Category	*n* (%)
Age (years)	46–48	30 (30.0)
	49–51	50 (50.0)
	52–54	20 (20.0)
Education	Illiterate	16 (16.0)
	Up to primary	47 (47.0)
	Up to matric	18 (18.0)
	10+2	15 (15.0)
	Graduate and above	4 (4.0)
Occupation	Housewife	52 (52.0)
	Private service	16 (16.0)
	Government service	5 (5.0)
	Self-employed	27 (27.0)
Family type	Joint	69 (69.0)
	Nuclear	22 (22.0)
	Extended	9 (9.0)
Source of information	Print media	7 (7.0)
	AV aids	32 (32.0)
	Health professionals	10 (10.0)
	Others	51 (51.0)

Table 2: Knowledge regarding menopause (n=100)

Category	*n*	%
Good	9	9
Average	86	86
Poor	5	5

Table 3: Attitude toward menopause (n=100)

Category	*n*	%
Positive	32	32
Neutral	64	64
Negative	4	4

Table 4: Common problems reported (n=100)

Problem	*n*	%
Night sweats	59	59
Hot flushes	56	56
Flatulence	53	53
Burning while urination	52	52
Weight gain	26	26
Palpitations	17	17
Dryness around genital organs	17	17
Constipation	13	13
Joint swelling	12	12
Chest pain	11	11

Table 5: Significant associations

Outcome	Predictor	Significance (*P*)
Knowledge level	Education	<0.001 (Chi-square); 0.005 (ANOVA)
Attitude level	Education	0.004 (Chi-square); 0.029 (ANOVA)
Attitude level	Source of information	0.04 (Chi-square)

ANOVA: Analysis of variance

Association between knowledge and attitude with selected demographic variables

Using the Chi-square test, statistically significant associations were observed between knowledge level and education, attitude level and education, and attitude level and source

of information. Further analysis using one-way ANOVA also demonstrated a significant effect of education on both knowledge ($P = 0.005$) and attitude ($P = 0.029$), indicating that educational status was an important determinant of menopausal knowledge and attitudes among the study participants. As shown in Table 5, significant associations were observed between selected predictors and the outcome variableSite here Table 5.

Association between problems faced and remedial measures adopted with selected demographic variables

Chi-square analysis showed no significant association between most menopausal problems (including night sweats, hot flushes, increased body weight, dryness around genital organs, joint swelling, palpitations, crying spells, low self-esteem, and mood swings) and the majority of demographic variables.

However, statistically significant associations ($P < 0.05$) were observed for selected menopausal symptoms and remedial measures. Specifically, flatulence was significantly associated with age, while constipation showed significant associations with both age and educational status. Chest pain was also found to be significantly associated with age. In addition, irritability and mental stress demonstrated significant associations with age at menopause. Statistical significance for these associations was determined using the Chi-square test, with the level of significance set at $P < 0.05$.

Discussion

This chapter discussed the findings of the present study in relation to previous Indian and international studies, based on the objectives of the study.

Knowledge of menopause

The findings of the present study revealed that menopausal women had an average level of knowledge regarding menopause. Similar findings were reported, where the majority of women had moderate knowledge regarding menopause. Comparable results were also observed in Indian studies conducted, which indicated inadequate awareness and a lack of knowledge regarding menopausal symptoms and their health effects.[8]

International studies also reported average knowledge regarding menopause, particularly related to symptoms, with poor awareness of signs and long-term effects. The similarity in findings may be attributed to low literacy levels, limited health education, and reliance on informal sources such as friends and relatives for information. Differences in knowledge levels between studies may be due to variation in educational status, cultural beliefs, and availability of health information services.

Attitude toward menopause

The present study revealed a neutral to mixed attitude toward menopause among women. This finding is consistent with international studies conducted in Abu Dhabi, where women exhibited negative to neutral attitudes. Similar findings were also reported by in a Turkish population, where women expressed mixed opinions regarding menopause.

The similarity in attitude across studies may be due to cultural perception of menopause as a natural aging process rather than a health concern. Differences in attitude observed in some populations may be influenced by education level, societal support, and awareness regarding menopausal health.

Problems faced during menopause

The present study identified hot flushes, night sweats, insomnia, irritability, perspiration, palpitations, joint pain, and depressed mood as common menopausal problems. These findings are consistent with both Indian and international studies.

Studies reported that vasomotor symptoms such as hot flushes and night sweats were the most prevalent menopausal complaints. Indian studies also reported a high prevalence of hot flushes and night sweats.[4,8]

International studies highlighted that vasomotor symptoms are considered the main climacteric symptoms in Western countries. The similarity in symptoms across studies suggests that menopausal problems are universal, whereas differences in severity and reporting may be due to cultural factors, health-seeking behavior, and awareness levels.

Coping/remedial measures

The present study revealed that menopausal women adopted various non-pharmacological coping strategies. Similar findings were reported, where relaxation techniques, yoga, meditation, and prayer were commonly used. International studies also supported the effectiveness of yoga in improving physical and psychological well-being among menopausal women.[9]

The similarity in remedial measures may be due to cultural acceptance of complementary therapies, affordability, and preference for non-medical approaches. Differences between studies may be attributed to accessibility of healthcare services and acceptance of hormone replacement therapy in different regions.

Association with demographic variables

The present study also examined the association between knowledge, attitude, problems faced, and remedial measures with demographic variables. Findings were supported, which reported that women experiencing a higher number of menopausal symptoms were generally less educated. This indicates that education plays a significant role in perception, experience, and management of menopausal symptoms.

Nursing implications

The findings of the study highlight the vital role of nurses in the comprehensive care of menopausal women. Nurses should provide structured health education to enhance women's knowledge regarding menopause and its long-term health consequences, while also promoting positive attitudes through effective counseling and emotional support. Early identification and appropriate management of menopausal symptoms

are essential to reduce discomfort and prevent potential complications. In addition, nurses play a key role in encouraging healthy lifestyle practices and adaptive coping strategies to improve overall well-being. Guidance regarding available treatment options and timely referral to appropriate healthcare services is also crucial. Overall, nurse-led educational and counseling interventions can significantly contribute to improving the quality of life among menopausal women.[7,10]

Conclusion

This descriptive study among rural menopausal women in Punjab found average knowledge and neutral attitudes, with education significantly influencing both. Common symptoms included vasomotor, psychosocial, and musculoskeletal complaints, alongside inconsistent coping practices. The findings highlight the need for nurse-led community education, frontline screening, and clear referral pathways. However, purposive sampling, small sample size, and a single geographic setting limit generalizability.

Acknowledgment

The author thanks the principal and faculty of Sri Sukhmani College of Nursing, community leaders of Dera and Issapur, and all participants for their cooperation.

Conflicts of Interest

None declared.

Source of Funding

Self-funded.

References

1. Tedajo Tsambou J, Bruce D, Holloway D, Rymer J. A retrospective audit of general practitioner's referrals to Guys and St Thomas' specialist menopause clinic between 2021 and 2022. Post Reprod Health 2024;30:121-6.
2. Jaff NG, Crowther NJ. Menopause in low and middle-income countries - an untold story. Climacteric 2025;28:217-9.
3. Ghosh R, Syamala TS. Estimation of mean menopausal age and spatial variations of menopause in India: Evidence from large scale surveys. GeoJournal 2024;89:244.
4. Prasad JB, Tyagi NK, Verma P. Age at menopause in India: A systematic review. Diabetes Metab Syndr 2021;15:373-7.
5. Armo M, Sainik S. Assessment of menopausal symptom using modified menopause rating scale among rural women of Rajnandgaon in Chhattisgarh, a Central India region. J S Asian Fed Obstet Gynaecol 2020;12:209-14.
6. Shufelt CL, Brown V, Carpenter JS, Chism LA, Faubion SS, Joffe H, *et al*. The 2023 nonhormone therapy position statement of the North American Menopause Society. Menopause 2023;30:573-90.
7. Phillips KD, Harris R. Roy's adaptation model in nursing practice. In: Nursing Theory Utilization and Application. Netherlands: Elsevier; 2014. p. 263-84.
8. Kalhan M, Singhania K, Choudhary P, Verma S, Kaushal P, Singh T. Prevalence of menopausal symptoms and its effect on quality of life among rural middle aged women (40-60 years) of Haryana, India. Int J Appl Basic Med Res 2020;10:183-8.
9. Mishra GD, Davies MC, Hillman S, Chung HF, Roy S, Maclaran K, *et al*. Optimising health after early menopause. Lancet 2024;403:958-68.
10. Rajput NH. Menopause: A midlife crisis for women in India. BMJ Glob Health 2025;10:e017863.

How to cite this article: Kaur J. Knowledge, Attitude, Problems, and Coping Measures among Menopausal Women in Rural Punjab: A Descriptive Study. Indian J Nurs Sci 2026;11(1):1-5.