

KNOWLEDGE, ATTITUDE, AND PERCEPTION REGARDING MENOPAUSE AMONG PREMENOPAUSAL WOMEN IN A RURAL COMMUNITY: A CROSS-SECTIONAL STUDY

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DOI: <https://doi.org/10.63299/ijopt.060455>

ABSTRACT

Background: Menopause is a natural physiological transition in every woman's life. However, a lack of knowledge, negative attitudes, and strong socio-cultural taboos complicate women's menopausal experience, particularly in rural India. The objective of this study was to evaluate the knowledge, attitudes, and perceptions regarding menopause among premenopausal women.

Methods: A cross-sectional, observational study was conducted among 20 premenopausal women in a rural setting. Participants were assessed using a structured questionnaire collecting demographic data along with queries exploring their knowledge, attitudes, and perceptions regarding menopause. Descriptive statistics were used to summarize findings.

Results: The mean age of participants was 36.25 (SD 5.63) years. While 65% had heard about menopause, only 20% correctly attributed it to hormonal changes, and just 15% were aware of symptom management options. Misconceptions about menopause were prevalent, with 15% believing it could be caused by infection. A majority (75%) believed menopause would negatively affect their quality of life, and 60% obtained information from healthcare professionals. Importantly, 95% stated menopause remains a taboo topic in their community. About half (50%) felt unprepared for the menopausal transition, and only 40% felt somewhat comfortable discussing menopause with a doctor.

Conclusion: Premenopausal women in this rural community demonstrated significant knowledge gaps and negative attitudes toward menopause, compounded by cultural taboos and limited preparedness. Most participants lacked awareness of the causes and management of menopause.

Keywords: menopause, knowledge, attitude, perception, rural women, India.

INTRODUCTION

Menopause, defined as the cessation of menstruation and established sterility for 12 consecutive months, is one of the most significant physiological milestones in a woman's life. This natural transition

is accompanied by a wide array of symptoms—ranging from vasomotor disturbances and psychological shifts to metabolic and urogenital changes—that vary in onset and severity among individuals. Recent evidence highlights that the

experience of menopause is shaped not only by biological factors, but is also profoundly influenced by women's socio-cultural context, level of education, and access to health information. For example, community-based studies in India have shown that women from rural backgrounds often lack basic scientific understanding of menopause, resulting in poor preparedness and elevated apprehension during this transition (1,2).

Furthermore, menopause is rarely discussed in families or communities, reinforcing taboos and silence around reproductive aging. In the absence of accurate knowledge and open communication, many women experience emotional distress and adopt negative attitudes towards menopause, which can diminish their quality of life and even have broader deleterious effects on families and societies. Comparative studies also indicate that rural women experience a higher symptom burden and poorer quality of life than urban women, underscoring the influence of sociocultural and educational disparities (3–5). Educational interventions and proactive counselling by healthcare professionals have been shown to help challenge these taboos and facilitate smoother adjustment to menopause (6).

Given the paucity of community-based studies in India—especially among premenopausal women—a knowledge gap exists regarding rural women's knowledge, attitudes, and perceptions about menopause. Addressing this gap is essential for timely, culturally sensitive health interventions that prepare women to face midlife transitions more confidently.

OBJECTIVES:

To evaluate premenopausal women's knowledge, attitudes, and perceptions regarding menopause.

METHODS

Study Design and Population

This cross-sectional, observational study was conducted among premenopausal women residing in a rural community setting (Ahilyanagar, India). Prior to that Ethical clearance was obtained from the Institutional Ethical Committee of Dr. Vithalrao Vikhe Patil's College of Physiotherapy, Ahilyanagar. A total of 20 women, all married and within the premenopausal age band, participated in the research.

Data Collection

Participants were recruited via community outreach. After providing informed consent, each participant completed a structured questionnaire designed to collect demographic details and assess several domains:

Knowledge about menopause. (awareness, causes, symptoms, treatment options)

Attitude towards menopause.

Perceptions of menopause and preparedness for transition.

Data Analysis

Descriptive statistics were performed using mean, standard deviation, and categorical frequencies (percentages). The analysis focused on summarizing participant characteristics and response patterns across the domains of knowledge, attitude, and perception.



RESULTS

Table 1. Demographic Profile of Participants

Characteristic	Category	n (%)
Age (years)	Mean (SD)	36.25 (5.63)
Parity	Mean (SD)	2.5 (0.83)
Marital Status	Married	20 (100)
Occupation	Clerk	3 (15)
	Maid	3 (15)
	Farmer	6 (30)
	Housewife	5 (25)
	Worker	3 (15)
Education Level	Graduation	5 (25)
	Primary	10 (50)
	Uneducated	3 (15)
	Secondary	2 (10)

Table 1 includes the demographic characteristics of the participants. The study included 20 married women with a mean age of 36.25 (SD = 5.63) years and mean parity of 2.5 (SD = 0.83). One-third were farmers (30%) and one-fourth housewives (25%), while the rest were clerks, maids, or workers. Educational levels were generally low, with half (50%) having only primary schooling, 15% uneducated, and 25% graduates.

Table 2. Knowledge about Menopause

Question	Response	n (%)
Heard about menopause before?	Yes	13 (65)
	No	7 (35)
Age menopause typically occurs	45-55	11 (55)
	After 55	4 (20)
	Don't know	4 (20)
	35-45	1 (5)
Main cause of menopause	Not sure	15 (75)
	Infection	1 (5)
	Hormonal changes	4 (20)
Knew about treatment for menopausal symptoms	Yes	3 (15)
	No	17 (85)
Recognized symptom (multiple selections)	Irregular periods	7 (35)
	Weight gain	6 (30)
	Night sweats	1 (5)
	Mood swings	6 (30)

Table 2 reveals that awareness and knowledge of menopause were limited. Although 65% had heard of menopause, only 55% correctly identified its usual age of onset (45–55 years). Most participants (75%) were unsure of its cause, and only 20% recognized hormonal changes as the underlying factor. Knowledge of treatment options was poor (15%), and symptom recognition was fragmented,

with irregular periods (35%), mood swings (30%), and weight gain (30%) most frequently reported.

Table 3. Attitudes and Perceptions Regarding Menopause

Question/Domain	Response(s)	n (%)
Believe menopause is a natural part of aging	Agree	10 (50)
	Neutral	7 (35)
	Disagree	3 (15)
Concern about going through menopause	Somewhat concerned	10 (50)
	Very concerned	3 (15)
	Not sure	4 (20)
Believe menopause will negatively affect QOL	Not concerned	2 (10)
	Don't know	1 (5)
	Yes, negatively	15 (75)
Comfort discussing menopause with doctor	Not sure	4 (20)
	No effect	1 (5)
	Somewhat comfortable	8 (40)
Perception of women going through menopause	Uncomfortable	10 (50)
	Not at all comfortable	2 (10)
	Struggling with aging	9 (45)

Question/Domain	Response(s)	n (%)
	Vulnerable & emotional	6 (30)
	No specific perception	5 (25)
Think menopause is taboo	Yes	19 (95)
	Not sure	1 (5)
Feel prepared to handle menopause	Not prepared	10 (50)
	Somewhat prepared	7 (35)
	Not sure	3 (15)
Source of menopause information	Healthcare professionals	12 (60)
	Family/Friends	4 (20)
	Internet	3 (15)
	Education	1 (5)

Table 3. expressed perception and attitudes regarding menopause in the participants. While 50% acknowledged menopause as a natural process, 75% believed it would negatively affect quality of life. Half expressed discomfort in discussing menopause with doctors, and 95% regarded it as a taboo topic. Perceptions were often negative, with many describing menopausal women as struggling with aging (45%) or vulnerable (30%). Preparedness was low, with only 35% feeling somewhat prepared. Healthcare professionals were the main source of information (60%), followed by family/friends (20%) and the internet (15%).

DISCUSSION

This study exposes persistent knowledge gaps and negative perceptions surrounding menopause among premenopausal women in rural India, mirroring findings from other regions (Kauser et al., 2009;

Mourya & Goyal, 2018). While a majority (65%) had heard of menopause, only a handful could correctly identify its hormonal etiology, and knowledge about available treatments was very limited (15%)—findings that reinforce concerns from earlier studies about insufficient health literacy. Notably, misconceptions persist, with 5% incorrectly attributing menopause to infections, echoing the misconception rates revealed in Kauser et al.'s work.

Negative attitudes were also prevalent: 75% believed menopause would harm their quality of life, higher than some estimates in other Indian cohorts (Borker et al., 2013; Mishra & Pandey, 2011), and half the participants felt uncomfortable discussing menopause even with doctors. This discomfort is a direct barrier to accessing accurate information and timely care, acting as a significant impediment to effective health communication. The overwhelming sense that menopause is still taboo (95%), combined with perceptions of those experiencing menopause as “struggling” or “vulnerable,” indicates an urgent need for community-based destigmatization programs, as suggested by prior investigations (Dasgupta & Ray, 2009; Rizvi & Hatcher, 2011).

Perhaps most importantly, half of the participants acknowledged feeling unprepared for their transition into menopause, an alarming pattern echoed in global studies (Borker et al., 2013). Despite 60% reporting healthcare professionals as their main information source, the low levels of preparedness and knowledge indicate that the current health education infrastructure is not sufficiently bridging the information gap (Rizvi & Hatcher, 2011).

Cross-referencing the knowledge findings with attitudes and preparedness underscores how inadequate scientific understanding fuels negative perceptions and reticence to seek guidance, creating a reinforcing cycle of ignorance and anxiety. Interventions targeting rural women, ideally through structured, context-tailored educational programs led by local health workers and peer educators, are critically needed. Utilizing healthcare touchpoints—as suggested by the data showing reliance on professionals as information sources—could maximize reach and impact, provided that healthcare worker training is concurrently strengthened.

Notably, this study brings to light the intersectionality of occupation and education, which

together appear to shape both the awareness and attitudes of respondents. Women with higher education reported marginally better knowledge but continued to be affected by prevailing taboos, underscoring the deeply ingrained cultural nature of menopause-related stigma.

CONCLUSION

Premenopausal women in this rural community demonstrate striking gaps in knowledge, largely negative attitudes, and poor preparedness for menopause, circumstances exacerbated by cultural taboos and a persistent sense of secrecy. Addressing these interconnected problems requires concerted efforts to strengthen health education and de-pathologize menopause as a life stage.

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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ISSN: 2321-5690

