



THRIVING BEYOND CHANGE: FREQUENCY, SEVERITY, AND ASSOCIATION OF SYMPTOMS WITH CLINICODEMOGRAPHICS OF POSTMENOPAUSAL WOMEN OF KECH, TURBAT.

Yasmeen Gul¹, Santosh Kumar Sidhwani², Afzal Khaliq³, Nasrin Mumtaz⁴, Noman Sadiq⁵, Lareb Asad⁶

ABSTRACT

BACKGROUND For women, the menopause is a normal and significant life transition, but it's also commonly linked to stigmas and misconceptions. The major health problems that postmenopausal women encounter were to be identified, along with the knowledge, attitudes, and practices surrounding seeking medical attention for these problems, as well as the utilization pattern and any barriers to using these services. **METHODS:** From March 2023 to March 2024, a cross-sectional study was carried out at the Turbat Teaching Hospital at KECH at the Department of Gynecology and Obstetrics. Following the acquisition of written informed consent, all postmenopausal women visiting the OPD were chosen one after the other. A pre-made survey was employed to assess the behavior of individuals seeking medical attention. In tables and graphs, the results were presented as percentages and frequencies. Where appropriate, the logistic regression analysis and chi-square test were used. A significance level of $p \leq 0.05$ was deemed to exist. **RESULTS:** Participants in the study ranged in age from 40 to 80 years old, with a mean age of 61.47 ± 8.28 . 188 29.1% were from rural areas and 130 40.9% were residents from rural. Maximum patients were from nuclear families who stay away from relatives 212 66.7% who smokes hookah 148 46.5% and eats gutka 12 3.8%. Post-menopausal women had variety of symptoms to report as in current 270 84.9% of the women presented with joint pain and stiffness followed by vaginal dryness 262 74.2% and hair changes 258 81.1%. Table: 01. While looking towards the attributes 246 77.4% of the women know or they heard about the process and physiology of menopause and they were aware about the process among them 172 54.1% felt comfortable to discuss the phenomenon and its related issues with their friends, fellows or peers. Majority of the participants were not taking the menopause as disease happened at old ages 238 74.8% while 228 71.7% thought that it makes women fat. **CONCLUSION:** Women around the world experience menopause differently due to a range of biological, psychological, social, and cultural factors that affect their views, values, and attitudes around menopause. The present study clearly shows that postmenopausal symptoms and other gynecological problems are very common in our study setting. Joint stiffness and pain were the most common menopausal symptoms in our study group, followed by vaginal dryness and irritation. Women from both urban and rural locations did not see menopause as an illness and had never thought to seek help from quacks or traditional healers when the characteristics were compared to the race.

1. Associate Professor, Department of Gynecology and Obstetrician Teaching Hospital KECH Mekran Medical College, Turbat.
2. Associate Professor, Department of Pathology, Mekran Medical College, Turbat.
3. Associate Professor, Department of ENT Teaching Hospital KECH Mekran Medical College, Turbat.
4. Assistant Professor, Department of Gynecology and Obstetrician Teaching Hospital KECH Mekran Medical College, Turbat.
5. Associate Professor, Department of Physiology Mekran Medical College, Turbat.
6. Department of Pathology, Peoples Medical University of Health Sciences, Nawabshah.

Corresponding Author: Santosh Kumar Sidhwani, Associate Professor, Department of Pathology, Mekran Medical College, Turbat. santoshkumarsidhwani@gmail.com

How to Cite This Article: Gul Y¹, Sidhwani SK², Khaliq A³, Mumtaz N⁴, Sadiq N⁵, Asad L⁶ **THRIVING BEYOND CHANGE: FREQUENCY, SEVERITY, AND ASSOCIATION OF SYMPTOMS WITH CLINICODEMOGRAPHICS OF POSTMENOPAUSAL WOMEN OF KECH, TURBAT** .JPUMHS;2024:14:03,3-11. <http://doi.org/10.46536/jpumhs/2024/14.03.528>

Received July 17, 2024, Accepted On 15 September 2024, Published On 30 September 2024.

INTRODUCTION

Menopause is a normal and important life change for women, but it's also frequently associated with stigmas and myths. ¹ It affects the health and fertility of women, and as life expectancy, health care, and lifestyle improve,

more women are surviving menopause and adjusting to its effects. Due to the benefits—such as independence from societal constraints and the responsibilities of childbearing and menstruation—menopause is seen favorably in Pakistan.² Menopausal women are typically

assigned administrative posts and enjoy a higher social status. Nonetheless, the medical community views menopause as a disorder associated with a number of psychological and physical issues, from hot flashes to serious bone and cardiovascular disorders.³

Though menopause is associated with a spectrum of acute and chronic illnesses, both physical and psychological, from hot flushes to more severe cardio-vascular and bone diseases, medical opinion has traditionally projected menopause as a malady.⁴ In Pakistan, the number of elderly people has increased over the past ten years; currently, 20% of women belong to this age group.⁵ Women generally have a more complicated old age than men do, primarily due to the hormonal changes brought on by menopause. Millions of women age prematurely due to the harsh daily realities and injustices of their early lives, which start when they are still children.⁶ They suffer from malnourishment, infertility, hazardous working environments, violence, and lifestyle-related illnesses, all of which increase the risk of developing osteoporosis, breast and cervical malignancies, and other chronic disorders following menopause. Poverty, isolation, and alienation are prevalent in old life.⁷

Not much work has been done to explore the requirements of women in the late reproductive years, those who are approaching menopause or have entered the postmenopausal age, despite the fact that much has been done for women in the reproductive age group since the alternative method was adopted.⁸ The goal of the current study is to identify psychological, somatic, and urogenital issues that postmenopausal women may have. It also aims to ascertain how often these women use health services and identify any potential barriers. The study's goal was to shed light on how these issues affected the health and happiness of these women. Therefore, the goals of this study were to identify the main health issues that postmenopausal women face, as well as to ascertain their level of knowledge, attitude, and practices regarding seeking medical attention for their issues, as

well as to ascertain their utilization pattern and any obstacles to using these services.

METHODS

Current cross sectional study was conducted at the Department of Gynecology and Obstetrician, Turbat teaching hospital at KECH, from March, 2023 to March, 2024. All postmenopausal women attending the OPD were selected consecutively after taking the written informed consent. Women who did not give consent, those who had not attained menopause, and those who were receiving hormone replacement therapy were excluded from the study. A predesigned and pretested pro forma was used to evaluate menopausal symptoms, and the Menopause Rating Scale MRS was used to help grade the results. A predesigned questionnaire was used to evaluate health-care-seeking behavior. Prior to the study starting, participants' written consent was obtained, and the institutional ethics committee IEC approved the study. The data were entered into an Excel sheet and analyzed using the SPSS version 22. The findings were displayed as frequency and percentages in tables and graphs. Chi-square test and logistic regression analysis was applied wherever applicable. The value of $p \leq 0.05$ was considered significant.

RESULTS

The mean age of the study participants was 61.47 ± 8.28 ranged between 40 to 80 years. For the statistical associations age was grouped in to 40 to 50 years, 51 to 60 years, 60 to 70 years, and 70 to 80 years. The mean year of menopause patients presented was 9.96 ± 6.92 years while the mean height was 142.23 ± 20.72 inches and mean weight were 64.24 ± 12.07 kg. Figure: 01.

Only two among all were gradated, and had secondary level education while 310 97.5% among all were uneducated who never attended any school while 188 29.1% were from rural areas and 130 40.9% were residents from rural. Maximum patients were from nuclear families who stays away from relatives 212 66.7% who smokes hookah 148 46.5% and eats gutka 12 3.8%. Figure: 02.

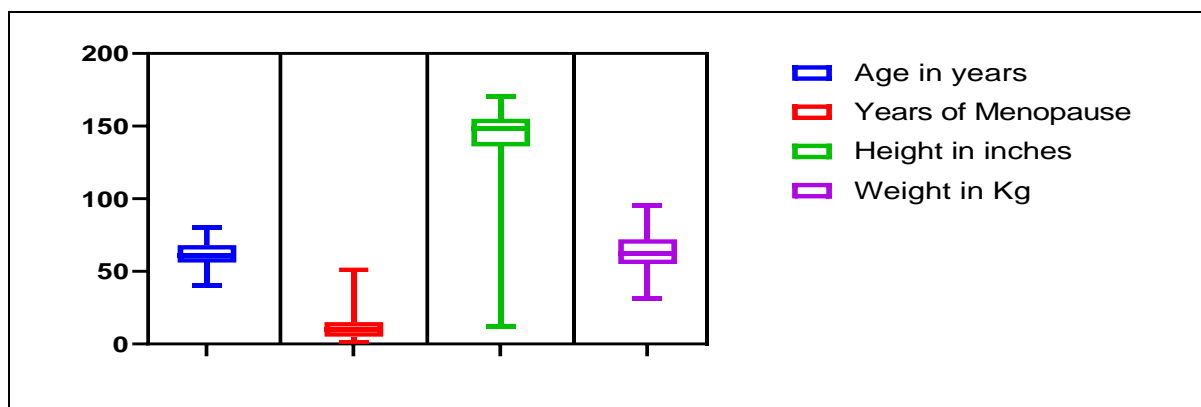


Figure: 01: Age, height, weight and years of menopause distribution with mean and standard distribution

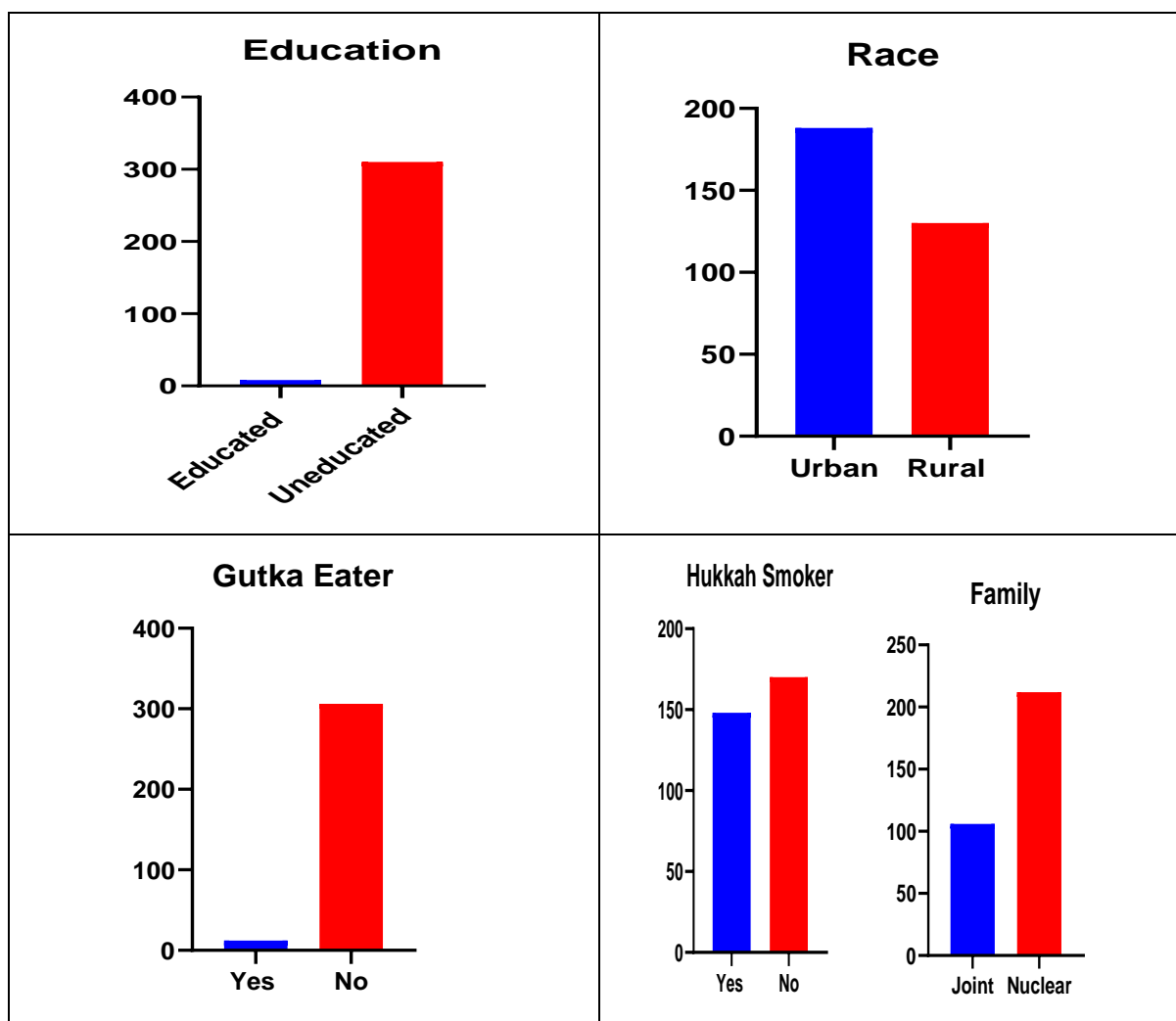


Figure: 02: Demographic distribution of all study participants.

Post-menopausal women had variety of symptoms to report as in current 270 84.9% of the women presented with joint pain and stiffness followed by vaginal dryness 262 74.2% and hair changes 258 81.1%. Table: 01. While looking towards the attributes 246 77.4% of the women know or they heard about

the process and physiology of menopause and they were aware about the process among them 172 54.1% felt comfortable to discuss the phenomenon and its related issues with their friends, fellows or peers. Majority of the participants were not taking the menopause as disease happened at old ages 238 74.8% while

228 71.7% thought that it makes women fat.
268 84.3% of females had modified their
lifestyle while 296 93.1% thought that these

modifications and home remedies proved to be
effective in alleviating the post-menopausal
symptoms. Table: 02.

Table: 01: Clinical presentation of the post-menopausal women in current study

Symptom	Yes	No	Total
Hot Flashes	170 53.5%	148 46.5%	318
Tiredness	246 77.4%	72 22.6%	
Irritability	200 62.9%	118 37.1	
Vaginal Dryness	262 74.2%	56 17.6%	
Sexual Discomfort	236 74.2%	82 25.8%	
Dry Skin	238 74.8%	80 25.2%	
Night Sweats	170 53.5%	148 46.5%	
Pallor	140 44%	178 56%	
Palpitations	168 52.8%	150 47.2%	
Paresthesia	208 65.4%	110 34.6%	
Anxiety	212 66.7%	106 33.3%	
Lack of Concentration	214 67.3%	104 32.7%	
Headache	212 66.7%	106 33.3%	
Insomnia	204 64.2%	114 35.8%	
Depressive Episodes	124 39%	194 61%	
Joint Pain/Stiffness	270 84.9%	48 15.1%	
Weight Changes	176 55.3%	142 44.7%	
Hair Chnages	258 81.1%	60 18.9	
Loss of libido	198 62.3%	120 37.7%	
Stress incontence	136 42.8%	182 57.2%	

Table: 02: Attitudes of women towards the menopause

ATTITUDE QUESTIONS	Yes	No	Total
Heard of the menopause	246 77.4%	72 22.6%	318
Menopause is a disease	80 25.2%	238 74.8%	
Menopause is life-altering	114 35.8%	204 64.2%	
Menopause makes one fat	90 28.3%	228 71.7%	
Have you consulted a physician or healthcare professional for guidance on managing menopausal symptoms?	142 44.7%	176 55.3%	
Do you discuss menopause-related concerns with friends or peers?	172 54.1%	146 45.9%	
Have you sought advice or support from friends who have already experienced menopause?	110 34.6%	206 64.8%	
Are you aware of or have you considered seeking assistance from traditional healers or quacks for menopausal symptoms?	144 45.3%	174 54.7%	
Have you sought information about	54 17%	264 83%	

menopause from online sources or social media platforms?		
Have you employed self-help strategies or lifestyle changes to manage menopausal symptoms?	50 15.7%	268 84.3%
What specific actions or practices have you found effective in alleviating symptoms?	22 6.9%	296 93.1%
Are there cultural or traditional practices in your community that women follow during menopause?	50 15.7%	268 84.3%
Are there any barriers or challenges you face in seeking help for menopausal symptoms?	48 15.1%	270 84.9%

Furthermore, we also sort to find the statistical association of attributes and clinical symptoms with the race urban/rural of the patents where hot flushes 0.003, vaginal dryness 0.010, dry skin 0.006, paresthesia 0.002, headache 0.001, loss of libido 0.022 and stress incontinence had the statistical link with 95% confidence interval shown in table: 03. While comparing the attributes with the race it was found that

women from rural or urban areas did not consider menopause as a disease 0.025 and have never thought to seek any help from the quacks or traditional healers 0.040. Table: 04.

Table: 03: Statistical association of race with the clinical presentation of post-menopausal women

Symptom	Urban	Rural	95% CI	p-value
Hot Flushes				
Yes	114 35.8%	56 17.6%	1.120-1.769	0.003*
No	74 23.3%	74 23.3%		
Tiredness				
Yes	146 45.9%	100 31.4%	0.894-1.140	0.892
No	42 13.2%	30 9.4%		
Irritability				
Yes	114 35.8%	86 27%	0.775-1.085	0.346
No	74 23.3%	44 13.8%		
Vaginal Dryness				
Yes	146 45.9%	116 36.5%	0.790—0.959	0.010*
No	42 13.2%	14 4.4%		
Sexual Discomfort				
Yes	144 45.3%	92 28.9%	0.949-1.240	0.244
No	44 13.8%	38 11.9%		
Dry Skin				
Yes	130 40.9%	108 34%	0.736-0.941	0.006*
No	58 18.2%	22 6.9%		
Night Sweats				
Yes	102 32.1%	68 21.4%	0.841-1.280	0.733
No	86 27%	62 19.5%		
Pallor				
Yes	78 24.5%	62 19.5%	0.679-1.114	0.302
No	110 34.6%	68 21.4%		
Palpitations				
Yes	92 28.9%	76 23.9%	0.681-1.028	0.110
No	96 30.2%	54 17%		
Paresthesia				

	Yes	110 34.6%	98 74.1%	0.664-0.907	0.002*
	No	78 24.5%	32 10.1%		
Anxiety	Yes	120 37.7%	92 28.9%	0.773-1.052	0.227
	No	68 21.4%	38 11.9%		
Lack of Concentration	Yes	124 39%	90 28.3%	0.817-1.111	0.627
	No	64 20.1%	40 12.6%		
Headache	Yes	140 44%	72 22.6%	1.128-1.603	0.001*
	No	48 15.1%	58 18.2%		
Insomnia	Yes	114 35.8%	90 28.3%	0.745-1.050	0.124
	No	74 23.3%	40 12.6%		
Depressive Episodes	Yes	72 22.6%	52 16.4%	0.725-1.264	0.815
	No	116 36.5%	78 24.5%		
Joint Pain/Stiffness	Yes	160 50.3%	110 34.6%	0.915-1.106	1.000
	No	28 8.8%	20 6.3%		
Weight Changes	Yes	96 30.2%	80 25.2%	0.683-1.009	0.068
	No	92 28.9%	50 15.7%		
Hair Chnages	Yes	148 46.5%	110 34.6%	0.838-1.033	0.194
	No	40 12.6%	20 6.3%		
Loss of libido	Yes	104 32.7%	94 29.6%	0.648-0.904	0.002*
	No	84 26.4%	36 11.4%		
Stress incontinence	Yes	66 20.8%	70 22%	0.507-0.838	0.001*
	No	122 38.4%	60 18.9%		

Table: 04: Association of race with the attributes of post-menopausal women

ATTITUDE QUESTIONS		Urban	Rural	95% CI	p-value
Heard of the menopause	Yes	138 43.4%	108 34%	0.787-0.992	0.056
	No	50 15.7%	22 6.9		
Menopause is a disease	Yes	56 17.6%	24 7.5%	1.057-2.462	0.025*
	No	132 41.5%	105 33.3%		
Menopause is life-altering	Yes	60 18.9%	54 17%	0.574-1.029	0.096
	No	128 40.3%	76 23.9%		
Menopause makes one fat	Yes	54 17%	36 11.3%	0.725-1.483	0.899
	No	134 42.1%	94 29.6%		
Have you consulted a physician or healthcare professional for guidance on managing menopausal symptoms?	Yes	82 25.8%	60 18.9%	0.738-1.210	0.731
	No	106 33.3%	70 22%		
Do you discuss menopause-related concerns with friends or peers?	Yes	96 30.2%	76 23.9%	0.714-1.068	0.209%
	No	92 28.9%	54 17%		
Have you sought advice or support from friends who have already experienced menopause?	Yes	62 19.5%	48 15.1%	0.738-1.210	0.166
	No	127 40.2%	82 25.8%		
Are you aware of or have you considered seeking assistance from traditional healers or quacks for menopausal symptoms?	Yes	76 23.9%	68 21.4%	0.609-0.981	0.040*
	No	112 35.2%	62 19.4%		
Have you sought information about	Yes	32 10.1%	22 6.9%	0.613-1.649	1.000

menopause from online sources or social media platforms?	No	156 49.1%	108 34%		
Have you employed self-help strategies or lifestyle changes to manage menopausal symptoms?	Yes	30 9.4%	20 6.3%	0.617-1.744	1.000
	No	158 49.7%	110 34.6%		
What specific actions or practices have you found effective in alleviating symptoms?	Yes	12 3.8%	10 3.1%	0.370-1.863	0.659
	No	176 55.3%	120 37.7%		
Are there cultural or traditional practices in your community that women follow during menopause?	Yes	36 11.3%	14 4.4%	1.000-3.161	0.059
	No	152 47.8%	116 36.5%		
Are there any barriers or challenges you face in seeking help for menopausal symptoms?	Yes	30 9.4%	18 5.7%	0.672-1.977	0.636
	No	158 49.7%	112 35.2%		

DISCUSSION

Every woman experiences the menopause naturally when her reproductive years come to an end. In addition to the symptoms of menopause, women during this time may experience a range of gynecological issues that are typically overlooked.⁹ According to the survey's findings, most women in Turbat, Balochistan, across all age groups report having various bothersome menopausal symptoms. However, less than half of those who report symptoms seek medical attention, and even fewer receive prescription hormone therapy. The two most common symptoms reported by women were joint pain and vaginal dryness, which persisted in older women.¹⁰ In all age categories, women reported having three to four symptoms at the same time. However, they did not usually seek medical attention until they had severe symptoms or more than one symptom. Other international research have shown variations in the prevalence and severity of menopausal symptoms among countries.¹¹

Postmenopausal women from four of the five nations under study—Spain excluded—as well as the Netherlands and Switzerland were polled by Nappi and Nijland about their menopausal symptoms.¹² The UK's women differed from those in other nations in several aspects, including a greater frequency of 8 out of 10 menopausal symptoms assessed and the highest percentage of HT treatment.¹³ Similarly, postmenopausal women in the UK reported a greater prevalence of 8 out of 9 menopausal symptoms investigated in the European Menopause Survey 2005 compared to women in 6 other European nations.¹⁴

According to a survey, while most people were aware of cervical cancer, they frequently lacked sufficient understanding regarding its

causes. Similar to the current study, barriers to care included cost, restricted availability of health services, and low priority for getting help for symptoms.¹⁵ In a different study on menopausal behaviors, 88.9% of respondents said they had never seen a doctor about their issues. Since this is only a peek into the western industrialized world, it is reasonable to assume that the situation in underdeveloped nations is far worse, which it truly is.¹⁶ Similar to the results of this investigation, another study discovered that while urogenital atrophy symptoms affect between one-third and half of postmenopausal women, they are frequently disregarded because patients may be reluctant to talk about them and doctors may neglect to screen for them.¹⁷ According to the study mentioned above, most of the women who never went to their chosen health facility did so because it was too far away, they didn't trust the establishment, they had no one to go with them, or they preferred to treat their illnesses at home.¹⁸ A study conducted on women who self-reported having uterine prolapse revealed similar opinions. The study found that the following causes contributed to the women's non-consultation: lack of time 80; 63%, lack of money 74; 58%, shyness 80; 63%, and husbands' lack of cooperation.¹⁹ 15 Of all the incontinent women in the study, 20% sought advice from a health organization, and only 8.6% were aware of the existence of pelvic floor muscle exercises, according to another study.²⁰ The Study of Women's Health Across the Nation SWAN, which examined menopausal symptoms in women from five ethnic groups in the US, provided evidence of the impact of cultural factors, such as ethnic background, within a single nation on the experience of menopausal symptoms. While African-American and Hispanic women

reported a variety of symptoms more frequently than non-Hispanic Caucasian women, Japanese and Chinese women generally reported menopausal symptoms less frequently than women from other ethnic groups. Menopausal symptoms varied between women from different ethnic groups in Colombia, as well as between women from nine ethnic groups in eleven Asian nations.²¹ Observing the health-seeking behavior of postmenopausal women was another facet of our research, since women in this region of the world are hesitant to discuss these matters, with some even viewing them as taboo.²² We discovered that while 45.3% of people sought assistance from traditional healers, the majority of people preferred contemporary medical care. This outcome closely resembles a research on the use of healthcare services conducted in Nigeria.²³ In contrast to other studies where the rate was as high as 34%, hormone replacement treatment was only minimally used, even though a significant portion of people were turning to modern medical facilities.²⁴ This could be the result of the majority of individuals visiting pharmacies and the lack of training on the usage of hormone replacement treatment. Therefore, the goal of the current study was to identify the menopause-related symptoms of the respondents. Rural women may hold a lot of misconceptions about menopause symptoms. These studies aid in raising awareness because, in a nation like ours where there is a high rate of illiteracy and a general lack of openness to talking about postmenopausal symptoms, educating postmenopausal women about their health is crucial.

CONCLUSION

Because of a variety of biological, psychological, social, and cultural elements that influence their perceptions, values, and attitudes toward menopause, women experience menopause in different ways all around the world. The current study unequivocally demonstrates that additional gynecological issues and post-menopausal symptoms are highly prevalent in our study environment. In our study sample, joint pain and stiffness were the most prevalent menopausal symptoms, followed by vaginal dryness/irritation. When the characteristics were compared to the race, it was discovered that women from both urban and rural areas did not view menopause as an illness and had

never considered seeking assistance from quacks or traditional healers.

ETHICS APPROVAL: The ERC gave ethical review approval.

CONSENT TO PARTICIPATE: written and verbal consent was taken from subjects and next of kin.

FUNDING: The work was not financially supported by any organization. The entire expense was taken by the authors.

ACKNOWLEDGEMENTS: We are thankful to all who were involved in our study.

AUTHORS' CONTRIBUTIONS:

All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated in the work to take public responsibility of this manuscript. All authors read and approved the final manuscript.

CONFLICT OF INTEREST: No competing interest declared

REFERENCES

1. Edwards AL, Shaw PA, Halton CC, Bailey SC, Wolf MS, Andrews EN, et al. "It just makes me feel a little less alone": a qualitative exploration of the podcast Menopause: Unmuted on women's perceptions of menopause. *Menopause*. 2021;2812:1374-84.
2. Malik M, Mahjabeen M, Rana S, Hussain A, Hashmi A. Quality of Life and Depression among Postmenopausal women in Pakistan. *Archives of Pharmacy Practice*. 2021;123-2021:29-33.
3. Idrees L, Abbas S, Rani S, Batool A. Impacts of Menopause on Psychological Wellbeing of Women in Sialkot-Pakistan. *Journal of Pakistan Society of Internal Medicine*. 2022;31:53-7.
4. From Taylor D, Jones L, Binns A. **BIOLOGICAL THEORIES AND PHYSICAL CHANGES OF AGING**. Ebersole and Hess' Gerontological Nursing and Healthy Aging in Canada E-Book: Ebersole and Hess' Gerontological Nursing and Healthy Aging in Canada E-Book. 2022;121:65.
5. Malik M, Mehjabin AH, Hashmi A. Health promoting lifestyle behaviors and sleep quality among post-menopausal women in Pakistan. *Age*. 2021;1586:22-5.
6. Tariq B, Phillips S, Biswakarma R, Talaulikar V, Harper JC. Women's knowledge and attitudes to the menopause: a comparison of women over 40 who were in the perimenopause, post menopause and

- those not in the peri or post menopause. *BMC Women's Health*. 2023;231:460.
7. Gravini V. Women's Perceptions of the Role of Menopause and Perimenopause on Quality of Life: Walden University; 2023.
 8. Crawford BJ, Waldman EG, Cahn NR. Working Through Menopause. *Wash UL Rev*. 2021;99:1531.
 9. Voedisch AJ, Dunsmoor-Su R, Kasirsky J. Menopause: a global perspective and clinical guide for practice. *Clinical obstetrics and gynecology*. 2021;643:528-54.
 10. Abdel-Salam DM, Mohamed RA, Alruwaili RR, Alhablani FS, Aldaghmi RM, ALghassab RE. Postmenopausal symptoms and their correlates among Saudi women attending different primary health centers. *International Journal of Environmental Research and Public Health*. 2021;1813:6831.
 11. Sharma S, Adhikari L, Karmacharya I, Kaphle M. Menopausal symptoms among postmenopausal women of a selected municipality: a cross-sectional survey. *JNMA: Journal of the Nepal Medical Association*. 2021;59243:1155.
 12. Nappi RE, Nijland EA. Women's perception of sexuality around the menopause: outcomes of a European telephone survey. *European Journal of Obstetrics & Gynecology and Reproductive Biology*. 2008;1371:10-6.
 13. Nappi RE, Siddiqui E, Todorova L, Rea C, Gemmen E, Schultz NM. Prevalence and quality-of-life burden of vasomotor symptoms associated with menopause: A European cross-sectional survey. *Maturitas*. 2023;167:66-74.
 14. Hunter M, Gentry-Maharaj A, Ryan A, Burnell M, Lanceley A, Fraser L, et al. Prevalence, frequency and problem rating of hot flushes persist in older postmenopausal women: impact of age, body mass index, hysterectomy, hormone therapy use, lifestyle and mood in a cross-sectional cohort study of 10 418 British women aged 54–65. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2012;1191:40-50.
 15. Reis N, Bebis H, Kose S, Sis A, Engin R, Yavan T. Knowledge, behavior and beliefs related to cervical cancer and screening among Turkish women. *Asian Pacific Journal of Cancer Prevention*. 2012;134:1463-70.
 16. Elkazeh EAEE, El-Zeftawy AMA. Knowledge of Women in Reproductive Age about Menopausal Problems and Preventive Health Behaviors in Tanta City, Al-Gharbyia Governorate, Egypt. *population*. 2015;3:11.
 17. Pérez-López FR, Vieira-Baptista P, Phillips N, Cohen-Sacher B, Fialho SC, Stockdale CK. Clinical manifestations and evaluation of postmenopausal vulvovaginal atrophy. *Gynecological Endocrinology*. 2021;378:740-5.
 18. EXPLAINED GSOM. GENITOURINARY SYNDROME OF MENOPAUSE AND VULVOVAGINAL ATROPHY. *Advanced Health Assessment of Women: Skills, Procedures, and Management*. 2023:322.
 19. Devi LS. A Study to Assess the Effectiveness of Structured Teaching Programme on Level of Knowledge Regarding Preventive Measures of Uterine Prolapse Among Multiparous Women in Selected Hospital, Bangalore: Rajiv Gandhi University of Health Sciences India; 2018.
 20. Kumari S, Walia I, Singh A. Self-reported uterine prolapse in a resettlement colony of north India. *Journal of Midwifery & Women's Health*. 2000;454:343-50.
 21. Bromberger JT, Matthews KA, Schott LL, Brockwell S, Avis NE, Kravitz HM, et al. Depressive symptoms during the menopausal transition: the Study of Women's Health Across the Nation SWAN. *Journal of affective disorders*. 2007;1031-3:267-72.
 22. Donkor FNA. Exploration of the meaning of menopause among Ghanaian-Canadian women 2003.
 23. Yakong VN. Rural Ghanaian women's experience of seeking reproductive health care: University of British Columbia; 2008.
 24. Krieger N, Löwy I, Aronowitz R, Bigby J, Dickersin K, Garner E, et al. Hormone replacement therapy, cancer, controversies, and women's health: historical, epidemiological, biological, clinical, and advocacy perspectives. *Journal of Epidemiology & Community Health*. 2005;599:740-8.